

Enter & View Report

Premises name	Nairn House Care & Nursing Home
Premises address	7 Garnault Rd, Enfield EN1 4TR
Date of visit	Tuesday 27th November 2018

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Acknowledgements

Healthwatch Enfield would like to thank the people we met at Nairn House, including the staff, residents and relatives, as well as the manager and Deputy 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 Nairn House 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.

1. Purpose of the visit

- 1.1 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.
- 1.2 The visit to Nairn House Care and Nursing Home 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.

2. Methodology

- 2.1 Healthwatch Enfield's Authorised Representatives who took part in the visit were Fazilla Amide, Liz Crosthwait, Laurence Green, Janina Knowles, Janice Nunn and Christine Payne.
- 2.2 During our visit, the team of six Enter and View Authorised Representatives heard from 9 residents, 11 relatives, and 4 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
- 2.3 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
- 2.4 This report has been compiled from the observations, records and notes made by team members hearing from residents and relatives, and the conclusions and recommendations agreed amongst the team following this.
- 1.1 A draft of this report was sent to the manager of Nairn House to be checked for factual accuracy and for an opportunity for the home to respond to the recommendations prior to publishing. We are pleased to confirm that Nairn House informed us that most of the recommendations are in the process of being actioned or have already been actioned. For

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.

example, the Activities co-ordinator role has since been filled, the staffing concerns are being addressed, they now have call bell pendants and new signage is due to be put into place. For a full response, see page 27.

- 1.2 This report 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

2. General information about Nairn House

- 2.1 Nairn House Care and Nursing Home is a purpose built BUPA home and has 61 beds. It is set in a residential area serviced by local buses and there is a small car park.
- 2.2 There are three floors for residents and the main kitchen, utility and staff room are in the basement. Each floor has the same layout, with a communal lounge in the centre with a kitchen area, a nurse's office, utility room and communal toilet. The residents' bedrooms have en-suite bathrooms facing the outside. There is also an outside garden area and on the ground floor, a hair and beauty salon and a large communal lounge known as the Blue Lounge where many of the main activities take place.
- 2.3 There are a mix of residents from Haringey as well as Enfield, and other boroughs such as Hackney, Islington, Newham, Hertfordshire; some are funded by their Local Authority and some privately.
- 2.4 Residents are mainly white British but some are from other ethnic backgrounds and countries such as Bangladesh, Ghana and the West Indies, with ages ranging from 65 through to over 100. On the day of our visit, there were 56 beds occupied. They are mostly permanent residents, with one resident on respite care. Whilst only a handful of residents had a formal diagnosis of Dementia, many had some level of Dementia and/or Alzheimer's. Given it is also a nursing home, there were a number of very frail residents who were receiving end of life care.
- 2.5 The Home employs one full-time and two part-time Activity Co-ordinators across the whole week other than Sundays; although at the time of our visit, their full time Activity Co-ordinator position had been vacant a number of weeks and the management team were actively recruiting.

The Registered Manager is Rosalind Maxwell and the Assistant Manager is Sherry McWilliams.

3. Summary of our findings

- 3.1 During our review, we heard from 11 relatives, 9 residents, and 4 staff and managers. The management team and staff we engaged with were open and welcoming and demonstrated a good understanding of the need for individualised care planning. Through our discussions with relatives and residents, as well as our own observations, we found that relatives in particular, felt much of the care provided at Nairn House is of a good standard. Based on feedback, the management team seem to be committed and most of the staff are appreciated by residents and their relatives for their kind, friendly attitude and hard work.
- 3.2 In addition, all the relatives we heard from felt their loved ones were safe and all the residents we met seemed well looked after, clean and well groomed. A few relatives in fact commented they felt their relatives were recovering and putting on weight since being treated in hospital.
- 3.3 In terms of external specialist support, the Home has arranged that the residents' own GPs attend their patients at the Home under the normal NHS framework, when asked by the nursing staff. This currently involves around seven different surgeries. They also have a chiropodist who attends every 6-8 weeks, which residents pay for on a sessional basis if they need treatment, as well as a hairdresser who attends twice a week. Nairn House also considers they have good support from the Care Home Assessment Team² (CHAT), as well as other community services. However, many of the residents and relatives we heard from had not seen a dentist and did not appear to have regular or routine check-ups. However, in speaking with the management team, they have recently appointed a dentist who will now visit the Home on request. Those eligible for NHS treatment are able to access this accordingly, as well as those who have to pay privately.
- 3.4 In terms of choice and personalisation, all of those asked who wanted to practise their religion felt they were able to, with Church representatives attending on a regular basis; and others felt comfortable practising in the privacy of their rooms.
- 3.5 5 out of 10 of the relatives we heard from felt their loved ones were able to get up and go to bed when they wished and could choose when and what to eat, within reason. Half of the residents who responded to these questions agreed and felt they were listened to and had some flexibility, though some felt the quality and type of food offered was inconsistent. In addition, relatives and residents were aware and felt able to personalise their rooms, many with photos and trinkets and some with furniture, if they chose to.
- 3.6 Overall, the Home was clean, well decorated and welcoming. All of the relatives who responded, and 5 of the 6 residents responding to this question, felt they or their loved ones were happy living there. They felt it had a "family" atmosphere and those who visited regularly stated they all looked out for one another, as well as one another's relatives.
- 3.7 However, as with many homes in the current environment, there is a tension between providing good support and balancing staffing levels. Due to the frailty of many of the residents, support and care is intensive. However, only 3 of the 10 relatives who responded to the question around staffing and response times, felt staff attended in a timely manner regularly, and only 2 out of 6 residents. The Home's policy is to attend within 7 minutes if it is a non-emergency call, but many cited having to wait at least 10-15 minutes. Whilst this

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

could appear subjective, we would encourage the Management team to monitor response times closely. In addition, the time staff have to chat with residents is either when doing personal care in their rooms or when the staff are on their breaks and choose to sit in the residents' lounge rather than the staff room. Other than these times and during 1 to 1 "activity sessions" there did not appear to be time for staff to sit and talk to residents. During our visit, whilst we were aware there were a number of staff around, most if not all, were behind closed doors, providing some kind of personal or individual care and we were unable to talk to more than 2 care workers during the day.

- 3.8 Whilst it was felt that staff were friendly and caring, residents and relatives suggested that a couple were not. Of the residents who responded, 3 of 7 felt *all* staff were friendly, 3 of 7 felt *most* staff were friendly and 1 resident felt one member of staff could be quite rude.
- 3.9 One relative also stated they could hear staff "discussing" who should be taking a resident to an activity downstairs, making the relative, as well as the respective resident feel embarrassed.
- 3.10 With regards to activities, it was noted that the Nairn House had a full-time activity co-ordinator vacancy. As a nursing home, there are many residents who are physically frail and not mobile. It was a key concern amongst the Enter and View team that the main activities in the downstairs Blue Lounge did not seem accessible to these residents. Whilst the musician who attended weekly, would visit all floors, a few residents and relatives commented that they remained in their rooms much of the time. Although we have noted above that relatives felt that their loved ones were safe, 3 residents or relatives commented that they or their loved ones, had slipped out of, or slid down their chairs in the past and so often remained in bed. We noted there were no straps on their mobile large armchairs. One of our recommendations centres on putting a system in place whereby all residents, including those most frail, can be moved around the building safely.
- 3.11 Only 4 out of 11 relatives and 3 out of 7 residents who responded to the question about activities felt that the activities and stimulation were sufficient. Whilst the music sessions on a Wednesday afternoon came in for unanimous praise, as did the flower arranging, many felt that there should be activities in the mornings, and more should be done within residents' rooms. The management team confirmed residents received individual 1 to 1 activities sessions, but neither residents nor relatives mentioned these. There has been much research into inactivity and low levels of engagement and the negative impact this has on residents in care and nursing homes. As a consequence, the first statement in NICE's quality standard³ calls for older people in care homes to be offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing. NICE says that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities to ensure the activity is meaningful and that relationships are developed and maintained. Therefore, another of our recommendations centres around providing more activities for all and encouraging the use of the ground floor lounge in the mornings if only as a meeting place where residents can gather for a drink.

³ <https://www.nice.org.uk/news/feature/improving-the-mental-wellbeing-of-older-people-in-care-homes>

4. Areas of Good Practice

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

- Managers seem generally 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
- There seems to be good support from GPs when needed
- They now have a dentist who is able to attend the Home to visit residents on request
- Most staff are friendly, approachable, caring and patient
- Sleep times are, in the main, flexible and personalised to suit residents' individual preferences and whilst meal times seem to be set, residents are able to have snacks as and when they need them
- The menus in the dining room have pictures, as well as writing
- Residents are able to individualise their rooms
- There is involvement and interaction between the home and the local community
- There is an outside garden area which residents and relatives enjoy

5. Summary of the Recommendations

Recommendation 1

Ensure that staff are clear about their role and performance is carefully monitored, so they all provide the highest level of care.

Recommendation 2

We recommend residents are able to have an alarm pendant or similar so that those who are more mobile can wear these as they move around the Home. Staffing levels should be closely monitored ensuring hours allocated are sufficient to meet BUPA's call response policy and provide a more responsive level of care.

Recommendation 3

Arrange for the dentist to provide an annual check-up to all residents.

Recommendation 4

Ensure that residents have a means for raising issues and giving feedback on a regular basis (and ensure that the specific concerns raised on page 14 are addressed as appropriate)

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 join in activities in the main lounge are supported to do so on a regular basis.

Recommendation 6

Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction

Recommendation 7

A risk assessment should continue to be carried out on all residents moving around the home. Clear systems including staff responsibilities, should be put in place so that residents who are unable to move can be moved around the building safely, especially to access activities or other forms of stimulation if they wish. We would recommend the Nairn Home management team contact the CHAT team as soon as possible to discuss ensuring residents are able to get out of their rooms for activities and can do so safely.

Recommendation 8

Review all signage so that they are sufficiently large, clear and accessible, including for those with visual impairment, including colour-blindness. As and when the building is re-decorated, consider differentiating the décor on each floor, as well as resident's doors, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger and more dementia-friendly.

6. Conclusion

- 6.1 Relatives and residents informed us that Nairn House provides good health care and in the main, have friendly, helpful and kind staff. Overall, residents and relatives seemed happy and contented. We observed staff caring for and supporting residents and residents had some choice and flexibility, particularly around eating and sleep times. There is also a well maintained outside area for residents to enjoy a walk and fresh air.
- 6.2 However, at the time of our visit, the full-time activity co-ordinator position was vacant and some residents and relatives felt that more activities should be put on.
- 6.3 With regards to safety, we observed that the larger mobile chairs, in which residents who are not mobile are moved around the Home, (for example to the downstairs lounge to attend activities there) were not fitted with safety straps. There were concerns regarding the lack of communal alarm buttons; and also whether staff really had the time to spend with residents to talk to them and attend to their non-urgent needs more quickly or help them move around.
- 6.4 Apart from the above concerns, Nairn House seems to be well run, supportive and friendly, able to provide a good level of healthcare and some flexibility and personalisation. Some relatives told us their loved ones were gaining weight and recovering following recent treatment in hospital. The residents we met were clean and well-groomed and overall felt safe.

Appendix 1. Our detailed findings: Care

Key area 1: Care Are residents well looked after and cared for?	<p>Our findings suggest that, overall residents are well cared for by friendly staff who generally meet residents' needs. Most relatives we spoke with were very complimentary about the care their loved ones received. Residents appeared well looked after, clean and content.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Her health has improved since being in here. She looks like she's put on weight and her health is more stable - she's clean.</i> ▪ <i>Yes, they seem very kind. I sometimes observe from a distance; my dad can be difficult and can push people away.</i> ▪ <i>Generally, it's good within reason. We've agreed for him not to go into hospital, if worse comes to worse.</i> ▪ <i>We come once a week and she seems to be getting better now she's out of hospital.</i> ▪ <i>We all get along. I wash myself. They help me get dressed.</i> ▪ <i>She has always been kept clean and tidy.</i> 	<ul style="list-style-type: none"> ▪ <i>We make sure there are drinks on the table and they are seated comfortably and ask if they need to go to the toilet.</i> ▪ <i>We show them around and discuss their needs. Before admission, there is a pre-assessment at their home or hospital. There might also be a social care report.</i> ▪ <i>All residents have a care plan which is regularly reviewed and updated.</i> ▪ <i>Once a resident is accepted, they or next-of-kin can comment on their behalf on the care regime, which is documented in the Care Plan, as can the local authority social care service.</i> ▪ <i>There is one nurse on each floor day and night. They discuss any updates to Care Plans and deal with clinical issues.</i>

<p>Key area 1: Care</p> <p>Do all the staff know what you like/don't like and ask you what you need?</p>	<p>4 of the 6 residents and 9 out of 10 relatives who responded to this question felt that most of the staff knew them or their loved ones well, what they liked and disliked. They also seemed to appreciate the fact that there was consistency of care on each floor so that care workers could support the same residents most of the time, where possible. However, most noted this was not all staff and that there had been a lot of changes to staff.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Staff are OK.</i> ▪ <i>Half getting there. They are getting the idea. I have to move myself. It can be difficult.</i> ▪ <i>There are particular staff who look after her and know her really well. They try to keep the same staff looking after the same people.</i> ▪ <i>They allocate staff who know him and who he gets on with.</i> ▪ <i>Within reason, they know his needs and likes and dislikes and they know my concerns and act on it.</i> ▪ <i>Partially. They have come to know her. Some give more than others. 1 staff wants to be absolved from certain duties.</i> ▪ <i>A couple do, but the rest depends on the nature of the type of care worker. I have seen a big changeover of newer staff.</i> ▪ <i>There have been times when there has been a lot of staff changes too.</i> 	<ul style="list-style-type: none"> ▪ <i>We know residents' likes and dislikes and help them communicate these to other staff. So the latter know how to look after them.</i> ▪ <i>We get the family involved. It's helpful to find out their history. Language can be difficult so family input is beneficial. Good communication - we have learned how to communicate better.</i> ▪ <i>Staff are aware of any issues affecting residents as they interact with them, especially when giving personal care, and also up to 15-30 minutes 'one-to-one'.</i>
<p>Recommendation 1</p> <p><i>Ensure that staff are clear about their role and performance is carefully monitored so they all provide the highest level of care.</i></p>		

<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>10 out of 11 relatives who answered this question felt most of the staff were friendly, approachable and treated residents with respect. Of the 7 residents who responded, 3 felt staff were friendly, 3 felt most staff were friendly and 1 actually felt a particular member of staff was rude to them as well as their close relative. Many did not feel the staff had the time to listen and talk. This would suggest that the management team should monitor and address this amongst the staffing team and explore ways they can have more time for residents and that 1 or 2 staff are not adversely impacting on the level of care being provided by the majority of friendly, caring staff.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Friendly and sit and have a chat.</i> ▪ <i>They speak to me and most are kind to me.</i> ▪ <i>Most, but get odd one or two who ignore my bell and tell me off for ringing. Most talk to me and knock on door before entering.</i> ▪ <i>Some.</i> ▪ <i>Yes, they are friendly but they don't know they have time to talk and listen. Always seem busy with stuff to do.</i> ▪ <i>They are wonderful. So kind and understanding and really help me and my dad.</i> ▪ <i>We have always found them helpful and friendly.</i> ▪ <i>They are friendly but now and again I have noticed they seem short-staffed. I've spoken to Sherry about it. Sometimes really low level, like 1 person at night instead of 2.</i> ▪ <i>The staff are friendly, but we feel they are busy, and feel they are understaffed so they don't get time to talk much.</i> ▪ <i>Yes, most are, but 1 definitely isn't. I feel strongly all residents find her difficult. Spoken to the manager about the way she projects herself, her style.</i> ▪ <i>3 care staff care. The other you have to be almost rude to, to get them to understand.</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, we have our breakfast break and we choose to sit with the residents and it's nice to have a chat and it makes them happy.</i> ▪ <i>We have time to sit and chat with residents, especially at the 1 to 1 sessions in their rooms. "We enjoy listening to them and learning what's happening in their lives and if they are happy." The 1 to 1 chats typically last 10-30 minutes.</i> ▪ <i>Staff are able to spend time with residents. The time staff spend chatting with residents is during and after delivering personal care.</i> ▪ <i>Staff retention and recruitment are potential issues. But they are mitigated by the fact that staff seem to like the security of working for a larger organisation like BUPA and BUPA's pay rates. Staff are surveyed every year.</i>
<p>Recommendation as per recommendation 1</p> <p><i>Ensure that staff are clear about their role and performance is carefully monitored so they all provide the highest level of care.</i></p>		

<p>Key area 1: Care</p> <p>How quickly do staff come when residents call them?</p>	<p>In speaking with the management team, the policy is that staff should attend within 7 minutes if it's not an emergency. However, 7 out of 10 relatives and 4 out of 6 residents felt that often they would be waiting much longer, and that staff were often busy with other residents. The perception of both relatives and residents is that the Home is understaffed, and certainly whilst there were a number of staff on duty on the day, 3 of those were shadowing and had recently started and others were busy, occupied attending to residents in their rooms. In addition, whilst there were call bells in all the bedrooms and in the bathrooms, it was noted there were few, if any call bells in the communal areas.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>They talk to me when I pull the cord. Hit and miss when they come. Have waited 15 mins for response several times.</i> ▪ <i>My ulcers on my leg are very painful. I suppose they are busy.</i> ▪ <i>Half. Sometimes busy and it can be a 10/15 min wait.</i> ▪ <i>Can be a long time waiting for a response.</i> ▪ <i>Some problems with staffing.</i> ▪ <i>Depends. Early in the morning it's busy, see the beeps. Takes some time, maybe 5-10 mins but maybe can't leave as someone is in the shower etc. but if free around lunch, they can get up straight away.</i> ▪ <i>It depends. I go and look for someone and get their attention. I see the call bell sometimes. I do have to wait sometimes 10 mins. They don't have enough staff.</i> ▪ <i>On the call button they respond but I have spoken to Sherry because Mum isn't mobile without assistance and in the dining room on one side there are no call cords so there is concern if something happened and there are no staff about. Same in the activities lounge. If she was in the garden, then she would be given an alarm button round her neck.</i> ▪ <i>Needs help moving, not enough call buttons in communal areas.</i> ▪ <i>We do feel that on some days the Home appears understaffed.</i> 	<ul style="list-style-type: none"> ▪ <i>Fairly quickly. 2 persons to 1 resident. Nurses will cover if we are changing someone.</i> ▪ <i>Each room has a call bell. Staff generally respond within 5/6 minutes depending on availability and what other tasks they are doing and whether it is safe to leave that resident.</i> ▪ <i>BUPA policy is to respond within 7 minutes but it is not always possible to meet that, e.g. if staff are engaged in helping a resident who requires lengthy attention and another resident calls them and the later call is not judged to be urgent.</i>
<p>Recommendation 2</p> <p><i>We recommend residents are able to have an alarm pendant or similar so that those who are more mobile can wear these as they move around the Home. Staffing levels should be closely monitored ensuring hours allocated are sufficient in order to meet BUPA's call response policy and provide a more responsive level of care.</i></p>		

Key area 1: Care What training have the staff completed and can you provide records?	The management team were able to provide their anonymised training records. It was noted that staff had or would be attending mandatory training.	
	Residents and relatives said:	Management and staff said:
	Neither residents nor relatives were asked this	<ul style="list-style-type: none"> ▪ <i>NVQIII, Fire Safety, Manual handling, Risk Assessment, Infection control.</i> ▪ <i>...but not had any dementia awareness or mental health training.</i> ▪ <i>Staff are up to date with mandatory training. Falls training is included in the induction process.</i> ▪ <i>All new staff have a four-day induction. They also shadow for the number of hours they are contracted to do or until they are competent. They are continually assessed during their induction, through feedback and observation. They are also paired with a more experienced member of staff when they start work.</i>

Key area 1: Care

Do you see a GP, Dentist, Chiropodist etc if you need to?

The Home has managed to retain the resident’s original GP. Therefore at least 7 different GP surgeries support the Home and the management team felt they receive good support from them as well as from the CHAT team. In the main, relatives and residents felt they received good support, but this was not consistent. At the time of our visit, some residents were still awaiting their Flu jab and others had asked to see a doctor but appeared to be still waiting.
 In addition, with regards to dentists, the Home did comment that it was not always easy to get a dentist to support and had arranged dial-a-rides previously, but in linking in with another BUPA home, had managed to secure a dentist willing to visit residents when needed. Whilst this is helpful, it would be beneficial for residents to have an annual check-up and therefore consideration should be given to this occurring. A chiropodist attends every 6-8 weeks and they are paid in addition, by residents or relatives.

Residents and relatives said:

Management and staff said:

- *I've just dealt with the doctor and they seem ok. I don't know about the dentist, so not sure. I know her nails are being done.*
- *They called out the doctor who said he'd got a severe chest infection so he had to go back to hospital.*
- *Dentist: dad is losing his teeth but doesn't seem to be in pain. So we've not had to have the dentist in.*
- *We are waiting to hear from the doctor to see if he can get his flu jab. GP was doing a review.*
- *Arranged dial-a-ride for dentures.*
- *Son takes me to the dentist. I speak to nurse. She sorts me out.*
- *I have been trying to get her jab organised through the GP but even though I have rung and also she has had a nursing assessment still nothing arranged. Also the community podiatrist which she has seen for a long time, won't come to the care home as it's private.*
- *Dentist came but he's no good. Dentures are loose and makes it difficult to eat.*
- *I have asked but they said I have no need to. Wanted to review tablets. But I have an itch on legs and have asked for a few months. I have not seen my named nurse.*
- *I didn't know you could ask for a dentist or optician.*
- *But I think they charge for accompanying me to the hospital.*

- *Doctors usually attend the same day. Dentists do come but by appointment only.*
- *GP comes same day when requested to see residents.*
- *GPs are called and visit as the needs arises. Dentists are called if a resident is having a dental problem but routine check-ups are not arranged.*
- *Some residents pay for dental treatment. If they can't, they fill out a form for the dentist to claim from the NHS.*

Recommendation 3

Arrange for the dentist to provide an annual check-up to all residents.

Key area 1: Care Is there anything that worries residents/relatives?	<p>7 of 10 relatives who responded to this question had some concerns. These were mostly around hydration, feeding and lack of activities. Similarly, half of the residents who responded to this question were concerned about the lack of activity in particular. The management team should ensure that residents, even those who are less mobile, are proactively encouraged to be moved to where activities are occurring either to their floor lounge or the Blue Lounge. Caring for residents' health and well-being must also include supporting them with meaningful activities and proactive opportunities to socialise.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Yes, lack of activities.</i> ▪ <i>I'm in bed all the time. Christmas I'll stay here. And I'm in the same position for most of the time.</i> ▪ <i>Lack of activity.</i> ▪ <i>They look after her health well-being but not her mental well-being. More stimulation and she might not sleep so much.</i> ▪ <i>He tends to slide down the bed. They should try to get him sitting up every few hours and check.</i> ▪ <i>Need to make sure the Ensure is in a cup and watered down and being monitored. But I don't know if staff know this or are doing this. I should ask.</i> ▪ <i>Only drinks are an issue. There is a water jug there but it's behind her. Not sure how much she is drinking but she does seem more awake. Washing: not sure if they are her pyjamas.</i> ▪ <i>Stuff goes missing sometimes. He can wear things that are not his, just occasionally.</i> ▪ <i>My Mum finds it difficult eating when sat with a resident who is unable to feed themselves properly. If she continues to be unhappy eating in the dining room because of this, she is likely to refuse to go, and will eat in her room which would mean she won't be socialising.</i> ▪ <i>The charges seem to increase yearly. I only hope the staff are getting pay raises in line with additional costs to the patients....or does this mean that private patients fees are subsidising the non-private patients?</i> 	<ul style="list-style-type: none"> ▪ <i>Amount of bureaucracy can be challenging. Means we are in the office a lot of the time.</i> ▪ <i>Staff retention and recruitment are potential issues. But they are mitigated by the fact that staff seem to like the security of working for a larger organisation like BUPA. Otherwise it's a good team and a good Home.</i> ▪ <i>No. Nothing worries me.</i>
<p>Recommendation 4 <i>Ensure that residents have a means for raising issues and giving feedback on a regular basis (and ensure that the specific concerns raised above are addressed as appropriate)</i></p>		

Appendix 2. Our detailed findings: 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>Approximately half of those residents and relatives spoken with felt there was some level of flexibility around sleep and meal times. The manager and the team try to accommodate each resident's personal preferences as much as possible to exercise choice and control, in particular, around sleep and meal routines. Whilst meal times are set, residents seem to be able to choose when to eat snacks if hungry, and within reason, when to go to bed, though in speaking with some residents this was not always consistent. We would recommend ALL staff be aware of accommodating resident's preferences wherever possible.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Yes and no - meals at set times. If I'm hungry I get a snack, sandwich or biscuit but I don't choose when I eat.</i> ▪ <i>I'm in bed all day - meals are set times. Dinner 12:30 - 1pm.</i> ▪ <i>I get out of bed for a shower. Don't go anywhere else as I cannot sit for long. Set times for meals. I call if they are late.</i> ▪ <i>Staff would like 8pm but I prefer 9pm.</i> ▪ <i>Can go to bed anytime, and they let me know when the food is ready.</i> ▪ <i>Depends on who's on. They turn the light off, but leave the toilet light on. But it's not good telling me what time to go to bed - often 8pm.</i> ▪ <i>My dad is a night owl. Night staff sit with him until late. He gets his cup of tea and then still in bed at 11am having a lie in.</i> ▪ <i>Yes and no - goes with the actual set time-table.</i> 	<ul style="list-style-type: none"> ▪ <i>Yes. Food is pureed for those that need it.</i> ▪ <i>Some have a later breakfast and we offer meals which can be held back but they are usually at set times.</i> ▪ <i>Residents have choice about meals and going to bed.</i> ▪ <i>Staff are flexible. For example, some residents want to have their personal care before they have breakfast. Personal care starts at 8am. Some prefer the evening staff to get them ready for bed, others the night staff. Night staff start getting residents ready for bed and offering a snack/drink from 9pm. Residents choose when they go to bed. Some stay up as late as midnight watching TV.</i>

<p>Key area 2: Choice</p> <p>Do you have enough to eat and drink? Do staff encourage you to drink?</p>	<p>When speaking with residents and relatives, the majority felt there was a sufficient volume of food, and it was generally good, though not necessarily to everyone's taste. There was a concern regarding hydration from a number of relatives where they noted there was always water and fluid on the tables, but these could be out of reach and some were unclear as to how this was being monitored. With regards to the request for gluten free food, the manager confirmed they purchased GF bread, cereal, porridge and catered to meet the dietary needs of all the residents. As per the requests below, it would be helpful, if for example, gluten free cake, and more soft fresh fruit is available, as well as re-looking at the quality of some of the food on offer.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>I have tea around 2x a day. Meals big enough.</i> ▪ <i>Yes, always, but quality is up and down. Not food I was used to.</i> ▪ <i>I would like some foods that are gluten free like a cake. Meals should be Ok. Water by the bed. Changed every day. I have about 3 cups of tea during the day. Soup (not very nice, watery and cold - needs thickening).</i> ▪ <i>Not always hungry. They always encourage me to drink water. I would prefer juice.</i> ▪ <i>Not too bad. Fresh fruit should be available.</i> ▪ <i>Plenty to drink - no comment on food.</i> ▪ <i>The food that she receives is first rate. Some days we wish we were staying for dinner.</i> ▪ <i>Not really. There is drink on the table but she couldn't reach it herself. She would need someone to give her drink and food.</i> ▪ <i>There is enough food, though too much mashed potato for my liking. But I am concerned about hydration. No one is checking if they've had enough to drink. 1 person should be responsible.</i> ▪ <i>There are 2 drinks behind her in her room. She asked for a cup of tea but was told no, as lunch was coming and then she had to wait a while.</i> ▪ <i>Yes, she said she is told to drink more. Encouraged to drink more but would prefer lemon juice or squash.</i> ▪ <i>When I'm here I hear them talking to other residents, saying things like, "not eaten all of your dinner? Eat a bit more..."</i> 	<ul style="list-style-type: none"> ▪ <i>We ask if they need anything or need access to drinks. They can eat, have drinks at the table.</i> ▪ <i>Check if they need pureed food. Refill water. Some assessed by the dietician.</i> ▪ <i>Carer Workers will know if a resident is dehydrated. They ensure enough drinks are offered frequently. The nurses would be aware of any dehydration problem and I also observe residents myself.</i>

<p>Key area 2: Choice</p> <p>Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation</p>	<p>Whilst the majority of residents at Nairn House are White British, there are a few from differing ethnic backgrounds. From a religious perspective, the majority were Christian. Whilst it was confirmed that a representative from the Catholic church attended weekly, a few residents had commented that had not seen them. And another said they would like to see a Priest regularly. Therefore, residents should be asked if they would like to see a minister of their particular religion. However, neither relatives nor residents seem to feel there was an issue regarding their ability to practise their religion, though one resident was worried whether the meat they were served was Halal. However, the manager assured us this was the case and was specifically purchased.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I get rice but not my cultural foods, like jerk chicken</i> ▪ <i>Not sure about food, as mum not confident about if the food is Halal.</i> ▪ <i>Fish on Friday. They will do some pilau rice for him with some fried fish and curry on it.</i> ▪ <i>Every Wednesday have communion and the parish priest phones from my old Parish.</i> ▪ <i>I use to go to St Mary's Church and I haven't seen our priest but the Catholic Church came last week.</i> ▪ <i>Good Catholic but not seen a priest and I've been here over a year.</i> ▪ <i>My kids take me to church once a week. Pick me up on a Sunday. Not seen a priest (been a year) I would like to see one I think.</i> ▪ <i>I pray to my husband nightly. Not really religious. I have not seen a priest, only when I was in hospital.</i> ▪ <i>He's a Christian. Some Church people come in on a Sunday. Will hold his hand or say a prayer.</i> 	<ul style="list-style-type: none"> ▪ <i>Church and other religious volunteers come to see residents and there is a weekly church service on Sunday.</i> ▪ <i>We have a church service during the week. Catholic but no Jewish or Hindu (service).</i> ▪ <i>No problem providing Halal food or coping with vegetarian or gluten-free diets.</i>

<p>Key area 2: Choice</p> <p>Are there varied and sufficient activities/ things for residents?</p>	<p>At the time of our visit, the full time Activities Co-ordinator role was vacant. There were, however, 2 part-time activity co-ordinators in place working 2 days each. Residents can choose whether they engage or not and there was a mix of those who did and didn't. The weekly Wednesday afternoon music session, as well as flower arranging, were warmly received. However, of the 7 residents who responded to this question 4 felt there were insufficient activities laid on and 2 of those who said yes, stated they would like morning activities, as well as perhaps a small library. There generally seemed to be fewer activities for those in their rooms or those less able. And only 4 of the relatives spoken with felt the activities offered were sufficient. We were informed by the management team that 1 to 1 sessions occurred with those who spent a lot of time in their rooms, e.g. having a chat or just holding their hand. However, residents did not seem to acknowledge these. We would therefore recommend that once the vacancy is filled, there is a complete review of all activities offered and residents are asked what they would like and for more activities to be arranged accordingly.⁴ More opportunity should be provided to have activities such as massage therapy, sensory therapy, use of ⁵memory books, or other personalised activities in residents' rooms.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>I don't know what activities are available. I would like Bingo but they don't do it. Watch flower arranging. I would like music and dancing. It's very quiet here</i> ▪ <i>I don't go downstairs. On my own most of the time. Friends visit and family. I'm in bed, knitting and sewing, reading and TV. No one comes in to do activities with me in the room. Don't socialise or meet others. In room over Christmas.</i> ▪ <i>Afternoon. Would like one for the morning, one to one.</i> ▪ <i>Yes, but is there a library?</i> ▪ <i>They don't really chat with me</i> ▪ <i>A while ago, she wasn't being brought into the lounge for activities. Left her "oh she's asleep" but far too regular. I made a fuss, still nothing. Spoke to Sherry... Now she goes.</i> ▪ <i>No not really. A lot of sitting around in the lounge. We take him to the garden. Flower arranging and music. How much, how often, and how much suitable?</i> ▪ <i>Yes and no. He likes to watch telly and politics. Music therapist is excellent! He really engages. The piano man sits with his back to everyone as at the piano but doesn't engage. PT activities, Laura tries hard. Very proactive, Tuesday/Wednesday.</i> ▪ <i>I feel it would be nice in the morning if they could go into the day room and play cards or a game. There is supposed to be a one to one in the morning but not sure this happens.</i> ▪ <i>Music and flower arranging and drawing.</i> 	<ul style="list-style-type: none"> ▪ <i>We have residents who want to sit in their bed, even though they can sit (in a chair).</i> ▪ <i>Activity people have 1 to 1 sessions. Have volunteers. Piano, flower arranging. Not sure if Bingo is played. It depends if they want to go and we accept refusal.</i> ▪ <i>The activity programme is less than ideal since the full-time activities coordinator left. We rely on the two activities assistants. We are trying to recruit but the applicant interviewed recently who was very good, took up an offer elsewhere.</i> ▪ <i>In addition to group activities, residents have 15-30 minutes one to one with staff. This may involve holding hands, hand massage, chatting etc. Also, every Wednesday, the 'music-man' will visit rooms of residents to perform for them personally if they want him to but can't, or don't want to attend the communal lounge.</i>
<p>Recommendation 5</p> <p><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 join in activities in the main lounge, are supported to do so on a regular basis.</i></p>		

⁴ <https://www.nice.org.uk/news/feature/improving-the-mental-wellbeing-of-older-people-in-care-homes>

⁵ How to make a memory book <https://www.dementia.co.uk/products/how-to-make-a-memory-book>

<p>Key area 2: Choice</p>	<p>In terms of the community visiting the Home, a local nursery/primary school attends and they receive a weekly visit from a Church. We were unclear if others from the community came to visit, either other community groups, businesses doing community work or similar. These types of links are to be welcomed.</p>	
<p>What links do the residents have with the local community?</p>	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Had kids in and a magician.</i> ▪ <i>Someone comes to visit from the Catholic Church every Wednesday.</i> ▪ <i>Some. Some children came into sing from the local nursery.</i> 	<ul style="list-style-type: none"> ▪ <i>Also schools, churches send volunteers. Two lady volunteers from the Catholic Church visit residents.</i> ▪ <i>Local School and Salvation Army.</i>
<p>Recommendation 6 <i>Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction</i></p>		

Key area 2: Choice Are residents able to personalise their rooms?	Residents can have their own photos and pictures in their rooms, as well as furniture if they choose. Both residents and relatives seem to be happy with the current arrangements. Though we noted that all the doors to their bedrooms were the same. People with Dementia and the Elderly may be unable to find their bedroom easily which could leave them anxious and stressed. We would recommend residents are encouraged to personalise their doors in some way, perhaps with meaningful mementos or strong plain colours to help them to find their room more easily. ⁶	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Sometimes a man wanders into her room... she copes.</i> ▪ <i>Some photos and furniture. Home chose the décor.</i> ▪ <i>Own BT line installed.</i> ▪ <i>He can, but I've had no time. But he's got a new duvet</i> ▪ <i>Photos and trinkets. I don't know about furniture.</i> ▪ <i>He's got plants and photos. They said we could change the paint. Got his own armchair. We did also change rooms, looks out onto the garden...</i> 	<ul style="list-style-type: none"> ▪ <i>Not really.</i> ▪ <i>Residents can have photos, pictures, furniture, can bring their own possessions to make their rooms 'home away from home'. Some rooms have a TV, some residents bring their own.</i>

⁶ <https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/bedrooms.asp>

Key area 2: Choice Are residents/ relatives' views/ suggestions taken into account and acted upon?	The manager stated they had an open-door policy and confirmed that relatives in particular do email or speak with herself, the management team or staff.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>No issues in the 4 or 5 years she's been here.</i> ▪ <i>Spoke to Sherry and she ensured it was happening.</i> ▪ <i>They will call to keep us informed. We have always found them helpful and friendly.</i> ▪ <i>Sherry really helps.</i> ▪ <i>They know my concerns and act on them.</i> 	<ul style="list-style-type: none"> ▪ <i>Staff see relatives regularly. Relatives are invited to the monthly reviews of the care plan and sign the relatives' log to confirm participation. Home has an 'open door' policy and relatives can raise concerns with staff on the floor or managers.</i>

Key area 2: Choice Overall, do residents like living here?	Whilst a few commented that they naturally would have rather been in their own home, residents seemed generally happy and contented. Relatives who visit regularly also seemed to know one another and helped out. As a consequence, the atmosphere is warm and friendly.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Not bad. No problems since I've been here.</i> ▪ <i>Yes, but I would rather be back home and independent.</i> ▪ <i>Yes, but I've been active. It's difficult. I would like more independence.</i> ▪ <i>Better than being homeless - it's a roof over your head</i> ▪ <i>I feel relieved he's here and that they are looking after him. They all care, like a big family. Margo is wonderful. Another person's daughter said, "We all help".</i> ▪ <i>Yes he does like it here. We'd take him out, but then he'd keep asking when he was going back.</i> ▪ <i>Best of a bad situation. She knows she's safe and being cared for.</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this.</i>

Appendix 3. Our detailed findings: 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 three floors. There is one lift for residents, which seems to be well-maintained; and another used as a service lift. We were informed that they are serviced/checked monthly and are reliable. Most residents are in need of help and support to move around the building with only a few able to walk around unaided. There was concern from relatives about which staff were responsible to take the residents down to the activities in the main Blue lounge downstairs. In addition, a few of our Visit team noted there were no straps on the large mobile chairs and we were informed by relatives and residents that some residents had apparently slipped out. This is of significant concern and we strongly recommend that this situation is resolved as soon as possible. We raised this with the Manager at the time and she assured us they had conducted risk assessments. If there were any issues in future, they would raise a referral for an OT Assessment. However, it appears that some residents, who are alert, are remaining in their rooms for much of the time, unnecessarily. Systems should be put in place so that residents who are unable to move and who wish or require stimulation, can be moved around the building safely. In addition, specific staff on each day shift should be made responsible to move residents, especially to access activities or other forms of stimulation.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I use a stick. I walk to the dining area. Sit at the same place. Have to stick to the dining room on this floor</i> ▪ <i>Cannot use wheelchair</i> ▪ <i>I keep falling out of the wheelchair so not taken to activities elsewhere</i> ▪ <i>She requires a wheelchair but there are no straps and so last year she wriggled out and fell on the floor... There are still no straps</i> ▪ <i>Has slid nearly out of his chair</i> ▪ <i>Staff don't always take responsibility to take her down</i> ▪ <i>There is some question about whose responsibility it is to take her down to the lounge...I have overheard arguments about whose responsibility it is, so I expect that's why she doesn't go down</i> 	<ul style="list-style-type: none"> ▪ <i>Lifts work. Most don't walk on their own</i> ▪ <i>Care home has hoists, wheelchairs, special chairs to encourage residents to get out of bed, leave their rooms and socialise. All staff share responsibility for assisting residents to have access to the lounges and activities.</i>
<p>Recommendation 7</p> <p><i>A risk assessment should continue to be carried out on all residents moving around the home. Clear systems including staff responsibilities should be put in place so that residents who are unable to move, can be moved around the building safely, especially to access activities or other forms of stimulation if they wish. We would recommend the Nairn Home management team contact the CHAT team as soon as possible to discuss ensuring residents are able to get out of their rooms for activities and can do so safely.</i></p>		

Key area 3: Environment Do you feel safe here?	<p>Almost all of those we heard from felt they were safe in the Home. There are key codes and keypads on the main entrance and on each floor to the main stair-wells. There are no key codes for the lifts and this enables residents to be able to move around the floors if they are able to, safely.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>No worries. I feel safe.</i> ▪ <i>Absolutely.</i> ▪ <i>Very, no issues.</i> ▪ <i>Can always buzz for help.</i> ▪ <i>Otherwise we wouldn't leave him here. They are very good.</i> 	<ul style="list-style-type: none"> ▪ <i>Front door has a key pad and reception area is manned from 8am to 4pm. Relatives have the access code or ring the bell and ground floor staff let them in. Access to stairwells is controlled by keypad.</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	<p>Is the Home warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.?</p> <p>As you enter the Home there is a small reception area with a coffee machine and flowers. It is warm and welcoming. On the day of our visit, there was a slight odour. There were some pictures on the walls and some nice flower arrangements around, particularly in resident's bedrooms. The building is well decorated in muted, natural tones. However, each floor is exactly the same and therefore residents and visitors could get confused as to which floor they are on.</p>
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<p>Key area 3: Environment</p>	<p>Are the signs large, clear with contrasting colours so easy to read?</p> <p>There were very few signs and those that were there were quite small and/or placed too high so those who are in wheel chairs would find it difficult to see. Not all rooms have numbers on and one of the communal toilets had no sign at all, just the number 8. Equally, noticeboards were very "busy", with small print and not accessible.</p>
<p>Key area 3: Environment</p>	<p>Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean?</p> <p>All areas of the Home appeared clean. All areas appeared well maintained and bathrooms and toilets we looked at were also clean, other than one resident's toilet, which appeared to have old urine stains and smelled.</p>
<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 which residents and relatives stated they enjoyed in the summer. There were also some benches for residents to sit and it was wheelchair accessible and accessed from the downstairs lounge.</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. Overall, residents felt safe and secure; their relatives agreed. The only cause for concern was that the pin code for the main door is not changed and therefore, it could get into the hands of someone who was not authorised to attend. We would recommend that the front door code be changed periodically.</p>

Key area 3.1: Is the Home Dementia Friendly?	<p>Given the Home has some residents with diagnosed Dementia and others 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 Environment⁷) 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>The Home was carpeted throughout other than around the individual kitchen areas within each dining lounge. Colours were all neutral, in brown, cream or beige, with the same colour scheme throughout and on each floor, other than in the main ground floor lounge. Therefore, it is difficult to know which floor you are on and could be confusing to residents and visitors. Equally, the service lift is painted a similar colour to the resident lift and could also be confusing as to which lift to enter. Whilst most residents are not mobile, the Home should encourage those who are, to be as independent as possible. It would be helpful to have different colour schemes for different floors and facilities so that they are clearly differentiated.</p>
	<p>Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?</p>	<p>The floors were carpeted throughout. Perhaps easy clean flooring could be considered when next being replaced.</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, it might not be easy to cover them, if the resident felt anxious or distressed when looking into it.</p>

⁷ [PLACE](#)

	<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 not clear enough generally. For example, the communal toilet on the top floor simply had a number on it – number 8. It looked like all the other doors. In addition, all the resident’s doors looked the same apart from the numbers or small nameplates and so could be confusing to residents. We therefore recommend that pictures, and large print signs are used throughout the building.</p>
	<p>Are taps colour-coded red/hot and blue/cold?</p>	<p>The taps the Enter and View team saw had standard fittings with small strips of red and blue. They had not been adapted to be easy to use or recognise for those with a visual impairment or Dementia.</p>

Recommendation 8

Review all signage so that they are sufficiently large, clear and accessible, including for those with visual impairment, including colour-blindness. As and when the building is re-decorated, consider differentiating the décor on each floor as well as resident’s doors, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger and more dementia-friendly.

Response from the management of Nairn House to our recommendations

Recommendation 1

Ensure that staff are clear about their role and performance is carefully monitored, so they all provide the highest level of care.

Response: "This has been discussed at staff supervision and appraisals."

Recommendation 2

We recommend residents are able to have an alarm pendant or similar so that those who are more mobile can wear these as they move around the Home. Staffing levels should be closely monitored ensuring hours allocated are sufficient to meet BUPA's call response policy and provide a more responsive level of care.

Response: "4 Alarm Pendants now in place."

Recommendation 3

Arrange for the dentist to provide an annual check-up to all residents.

Response: "Discussed with CHAT for assistance as we find it very hard in this area to find a dentist to do annual checks. "

Recommendation 4

Ensure that residents have a means for raising issues and giving feedback on a regular basis (and ensure that the specific concerns raised on page 18 are addressed as appropriate)

Response: "General Manager has an open door policy. All concerns & complaints are taken seriously and are conducted appropriately in accordance with Bupa complaints policy. Residents/ Relative meetings are held quarterly. Concerns & Complaints policy displayed throughout the home and also in the resident's welcome pack."

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 join in activities in the main lounge are supported to do so on a regular basis.

Response: The vacant activity hours are now filled with a New Activities co-ordinator. In addition, Nurses now allocate carers daily to escort and return residents for activities.

Recommendation 6

Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction

Response: Nursery School children from local school visit at least once a month. Garden Party's in the summer months and we invite the local community. Age Concern always attend these events.

Recommendation 7

A risk assessment should continue to be carried out on all residents moving around the home. Clear systems including staff responsibilities, should be put in place so that residents who are unable to move, can be moved around the building safely, especially to access activities or other forms of stimulation if they wish. We would recommend the Nairn Home management team contact the CHAT team as soon as possible to discuss ensuring residents are able to get out of their rooms for activities and can do so safely.

Response: "Wheelchairs are provided for transporting those residents safely who are immobile and wish to go to other areas of the home. Risk assessments are documented and discussed with residents, next of kin/ advocates and relevant staff members. At this time, we only use recliner chairs prescribed and assessed including risk assessed by the Occupational Therapist for our residents. The recliner chairs are trialled prior to being used permanently under the guidelines laid down by the O.T. This ensures the appropriate chairs are used and checked for all safety aspects for residents that require recliner chairs."

Recommendation 8

Review all signage so that they are sufficiently large, clear and accessible, including for those with visual impairment, including colour-blindness. As and when the building is re-decorated, consider differentiating the décor on each floor, as well as resident's doors, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger and more dementia-friendly.

Response: "Signage to be put in place by 28/02/19."

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- 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
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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.

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:

<https://healthwatchenfield.co.uk/our-work/enter-and-view/>

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

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