

Enter and View Visit – Monitoring Report

Name of Establishment:	Meadowside, 60 Holden Road, Finchley London N12 8HG
Staff Met During Visit:	Home Manager: Hazel Greenway; Fatima Longland (assistant manager),
Date of Visit:	Thursday, 30/05/2013
Purpose of Visit:	<p>A pre-announced Enter & View (E&V) visit, as part of a planned strategy to look at a range of care and residential homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to consider how services may be improved and how good practice can be disseminated. The report is sent to the manager of the facility visited for validation/correction of facts, and then sent to interested parties, including the Council's Safeguarding Overview and Scrutiny Committee, CQC and the public via the website.</p> <p>DISCLAIMER:</p> <p>This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users who contributed to the report on that date.</p>
Authorised Representatives: Team Leader:	Gillian Goddard,

<p>Team Members:</p>	<p>Christina Meacham, Nahida Syed and Janice Tausig</p>
<p>Introduction and Methodology:</p>	<p>Meadowside is a purpose built care home. The building is owned by Catalyst, is leased by London Borough of Barnet and Fremantle provide the care. It has 68 single ensuite rooms. There are no bedrooms on the ground floor and the home is organized into 6 houses each with a lead. Residents with dementia usually occupy the first floor with other floors usually occupied by 'mainstream' older adults. At the time of the visit two rooms were being decorated and the residents of two rooms were in hospital. All other rooms were occupied.</p> <p>We used a prompt list of questions to find out relevant facts, made observations and spoke to staff, residents and visitors present in one of their six houses. (Note comments etc all come from those present in that one house.)</p> <p>After a brief introduction, two of the team went to the communal rooms in that house to talk to residents. The team leader and another team member talked to the care manager about the home, policies and procedures, including viewing some of the relevant documentation.</p>
<p>General Impressions:</p>	<p>The home looked to be in good condition.</p> <p>There was a small off road parking area outside, including provision for disabled parking and for minibuses.</p>

	<p>Access was via an entry phone after which doors were opened for us. We were welcomed by a member of staff and asked to sign in. The signing in book was located near to a hand gel dispenser.</p> <p>There was a reception desk clearly visible. We were introduced to the manager and taken to her nearby office and offered refreshments.</p> <p>We also met Vivian who runs the day centre in an adjoining connected building. We did not visit this during this visit</p>
<p>Policies & Procedures:</p>	<p>The care manager told us that of the residents, 38 (out of 66) suffered from dementia, heart conditions or stroke.</p> <p>We were told that, where possible, residents are involved in drawing up their support plans (similar to care plans) which include a detailed life history. Their relatives and carers are also actively involved, where appropriate. The support plans appeared to be comprehensive and are reviewed monthly, as is the residents' weight, unless it decreases, when weekly monitoring is instituted. Support plans are also accessible to all staff, health professionals, the resident and their relatives or carers. We saw the blank forms but did not ask to see records for any identifiable person.</p> <p>Medication policy and procedures are in place, using the <i>Boots</i> system, with regular audits by the</p>

manager. Appropriate staff deliver medication from a trolley. If any resident does not want to take their medicine this would be referred to the GP and there would be a medication review.

Residents tend to keep their own doctors where possible, resulting in the home having contact with 6 different surgeries. They had experienced difficulties in persuading some doctors to visit.

The home has a good policy regarding any resident with bed sores ensuring that they are attended to appropriately and turned, including using pressure relief mattresses. There is one resident suffering at present, partly as a result of a stay in hospital. However the manager commented that for end of life care they would be mindful of minimizing discomfort and had, for example, chosen not to turn a terminally ill resident to improve the quality of their remaining life.

Residents have to go out to see a dentist as a recent attempt to arrange for a dentist to visit had failed. The home were unsure why the dentist would not visit the home and we would want to have this investigated further to see if it is possible to get a dentist to attend the premises.

A chiropodist visits regularly. The district nurse visits twice daily and

	<p>administers insulin to the diabetic residents requiring it.</p> <p>Records of complaints, accidents and incidents are kept and appeared to be up to date. The book is referred to as a 'feedback' book and includes letters/cards of thanks.</p> <p>The home conducts regular fire drills (day and night) and has good fire policies and procedures. For example all residents are aware that lifts are not to be used in the event of fire (or a drill).</p> <p>Residents who smoke are encouraged to use the smoking lounge which we did not visit. No staff have to go into this room if they do not want to. We were told that the room is checked after each resident has finished their cigarette, and ash trays are emptied and the room kept well ventilated. If a resident felt they had to smoke in their room, provision would be made for this, including extra fire precautions.</p> <p>Potential residents are allowed/encouraged to visit for a trial period. If they choose to come, all help is given by the home to ensure they choose an appropriate colour scheme for the room and that it contains some of the residents' belongings.</p>
<p>Staff:</p>	<p>The home employs 50 care staff, 18 waking night staff, 5 senior staff, 4 kitchen staff (in two kitchens) 7</p>

household staff and 2 admin staff. When necessary they use their own bank/relief team.

For dementia care they have a staff to resident ratio of 1:5. For mainstream residents they have a staff to resident ratio of 1:7. This applies throughout the day including weekends. At night they have one member of staff for each of the 6 houses. (ie 1:12 approx)

Staff are trained to NVQ levels 2-3, with managers at levels 4-5.

All staff have mandatory training on safety, mental health including awareness. Monthly key sessions are also mandatory. Much of the training is provided by the Fremantle Trust in the adjoining building and was considered to be to a high standard by the manager.

A number of staff have been trained in End of Life Care, supported by the North London Hospice.

Fremantle also have their own end of life lead who supports staff, relatives and service users.

Where it is felt by the Manger that residents do not understand the staff due to linguistic difficulties the member of staff is supported with English lessons.

Some of the staff wore uniforms according to their role. We did not see anyone wearing name badges but were told that these were on order. The home also makes use of an advocate, from Advocacy in Barnet.

Fremantle Feedback set up regular staff meetings at which whistle

	<p>blowing and key sessions with residents are discussed. There are also regular consultations with relatives.</p> <p>One member of staff has retired in the last 6 months. Residents are very actively involved in recruitment and interviewing for staff to help ensure that new recruits fit in.</p>
<p>Other Staff Views:</p>	<p>A member of staff who had been transferred to this home around 5 years ago said that it was a good place to work and that they received good and regular training.</p>
<p>Manager's Report on Residents Views:</p>	<p>There is a residents' meeting every month and the senior manager regularly walks around the home talking to residents. Residents obviously recognised and knew the senior manager on duty when we visited, and seemed to have a good relationship with her.</p>
<p>Privacy and Dignity:</p>	<p>Good, staff were respectful of residents and knocked prior to entering their rooms, although we noted that the majority of room doors were open during the day. It was explained to us that residents were encouraged to keep their doors open so that staff were aware early of any falls or problems in the room. We visited one room where the resident kept a pet cat, and there seemed to be no problem with this resident keeping their door shut to keep the pet safely contained within the room. (However we also observed at least 2 cats walking freely around). We observed some staff interacting</p>

	with residents in a friendly and courteous manner, talking to them as they helped them.
Environment:	The premises were well decorated and had pictures/paintings on the walls. The stairs were wide and well provided with hand rails. There was easy access to the garden and a garden terrace for residents who wanted to be outside. The garden had raised beds to help residents who wished to participate in gardening.
Furniture:	The furniture in the communal areas looked to be good quality and well maintained. There were many different lounges decorated in different ways to appeal to different tastes. Residents were allowed to have their own furniture in their rooms and choose their decoration. Some of the residents recently had some training via 'Artsdepot' on using ipads which some residents were becoming quite proficient on. We heard about a resident who used an ipad regularly to Skype their grandchild, to the delighted surprise of the grandchild's parents, who were unaware that the resident had gained this skill.
Food:	Residents are very actively involved in drawing up the menu and range of options. One kitchen is vegetarian and ensures a range of non-meat foods are provided. We did not observe a meal but did see the very pleasant restaurant areas including flowers on the tables. Staff eat with the residents and this is seen as very important in helping

	<p>and encouraging the residents to eat at mealtimes.</p> <p>Residents are encouraged to eat in the restaurant area, but may choose to eat in their rooms if they wish.</p> <p>Residents, such as those who wander about a lot are provided with extra nutritious food and snacks during the day to avoid weight loss.</p> <p>Residents are provided with drinks at regular times of the day and on request. They are positively encouraged to drink. The kitchen also provides food for the adjacent day centre.</p>
<p>Activities:</p>	<p>The home employs a dedicated activities manager, who works 39 hours a week on a rota system. She was not in at the time of our visit but we saw programs of activities on the notice boards. She is a Tai Chi expert and runs sessions on this at the home and elsewhere. She is relatively new, and it is hoped that the previous high standards, range and quality, of activities is maintained.</p> <p>There were many photographs of residents enjoying different activities from raising chickens, to going out to Brent Cross, as well as many examples of their artwork which was soon to be exhibited in one of the lounges. The home was full of examples of activities from a home-made wall hanging, to hat stands and jewelry desk. Residents also had opportunities to be</p>

	<p>involved in drama and go to the theatre.</p> <p>The home does not yet have its own minibus, but shortly expects to get access to one for part of the week. It does use other services for its regular outings.</p> <p>Residents with pets are allowed to keep them and the home currently contains 4 cats and one dog.</p> <p>The care home has its own hairdresser.</p> <p>The Manager emphasized that enabling residents to carry on with the activities they had enjoyed before they had to leave their homes was an integral part of how she wanted her residents to live.</p>
<p>Feedback from Residents:</p>	<p>Some of the residents with whom we spoke said:</p> <p>'I wouldn't be here if I didn't like it.'</p> <p>'I enjoy going to Art Classes – it mixes us up [people from different houses]'</p> <p>'enough staff and plenty of wheelchairs – you can go into the garden in the summer'</p> <p>'five stars for this place'</p> <p>'the medical care is excellent. They notice things before they get bad'</p> <p>'I wouldn't change anything'</p>

	<p>'all the staff really seem to care'</p> <p>From a 101 year old who was in remarkably good health, 'I have no complaints whatsoever'</p> <p>From a vegetarian resident, 'the chef came up to me one day and said I was eating a lot of omelets, wouldn't I like something else. I thought that was very good of him'</p> <p>From a resident who did not know specific details about his care plan or a complaints procedure - expressed that he had nothing to complain about, was happy to mix in and was content that if he had any concerns staff would deal with them satisfactorily.</p>
<p>Feedback from Visitors:</p>	<p>'I don't think they could do more for him'</p> <p>'The staff have done what they can to integrate him'</p>
<p>Recommendations:</p>	<p>We felt that the home displayed very high standards and hope that these are maintained. In particular we felt that these areas were noteworthy, and would like to see them continue:</p> <ul style="list-style-type: none"> • To keep up the links with the nearby North London Hospice in relation to end of life care. • To continue to provide language training to ensure that existing good communication between staff and residents is maintained, where staff have English as a subsidiary language.

	<ul style="list-style-type: none"> • For the Manager to continue with her newly formed support network of managers as an aid to sharing and learning from their experience. <p>In addition we would suggest :</p> <p>To consider opportunities to use the training facilities for staff of other care homes.</p> <p>Make the complaints procedure more explicit. While we did not come across any residents with anything to complain about, we felt that the procedure for complaining did not appear to be visible. When we asked both residents and carers about complaints procedures, they were not aware of published procedures, but all were confident that complaints would be resolved quickly.</p> <p>Investigate (with support from Julie Hughes and Barbara Jacobsen the 'Integrated Quality in Care Homes team' at Barnet Council) how to get a dentist to visit regularly and improve GPs' attitudes to visiting.</p>
<p>Conclusion:</p>	<p>Meadowside is an outstanding residential care home providing a very high standard of care for elderly people and those with dementia.</p>

	<p>Overall we found residents to be happy and well looked after in a home with clear and accountable policies and procedures, making good use of resident involvement.</p> <p>The manager, in particular, demonstrated very strong managerial skills, appeared extremely committed and knowledgeable with the ability to get the best out of her staff and the residents.</p>
Signed: Gillian Goddard	
Date: 1 August 2013	

Response received from Manager at Meadowside:

The manager has acknowledged the report and confirmed its accuracy.