

Name of Establishment:	The Limes, 11-15 Fenstanton Avenue, London N12 9HA
Staff Met During Visit:	Mr Shameem Yatally – Registered Manager
	Ms Michelle Harrington – Area Manager
Date of Visit:	Wednesday 4 September 2013
Purpose of Visit:	This was 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 head office of the organization, the Safeguarding Overview and Scrutiny Committee and the public via the website.
Healthwatch Authorised Representatives Involved:	Stewart Block, Nahida Syed, Derrick Edgerton, Derek Norman
Introduction and Methodology:	DISCLAIMER:
	This report relates only to the service viewed on the date of the



	visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.
	The Limes is a privately owned care home (one of five in Barnet and Enfield owned by Mr Munundev Gunputh – the Registered Provider) providing residential care for 26 people in 22 single rooms and two shared rooms. At the time of the E&V visit there were 20 residents plus one on holiday. Registered care provided for dementia, old age and specialist care for Alzheimers and end-of-life.
	As part of our preparation for the visit we reviewed the Care Quality Commission (CQC) Report published on 1 May 2013 (http://www.cqc.org.uk/directory/1-131739317?referer=widget1)
General Impressions:	We were pleased to see that the "flyer" advertising our visit to residents/families was in the entry hall.
	The home is a combination of 3 houses, which have been joined together and adapted to its current use. There are 22 single and 2 double bedrooms. All but 3 of the bedrooms have en suite facilities. The open plan lounge and dining area, kitchen, laundry, 2 communal showers, toilets, residents' bedrooms and a conservatory are located on the ground floor. There are further bedrooms and 2 communal



bathrooms, with toilets, located on the first floor. A passenger lift links ground and first floor. There is a small parking area at the front of the house. There is a large attractive garden in the rear with a pond, raised beds for residents to work in if they wish and we were told that a gazebo is planned. We saw residents and their attendant carers enjoying the late afternoon sun.

One of the corridors on the ground floor had a slight ramp, which could be a hazard to somebody with dementia or who was unsteady on their feet.

The homely atmosphere is accentuated by the policy of allowing pets. Two of the residents have cats; one was seen dozing in a resident's room in the afternoon sun.

Due to its construction the corridors are narrow but the communal areas have secluded corners where residents can read or watch TV in relative peace.

The buildings are well maintained. There is an entry 'phone although we were not asked to use it. We were asked to sign the visitor's book. Hand gel was available.

The lady who let us in did not introduce herself nor was she wearing a name badge.

A urine smell was noticeable in the entrance hall, but did not seem present elsewhere.



Policies & Procedures:	We reviewed and were given copies of the Medication Policy, the Whistle-Blowing Policy and the Safeguarding Policy. These were all clear documents written in plain English. There is also a Medication Management Policy & Procedure. Medication is administered using an MDS system by trained staff.
	Complaints are written down in a hard cover book, progress to resolution or otherwise is regularly monitored by the Area Manager.
	We examined a number of Care Plans. These are reviewed monthly or as needed and are accessible to staff and to the residents.
	There are regular GP reviews of the residents, weight is monitored monthly, regular dental care is provided.
	At the time of our visit we were told that two residents suffer from bed sores – these are monitored and recorded.
Staff:	The Home tries not to use Agency staff. 17 staff in total, four day time staff and three "waking" night staff. All at or above NVQ Level 2 or working towards it.
	Staff are trained in dementia awareness.
	Staff all undergo continual planned and mandatory training. The volunteer team found the staff sympathetic to residents needs.



Staff Views:	3 female members of staff were spoken to. They seemed attentive and considerate of residents needs and also very helpful to us, whilst prioritising resident's needs. They also seemed happy in their work. They reported that they felt supported in their work and received good regular training.
How the Home gets Residents Views:	Questionnaires, residents meetings and one-to-one discussions are used to get resident's views and feedbacks.
How the Home Gets Relatives' / Carers' Views:	The Limes has a Service User Satisfaction questionnaire.
Privacy and Dignity:	Smokers are allowed in the garden to smoke or in the conservatory.
	The residents appeared to be from a variety of different cultures and were well supported by the home in this respect eg in the provision of food.
Environment:	It felt like a 'proper home' with plenty of different indoor spaces and a nice garden and conservatory.
Furniture:	Two residents were happy to show us their rooms. Although small they looked well maintained, comfortable and well arranged with some of the residents own furniture and family photos and mementos around.
Food:	Food is freshly cooked on the premises, and smelt appetizing. Specialist diets are provided as asked for, Halal, Kosher, vegetarian, gluten free etc.
	In general the residents were happy with the home and the way they were



	cared for, and seemed happy with the variety and quality of the food.
Activities:	There wasn't a lot of evidence of creative or diversionary activities and when asked residents couldn't give any examples. However, this may reflect the residents having various degrees of dementia. Activities are not announced in advance but decided upon on a daily basis.
	These activities are preplanned, but depending on the number of residents who indicate or are available to partake, planned activities may be canceled on the day.
	A drama group regularly comes and some activities take place in cooperation with other nearby homes in the group.
Feedback from Residents and Relatives/Visitors:	While we were there one resident was being visited by his wife and they were kind enough to speak to us. She said that she visited every day and often brought him some food that she had made for him. She was generally happy with the home and how they cared for her husband. Other residents were very appreciative of the staff and food.
Conclusion:	A bright and cheerful home, residents supported by staff respecting their dignity.
Recommendations:	All staff, including Head Office Staff/Supervisors should wear clearly visable name badges.
	Provision and use of hand gels on entry.



	Consider provision of front door camera and entry phone to improve security.
	4. Address and solve the issue of the urine odour.
	5. Address the issue of the ground floor corridor with a slight ramp.
	6. The Activity Plan for the week should be clearly posted for residents, staff and carers/family to see. There should be a balance between mental and physical activities.
Signed:	Stewart Block, Nahida Syed, Derrick Edgerton, Derek Norman
Date:	9 December 2013

Response Received from The Limes:



Responses received from the manager at The Limes, with respect to our report:

In as far as the recommendations are concerned, we will, if we may, answer them in the order they have been raised.

- 1. All staff should "wear clearly visible name badges." We are happy to try this whilst taking into account the risk that it may present to residents receiving personal care or being assisted using Moving and Handling techniques.
- 2. Hand gel will be made available upon entry.
- 3. We will keep security of the front door under review. There is already an alarm in place. The procedure for staff who may have cause to open the front door and receive visitors will also be reviewed and will be an item for discussion at the next staff meeting
- 4. The issue about the urine odour present near the front door has been addressed and is now resolved.
- 5. The issue of the "Slight Ramp" in the ground floor corridor is a structural one, relating to the foundations of the building. We will investigate the possibility of improving the incline. In the meantime a warning notice will be provided.
- 6. A new activities schedule has been devised, and is available for residents, their visitors and staff to see.