

Enter and view  
Care home visits, June 2015



## Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

[www.healthwatchislington.co.uk](http://www.healthwatchislington.co.uk)

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# Introduction

Healthwatch organisations have a right to Enter and View publicly (or partly-publicly) funded health and adult social care services as they are being delivered. Periodically we have visited care homes for older people as this is a potentially hidden and vulnerable population group.

In 2015-16 we are particularly interested in using our Enter and View work to consider how services are personalised to give service users choice and control and we will visit mental health and supported housing services as well as care homes for older people as part of this series of visits.

We noted that the Care Act 2014 brings with it additional legislation surrounding Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Assessments and thought it would be useful to ask questions around how this was being implemented.

We noted that the Care Quality Commission (CQC) had reported on Muriel Street in December 2014, Highgate in June 2015, Bridgeside Lodge in January 2015 rating all as 'good'. The July 2015 CQC report on Cheverton rated the home as 'needing improvement' around safety and leadership. A new manager had been appointed by the time of the visit.

We appreciate the constraints under which homes and care homes are working. Recommendations made are based on what the teams saw during their visits and will reference good practice noted within other homes.

Enter and View team members are trained volunteers who have undergone a police records check. Members bring a wealth of experience and knowledge about the needs of older people receiving care from their personal and professional experiences. The visits in this report, were 'announced', homes knew the date and time of the visit in advance.

**DISCLAIMER:** This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.

**Table 1: Homes visited during June 2015**

Home	Run by	Number of beds	Funding
Bridgeside Lodge Care Centre	Forest Healthcare	64	London Borough of Islington and self-funders
Cheverton Lodge Care Home	Barchester Healthcare	52	London Borough of Islington and self-funders
The Highgate Nursing Home	BUPA	55	Self-funders and Continuing Care placements (NHS)
Muriel Street Resource Centre	Care UK	63	London Borough of Islington and self-funders

A copy of this report will be shared with providers, commissioners and the Care Quality Commission. It will be made publicly available through our website and on request.

# Observations

## Bridgeside Lodge Care Centre

The team observed residents using communal spaces including the garden. There is a weekly plan of activities and a list is on a notice board. Residents are reminded by staff and taken to the activities of their choice. Although not many residents were using communal areas, this seemed to be by choice and no communal areas were closed to residents. The home is quite new and looks out on the canal and this is visible from most of the windows. The garden has tables and chairs outside with pots of plants and roses.

All the staff were friendly but efficient. There were relatives laughing and talking to staff and each other and they seemed very at home. Staff talked to residents as if they were valued family members.

The team was introduced to a young resident who was getting about in her wheel chair. She was asked politely whether she wanted to talk with us. It was clear that she gets looked after very well and the whole atmosphere was that of a large family. Later the team noticed that she was eating a bowl of a particular food that she liked at 3pm. She has an eating disorder and it was clear that she was being tempted with something she liked whenever she would eat it.

The home appeared clean and tidy, everywhere looked fresh and clean. There were no unpleasant smells and air fresheners were noted in one of the toilets.

## Cheverton Lodge Care Home

The team saw residents enjoying singing and dancing led by the activities specialist who visits regularly, many staff were also in attendance. Staff took time to ensure that all residents in the lounge were encouraged to take part, including more frail residents and wheelchair users. Residents seemed to be enjoying the activity immensely. A schedule of activities was posted in the lift.

The team observed very positive relationships between staff and residents, people used each other's first names. There were sufficient staff members to speak with the residents. There was a very friendly atmosphere. The TV was not on.

At the time of the visit residents were being served afternoon tea. Staff made sure that all residents in the lounge were involved in the entertainment and had enough tea and had biscuits. Those that needed support were given it and individual preferences were being met such as making sure that residents received the amount of milk they liked in their tea.

The team did not notice any communal areas that were locked. The home appeared clean and tidy and there were no unpleasant smells.

The team noted the change of management and resulting positive atmosphere in the home.

## The Highgate Nursing Home

When the team visited a weekly activity was taking place, six residents were watching a film, two were asleep. Led by the Activity Coordinator it is advertised via a weekly list and residents are reminded.

There was a relaxed and friendly atmosphere. The whole place felt like an upmarket hotel and staff were friendly but efficient. There was a lovely well maintained garden with flowers and good quality seating around tables with umbrellas. The home was light and airy with a positive atmosphere.

Residents were using communal spaces as well as being in their rooms. There are balconies on all front rooms and residents were sitting out there. Small rooms on each floor have a kettle and sink so that relatives and staff can make hot drinks. The quiet library, with flowers on the table, was also in use. No meal was being served during the visit.

The team saw examples of residents being treated with respect. Nurses popped into people's room (usually doors were open) as they went by to ask if the resident was ok. All nurses seemed very busy but the team noticed that when a bell was pressed they went to the resident very quickly. Everyone seemed polite and helpful. When the team asked to talk to residents, the staff asked the resident politely if they were willing to talk to us.

The home was replacing windows in one of the lounges on the first floor so no residents were allowed in until it had been completed.

The toilets the team checked were not used for storage and were clean and fresh. There were no unpleasant smells noted.

## Muriel Street Resource Centre

On their visit, the pleasant weather meant that the home encouraged residents out in to the garden instead of the afternoon activity. Many residents seemed to have residents or friends coming in for visits. There was a sing-a-long in one of the communal areas led by the activities co-ordinator. Signs on each floor promoted the activities and the activities staff went round asking residents if they wanted to join in.

The team arrived during lunch and observed residents on the 3rd floor. Lunch was planned for 1pm and served around 1.40pm. Residents were given plenty of time to eat and staff checked residents had had enough, three staff managed the mealtime. No-one appeared to need support to eat. Residents were welcomed into the dining room and towards a seat, though residents could eat elsewhere if they preferred.

Food was served at the tables and cutlery moved towards plates and bowls when served. One resident tried to clear her table, but a member of staff came and did it for her. There were jugs of water and squash on every table for residents to help themselves.

Everyone was given three lunch options (for main course) and two for desert, although not the options that were on the day's menu. Tea and coffee orders were taken when dessert was served. Although chicken wasn't on the menu, this was offered to one resident, suggesting that preferences were being met. Residents were given the option of having a starter. Lunch took over an hour and a half and the home's policy is to allow for this.

There was lots of background noise from phones ringing and alarms going off during the meal which made it feel less relaxed. One resident complained of being too warm and the floor manager immediately brought her a large electric floor fan.

The team saw evidence of residents being treated with respect. Staff spoke to residents by straight-forward interactions. The atmosphere was very relaxed. Staff seemed familiar and friendly with relatives as well as with the Enter and View team. The décor was different on every floor and included photographs of residents alongside historical figures.

There was background music in the entrance area and dining rooms though not too loud. The television in one of the lounges was very loud, presumably because resident's hearing required this. The team did not see residents prevented from using any communal spaces. The home was clean, and in particular the floors were very clean. The team noted a smell from the accessible toilet on the top floor, but the accessible toilet was well-designed.

The team also noted that there did not appear to be any Wi-Fi or computers for residents and that the gate at the back of the rear garden seemed broken.

### Across all homes

Enter and View team members met together to discuss the overall findings of the report and it was agreed that all homes visited are working hard to increase the range and suitability of activities on offer. Although members inevitably did not necessarily see all the offered activities taking place during their visits, a broad and creative range of activities was advertised.

# Resident Interviews

To increase the reach of its work, Healthwatch Islington is making contact with Relative's and Resident's organisations. It was not possible to attend one of these meetings during the June visits, but this is being set up for later in the year.

## Bridgeside Lodge Care Centre

The team spoke to four residents. Respondents described being happy in the home with staff being friendly, helpful and easy to talk to, some staff stop by in residents' rooms for a chat. One respondent mentioned that the cleaning staff and 'handy persons' are also friendly and another mentioned that they got 'plenty of attention'.

Two respondents talked about enjoying the garden and only having to ask and someone will take you out there. They confirmed that they found out about activities from staff coming round to let them know and some had noticed posters. One described the home as having lots for residents to do and referenced barbecues and gardening. The residents we spoke to felt that outside trips were not really an option because of their health, though one reported having been on a coach trip.

One respondent mentioned that 'I am awake at 7am but they don't do anything like washing me until 9am but that is OK.' And all respondents felt encouraged to do things for themselves.

Respondents reported being happy with the food, being given choices and staff checking residents have had enough to eat and always supporting them to eat if needed.

One respondent mentioned that 'I missed my lunch today as I was at the hospital - but they offered me stuff and my friend (who was here) brought me in some anyway.'

Another described the food as 'a bit ordinary' but the staff did try and accommodate her preferences. A further respondent mentioned that they would like more seafood. The fourth

respondent was on a soft diet and mentioned that this was not particularly varied and always tasted of cheese.

One resident had been told he would get some wart like sores on his hands removed by freezing, but it's been nearly 18 months and it hasn't happened yet. Healthwatch Islington made sure that the care home manager was aware.

## Cheverton Lodge Care Home

The Enter and View team spoke to eight residents.

Most stated that they were happy in the home though two if given the choice would rather be in their own home. One resident's friends spoke on her behalf and stated that the resident was never satisfied. Respondents who answered stated that they heard about activities from staff members. Activities respondents liked included quizzes, singing, talking, newspaper and current affairs, watching TV, listening to the radio and parties. Five reported that it was easy to go out in the garden, one stated that they loved the garden but needed help to get there.

It was harder for residents to respond to our question about trips they had been on. One respondent stated that they tended not to go on trips, another remembered going to Alexandra Palace and one stated that they liked parks.

Generally residents reported staff were friendly and easy to talk to and that they were encouraged to do things for themselves. The friend of one resident stated that some night staff can be a bit 'rough' and it was suggested that the residents mention this to staff. This comment was reported to the care home manager as soon as possible after the visit.

Most reported liking the food. One participant with specific requirements has received a visit from the chef to talk through options. Two respondents described wanting more choice. Most reported having enough to eat and that



staff check this and offer help with eating where needed.

One relative noted that the care home manager had assessed their relative on arrival, and then checked it again the next day adding new details as appropriate.

### The Highgate Nursing Home

The team spoke to three respondents. All reported liking living in the home. The balconies, private rooms and garden were cited as plus points. Respondents found staff friendly and easy to talk to and one included the care home manager as well as other staff in this. One respondent felt that more staff were needed as they are all 'very busy most of the time'.

Two respondents reported particularly liking the flower arranging and music sessions. All respondents reported being able to go out in to the garden.

'Yes I go out into the garden - I go out a lot and I go out with one of the nurses, I am afraid of falling to go out on my own but they always take me out.'

For those interviewed, going out on trips was not so common, though one sometimes went on trips with their family. Respondents reported being told about the activities that are on and of being given written information.

Respondents felt that they were encouraged to do things for themselves.

'Yes, they try to keep you independent from the start - from the beginning, you can do what you want. This is your home and you can do what you like as it's your home.'

There was mixed feedback about the food, with one respondent wanting more 'non-British' choices, but another describing the food as 'lovely, with no complaints at all'. All respondents said that they get enough food and a variety of

food as well as being offered support to eat if needed, with staff checking that residents have had enough. There is flexibility around mealtimes.

'You can have meals at other times and not just the meal times and I like that, and it can be what you like.'

Another respondent was happy with the food but prefers to eat alone in her room, and another sometimes preferred to eat in his room when not feeling well and the home arranges this.

### Muriel Street Resource Centre

The team spoke to 7 residents and a relative. Respondents generally reported being happy in the home, even if they would have still liked to be in their own homes. Staff were viewed as friendly, helpful and easy to speak to, though two residents found some staff more friendly than others.

One respondent noted that rooms were 'very personalised' and reference was made to a birthday party that staff had organised for a resident. A husband and wife couple in the home were not able to share a room which one of the partners couldn't understand.

Although not all respondents remembered how they knew about activities, all knew that activities were available and could give examples of activities they had enjoyed, such as singing, getting their nails done, drawing, painting, bingo and listening to the radio. A respondent with very limited mobility was pleased to be able to take part in and enjoy singing. The relative interviewed was informed about what was on through a resident newsletter. One respondent did say that they felt bored and another that there wasn't much to do, just leaving their room at meal times. One respondent stated it could be hard to find someone to take you out in to the garden, and one said that they didn't go out because the chairs were wet. Another suggested that the garden would be more fun if they could grow things there and eat what they grew.

Another respondent talked about how they were able to plant seeds in the garden and that there were plenty of activities to take part in,

‘The Activities co-ordinators are very good - fix anything up you want.’

Of those we spoke to only one went out on trips, though there was a suggestion that boat trips could be nice. The respondent who went out on trips said that this was because she was ‘more able’ and had undertaken trips to the cinema and on the canal. One knew there was a lock on the door and wasn’t sure how they could go out. Those who answered generally felt encouraged to do things for themselves, though one noted that they couldn’t make a cup of tea for themselves, so they wash up their cup to help staff instead.

Most respondents reported having enough food, though one was not sure. Most found that there was enough variety and generally options at each mealtime. However, two respondents reported that this was not always the case and another said ‘it would be nice if you could choose your own food’, this respondent found the variety too limited. It was suggested that sandwiches for the evening meal were not very substantial. They knew that they would be offered help with eating if they needed it. One respondent would like food to be served hotter (in temperature).

One respondent reported attending resident and relatives meetings but staying quiet throughout.

# Home Manager Interviews

The Enter and View team interviewed managers across each of the homes. There is a lot of consistency in terms of the approaches of each home. Answers are presented together here. There will be some things that homes do differently to reflect the needs of their users and the report is not attempting to rate homes against each other.

## Accessing health care for residents

Residents of care and nursing homes are entitled to the same access to primary health care services as other borough residents.

All homes reported that it was easy to get access to primary care and to refer patients for additional services. Homes reported easy access to the Integrated Care Ageing Team which offers specialist support for more vulnerable residents.

Cheverton and Highgate reported that a private podiatrist is available to supplement NHS visits. Cheverton and Highgate also reported arranging for visits by a masseur. Bridgeside reported that a podiatrist used to visit every six to eight weeks but currently can only see urgent cases. The regular chiropodist is expected back eventually but there is no deputy and a lack of communication. Increased waiting times for podiatry is a concern that Healthwatch Islington has raised from previous visits.

## Care planning

Effective care planning that involves service users and carers is essential to ensuring a personalised service.

All homes reported that a care plan is developed when the resident first arrives, and prepared with the family and resident. Social and nursing needs are documented. The care plan is kept in the residents' personal folder at the nursing station. All homes reported that care plans are checked at handover from one shift to another. Muriel home stated that care plans were updated monthly whereas Bridgeside described this as something that happens continually. Bridgeside

Lodge also highlighted that staff are aware of the home's values and mission statement which is to treat residents as individuals within a family setting and this was reflected in what the team observed.

All homes reported having Relatives and Residents meetings, and this being an opportunity to help personalise services and pick up issues of concern.

For future visits Healthwatch Islington will ask about how residents who cannot attend these meetings are engaged. Meetings were held quarterly (Muriel Street) to six-monthly (Cheverton).

## Staffing and staff training

Cheverton, Highgate and Bridgeside Lodge reported no staff vacancies, Muriel Street reported some but a 'normal' level for the nature of the work. All homes try to avoid using agency staff and have a system of using known bank staff when cover is needed. All homes offer training in house and externally through face-to-face and online courses. Highgate is able to access staff training across three local BUPA sites. Highgate and Muriel Street highlighted the Whittington Education Centre as 'offering a lot of really good training'. Bridgeside Lodge stated that staff training varies to reflect residents' needs and a psychologist comes to work with staff.

# Staff Interviews

Healthwatch Islington interviewed a range of Care Workers and Activity Co-ordinators across homes. Needs across homes vary with some residents' high-levels of need restricting what homes can offer. Again, the report does not attempt to compare homes but to highlight what was picked up during interviews with staff.

## Activities and trips out

All homes employ dedicated Activities Co-ordinators to put on activities for residents. All staff reported doing whatever they can to make sure activities meet residents varied and often high-level needs. Staff across all homes referred to ideas such as 'personal histories' or 'life stories' as a way of finding out more about an individual's likes and dislikes. It was clear that homes tried to make residents feel cared for, one home buying flowers for residents' birthdays and a nurse at another baking cakes for the residents.

Across homes staff consistently reported noting residents' preferences in care plans so that all staff were aware of residents' likes and dislikes. Activities Co-ordinators take opportunities to speak to relatives and residents to introduce new activities and use Relatives and Residents meetings to come up with new ideas.

All homes advertise activities around the home and staff go round to tell residents individually about activities on offer and when activities are about to start so that they can join in if they want to.

Across homes a wide range of activities were cited such as bingo, quizzes, barbecues and singalong sessions. External organisations were also invited in to the homes to increase choice. Activities mentioned included: 'Mobility London' who provide exercise sessions, hairdressers, visits from a theatre group, music sessions, the mobile library offering books and audio, groups with animals such as a dog petting or London Zoo visited with a selection of animals. One home had a pet rabbit and another a resident cat, both of which staff said were popular with residents.

One home encouraged relatives to come in and join residents in gardening activities.

The needs of residents can make it difficult to organise trips out, though examples were given of day trips to places of interest (such as Buckingham Palace), to local parks and cinemas and for pub lunches, a coffee, or a local pie and mash shop. Muriel Street is able to arrange for some residents to attend regular music therapy sessions at Islington Museum. Bridgeside Lodge takes advantage of its location on the canal to get residents involved in the canal festival.

Cheverton has a bus for taking residents out, Bridgeside shares a bus with another home. Muriel Street uses the council's free bus to transport residents. Dial-a-ride (Transport for London's free taxi-style service for those that qualify) is also used by homes. At Muriel Street, one of the drivers is known to the team and confirmed that the home organises regular cinema trips using Dial-a-ride. Staff at Highgate mentioned that it can be difficult to arrange transport.

The range of activities across homes was extensive and suggested staff are really working hard to offer residents a variety of realistic and achievable activities.

## Shopping needs

Within the home residents may have personalised shopping needs for clothing, toiletries or personal items such as newspapers and other sundries. Residents should have access to their own funds for these requirements, whether those funds are from their savings or a Personal Budget provided by the Local Authority.

No homes currently operate a mobile shop. At Cheverton an external organisation brings in clothes for residents to purchase if they wish. At Muriel Street a shop and mini-bar will be introduced soon. Bridgeside Lodge has recruited a City University volunteer to help with shopping for residents. Items such as toiletries are supplied by relatives or can be purchased by staff who

replace what is running out and can buy residents a newspaper of their choice. At Muriel Street staff reported that residents can specify what replacement items they want.

Some homes mentioned that from time to time residents who are able have the chance to go out on shopping trips with staff.

### **Mental capacity and Deprivation of Liberty Safeguards**

Deprivation of Liberty Safeguards (DoLS) were introduced on 1 April 2009 to safeguard people who lack the capacity to decide for themselves whether they wish to be admitted to or remain in a care home for the purpose of care and/or treatment and for whom the care regime would be such as to amount to a deprivation of their liberty and such a deprivation would be in their best interests<sup>1</sup>. For DoLS applications for the homes visited must be made to Islington Council.

Staff in homes need to know which residents lack capacity to make decisions for themselves and who in the home can have any of their liberties restricted 'in their best interests' and who should not.

Across homes there was a mixed response from staff regarding who was under a DoLS assessment or Mental Capacity Assessment. Activity Co-ordinators in particular were less aware. However, staff did know to refer to managers if they were uncertain and did make reference to speaking to residents and their next of kin/relatives to ensure that their needs and preferences were being met. So it could be that staff were acting under the provisions of DoLS without using this terminology.

Cheverton highlighted daily staff meetings as a way of making all staff aware of any additional resident needs because residents' needs fluctuate.

### **Staff suggestions**

At one home [Bridgeside] staff suggested that Wifi access in the home would enable them to use YouTube clips for singalongs and that the home could continue to improve its involvement of resident's families to help meet residents' needs. They felt that training for end of life and funeral arrangements could be offered more frequently. Currently these are offered less than every 12 months.

<sup>1</sup>Islington Council web-site

<http://www.islington.gov.uk/services/social-care-health/disabled-people/mental-health/mca/Pages/dols.aspx>

# Recommendations

1. For homes not yet providing a relatives newsletter to do so.
2. For homes to consider options to accommodate couples coming in to the home together being able to share a room if they would like to.
3. NHS commissioners to investigate increased waits for podiatry appointments.
4. It is encouraging that all homes use care plans during handover. All homes to encourage updating of care plans as required where this is not already done routinely, rather than on a monthly basis.
5. For Activity Co-ordinators to look at what is offered in other homes and that could meet the needs of their service users, for example some homes have resident animals as a therapeutic resource Highgate (cat) and Bridgeside (rabbit).
6. As a mobile shop could help to give residents more choice and control over what they buy, particularly those who are unable to go outside the home, homes should consider re-introducing these.
7. Whilst we appreciate that technology isn't for everyone all homes could offer WiFi as a cheap way of giving residents more choice and control over what they listen to and watch, what papers they read, and even the possibility of shopping. It is noted that Bridgeside already offers this.

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