

Enter and View – Visit Report

Name of Establishment:	Acacia Lodge, 37 – 39 Torrington Avenue Finchley, London, N12 9TB
Staff Met During Visit:	Manager: Gloria Valencia-Ruiz
Date of Visit:	Tuesday 18 th March 2014
Healthwatch Authorised Representatives Involved:	Mr Stewart Block Mr Derrick Edgerton Mr Allan Jones
Introduction and Methodology:	<p>This was an unannounced Enter and View (E&V) visit undertaken by HealthwatchBarnet’s E&V Volunteers, as part of a planned strategy to look at a range of care and nursing 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.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Barnet Council and the public via the Healthwatch website.</p>

Enter and View – Visit Report

	<p>DISCLAIMER:</p> <p><i>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.</i></p>
<p>General Information:</p>	<p>This was a follow up visit to the full E&V (but also unannounced) visit that took place on 12th September 2013 to review the actions that had been taken following the recommendations & comments made in that report. The team did not carry out a full review of the service but concentrated on areas of potential concern that had been raised previously</p>
<p>Initial Report Recommendations:</p>	<p><i>R1) For all staff to wear name badges showing name and role</i></p> <p>Name badges had been obtained, but had had to be returned due to incorrect spelling. Replacements were awaited.</p> <p>It was commented on that the residents liked the fact that the staff wore uniforms as it made them easily identifiable. They also wanted name badges as they preferred to call staff by name, but often could not remember them due to forgetfulness. Calling them by name made the residents feel more "at home".</p> <p>Staff spoken to also liked the uniforms.</p> <p><i>R2) Carpets be replaced in corridors and other areas.</i></p> <p>The carpet in the dining room and both lounges had been replaced. We were told that the new carpet was treated to be stain resistant and was shampooed weekly. The residents expressed their</p>

Enter and View – Visit Report

	<p>liking of the new carpet.</p> <p>We did not notice any excessive wear and tear for us to suggest renewal of the carpeting in the corridors.</p> <p><i>R3) Look to improve ventilation</i></p> <p>We noted when we arrived that several windows were open. There were no noticeable odours.</p> <p>The door to the laundry room on the ground floor was open and this room was very humid and this humidity was spreading to adjacent areas.</p> <p>A resident had been smoking in the front conservatory and the smell was lingering. If residents are allowed to smoke here then this area should be well ventilated.</p> <p><i>R4) Provide staff with more regular supervision – at least monthly</i></p> <p>We were told that formal supervision occurs 8 times a year but that there were monthly staff meetings. The manager seemed very aware as to what was occurring.</p> <p>They felt able to turn to their supervisor/manager for support if needed.</p> <p>The staff we spoke stated that they were well supported and that the training was good. One had nearly completed her “team leader” course.</p> <p><i>R5) Increase visibility and accessibility of a procedure for residents (and others) to give compliments, comments and complaints.</i></p> <p>We saw the complaints book which was simple, clear and well laid out. The policy was on display on the wall by the first floor lobby.</p> <p>We were told that a new visitors signing in book</p>
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Enter and View – Visit Report

	<p>was being acquired as the current one was nearly full. This new book would have columns for comments (which could include compliments or complaints) and, like the current version, would be regularly actioned.</p> <p><i>R6) We would like to see a full daily menu on display for all residents to see.</i></p> <p>Recently introduced was a system of laminated sheets in stands (one for each table in the dining room) showing what food was being served that day in pictorial form .The team asked whether the food, when served, looked like it did in the pictures and was told yes. Various diets are currently being coped with (halal, kosher, vegetarian).</p> <p>It was noted that in the minutes of the Residents Meetings (which were in large bold type so the residents could easily read them) comments had been made about the quality of the food (good) and requests for items to be included on the menu (stews, pies, mushy peas). These were duly included.</p>
	<p><i>R7) Hold activities in different rooms to encourage residents to move around more.</i></p> <p>Details of daily activities (discussions re current affairs, quizzes, bingo, exercise to music, singing) were detailed on laminated sheets set on the dining tables. Residents were encouraged to attend but were not forced.</p> <p>Residents could go out on their own (needed to be let out of the front door due to the security lock) and some did. Those that did had on them a note/card detailing the contact details/address of the home.</p> <p>We were shown details of outings throughout the</p>

Enter and View – Visit Report

	<p>year (e.g. Brent Cross, Kenwood, and Southend).</p> <p><i>R8) Staircase safety</i></p> <p>Staircases had rails on both sides and a lift or stair lift was also available. We felt that this was adequate.</p> <p><i>R9) Assess dining room chairs</i></p> <p>We were seated on these for the majority of the visit and found the degree of comfort and support acceptable. It was noted that the chairs had sliders attached to the base of the legs allowing for easier movement. Residents should be encouraged to let staff know if they are uncomfortable at any point.</p>
<p>Conclusions:</p>	<p>We would concur with the previous report that this "is a comfortable home providing a good standard of care".</p> <p>It became apparent that the manager had attended at least one meeting of IQCH (integrated Quality in Care Homes Team in Barnet) and had found it a useful way of comparing practices and obtaining information. It is hoped that this continues to be the case and is to be encouraged and also, that by building closer relationships with other homes nearby this may be beneficial to the residents.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1) On receipt of the new signing in book it is recommended that a prominent notice clearly stating its purpose is placed nearby along with a copy of the complaints procedure, modified to clearly state the contact details of whom to complain to (including details of Healthwatch). 2) If smoking is allowed in the front conservatory, to ensure adequate ventilation and provision of a method of disposal for cigarettes.
<p>Signed:</p>	<p>Derrick Edgerton</p>

Enter and View – Visit Report

Date:	26 March 2014
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Comments Received from the Manager at Acacia Lodge

Please find below my comments with regard to your recommendations.

1/ We are redesigning our notice for the visitors to Acacia Lodge so that it is more clearly visible. We are also amending the complaints procedure to indicate the full details of Healthwatch.

2/ When residents go to smoke in the front conservatory we now ensure that the top windows are opened to allow ventilation. Ashtrays are now provided for the residents to use in the conservatory.