

Enter and View – Visit Report

Name of Establishment	Athenaeum Residential Care Home, 34-36 Athenaeum Road, Whetstone, N20 9AH Brownlow Enterprises Ltd. Registered Provider Trading as Verity Residential Care
Staff Met During Visit:	Manager: Ms Sharmila Rai 2 Senior Care Workers Assorted Care Workers
Date of Visit:	31 st May, 2014
Healthwatch Authorised Representatives Involved:	Linda Jackson Jill Smith
Introduction and Methodology:	<p>This was an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet'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, announced or unannounced, 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,</p>

Enter and View – Visit Report

	<p>including the Head Office of the managing organisation, the Barnet Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.</p> <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>Athenaeum Residential Care Home is one of six geographically grouped Care Homes run by Brownlow Enterprises Ltd, trading under the name of Ventry Care Homes.</p> <p>It consists of 2 houses knocked into one, in a pleasant residential area very close to shops transport and churches. It has an attractive well-maintained exterior with access for wheelchairs. There is free parking on the road.</p> <p>Access is by touchpad or doorbell. The front hall has a signing in/out book for visitors, staff and Residents. Our flyer advertising our visit was on the Notice Board. A hand gel dispenser was prominently displayed (as well as in other areas in the Home) A sample of the Welcome Pack given to new Residents was displayed on the hall table containing the Home’s Statement of Purpose, Guide to the Service, and how to give feedback and complaints procedure.</p> <p>At present the Home has 20 Residents. It can provide respite care as well as long term care, if it has spare rooms</p> <p>Accommodation for Residents consisted of 17 single rooms, and two double rooms, all ensuite (this consists of a toilet and handwash basin). There were communal bathrooms/showers on all</p>

Enter and View – Visit Report

	<p>floors of the Home. Residents can use the two lounges on the ground floor, and a dining room with access to an attractive garden at the back. The Residents can go out into the garden, if they are able, and to have meals in the garden in good weather. Both lounges had televisions, which were on most of the time of our visit. One lounge had a piano (although none of the present Residents could play it) and a selection of books arranged on it. There were a few boxes of activities. There were also some bedrooms on the ground floor. The other bedrooms are upstairs. The stairs are fairly steep but most Residents use the lift.</p> <p>Wi-fi was available in the Home, and there was a smoking area at the back, although none of the present Residents smoked.</p> <p>The general decor was clean, bright and homely, but the decoration was tired and old in many areas. The dining room furniture was old and scratched. The armchairs looked comfortable, but the coverings were of the wipe down variety. The carpets throughout were clean, but worn. The bedrooms were fairly small, but bright and clean. Residents could in bring furniture and other items to personalise their rooms as well as televisions. Rooms also had nurse call bells and phone points. The ensuite bathrooms were clean, although the fittings were old, and many toilets, although clean were stained. The stool in one bathroom was patched up with tape.</p>
<p>Care Planning:</p>	<p>The Manager told us that before accepting and admitting a Resident the Home carries out a pre-assessment with input from social worker or health professional, hospitals, next of kin and the Resident themselves to ascertain if the Home is able to cater for them. This is completed by Head Office, where/when finance is being arranged. A</p>

Enter and View – Visit Report

	<p>Care Plan is drawn up with this information, and the Resident is observed over a six week trial period.</p> <p>Senior Care Staff are keyworkers for 7 Residents each. Care Workers fill in a form at each shift change, noting any changes in the Resident, for example sleep patterns, mood, accidents. A daily log is also completed on every Resident. This is collated by the Manager and changes made to the Care Plan if necessary. Care Plans are up-dated by the Manager every 4-6 weeks.</p> <p>The Team did have permission from a Resident and Relative to see the Resident’s Care Plan. This Plan had a very comprehensive Risk Assessment procedure to cover the Resident’s mental health needs.</p> <p>The Manager was asked how Mental Capacity would be assessed, and she indicated that the five principles of the Mental Capacity Act 2005 would be applied.</p> <p>Staff, Residents and Relatives have access to Care Plans, which are kept in files in the General Office.</p> <p>The Manager was asked if an End of Life Care procedure was used in the Home. She said not as such, although GPs and next of kin were consulted at the appropriate time. It was not clear if Residents were consulted on their wishes when they came into the Home. The Home is also working with the IQICH team on this area.</p>
<p>Management of Residents’ Health and Wellbeing:</p>	<p>The Home is linked to two GP surgeries, St. Andrews and East Barnet (The Village Surgery). GPs are contacted whenever required. The Home will provide transport for residents to the local doctor’s surgery and hospital appointments, if necessary, and staff will accompany Residents to appointments. Out of hours, 111 are contacted</p>

Enter and View – Visit Report

	<p>to request a visit from Barndoc or out of hours doctor. The Manager thought they had a reasonable service.</p> <p>NHS dentist visits the Home on a yearly basis or whenever urgent referrals are made</p> <p>An NHS optician visits annually, and a chiropodist attends every 2 months. Residents pay for chiropody</p> <p>A hairdresser also visits regularly.</p> <p>Senior Care Staff are trained in dispensing medication. If the Resident refuses to take medication, the GP is involved after 5 days, and options may involve putting medication in food or involving the Geriatric Psychiatrist.</p> <p>Health is monitored on a day to day basis by observation by the Care Workers. Concerns are referred to the GP, or District Nurse. GPs review the health of Residents annually and medications are reviewed on a monthly basis or when new medications are taken.</p> <p>Residents' weight is monitored every month or more often if they are losing weight. GPs advice is sought which may include nutritional supplement or a dietician referral.</p> <p>The Home has a procedure for tracking pressure sores, which may include contacting the GP or District Nurse for advice on management or to request special equipment. CQC is informed if the pressure sore is grade 3 and social services contacted.</p> <p>Complimentary and alternative services are not offered, but if they were requested the Manager would try to arrange for them.</p>
--	---

Enter and View – Visit Report

<p>Staff:</p>	<p>The Home does not use Agency Staff. The Manager calls on one of the other Homes in the group, or asks one of their own staff to cover if needed. The Manager said that the staff/Resident ratio was 1:5 – 3 Care Workers in the morning shift along with a domestic, kitchen staff; Manager/3 Care Workers on the afternoon shift and 2 waking staff at night. Weekends have the same ratios.</p> <p>3 staff have resigned in the last six months for medical reasons.</p> <p>The Team spoke to 2 Senior Care Workers about their experiences. There was clear cut procedure for handing over at shift changes, with any overnight changes in the Residents noted on a form, for inclusion on the Care Plan, if necessary. The Residents are assisted in getting up and dressed, if this needed. We were told the Resident has a choice in everything, time of rising, toileting, clothes they are going to wear and so on.</p> <p>The Staff liked working at the Home. They liked the atmosphere and felt they were well supported, especially by the Manager. One Staff member felt there was plenty of support for furthering careers and had just taken NVQ4 qualification.</p>
<p>Staff Training:</p>	<p>The Group of Homes has a Training Manager who co-ordinates the training for all their staff. The training courses are in-house, arranged by Barnet Council or other Agencies. There is a one-year rolling programme which covers for example, Food Hygiene, Mental Health Awareness/Dementia Care, Moving and Handling, Safeguarding, Fire Safety. The dates of courses and the names of staff attending are logged on a spreadsheet, and they are reminded when their courses need updating.</p> <p>The Manager believes the courses are adequate,</p>

Enter and View – Visit Report

	<p>and monitors the staff using their skills by observing and working alongside them. Supervision of staff takes place every 2/3 months, and appraisal every 6 months. Again a system is in place to remind them when these are due. Staff said that training reinforced their skills, and kept them up to date on new aspects. The Team noticed the effect of training on the Staffs' handling of Residents. Patients were calm, and respectfully treated. Residents said that they thought the Staff had the right training, as they were "friendly".</p> <p>Staff were able to explain their understanding of Safeguarding. The Home had a whistleblowing policy displayed in the office and staffroom, and Staff said they would be prepared to whistle blow if necessary.</p> <p>Some discussion took place around the Fire evacuation procedure. There was some confusion as how the staff would know which Residents were in the building and their location. It was confirmed that one of the Senior staff on duty would be the fire marshal. A 20 minute log of the Residents' whereabouts in the building was kept in an unmarked file in the lounge, but there was concern about how accessible this file would be.</p>
<p>Activities:</p>	<p>The Home has a member of Staff designated "Activities Champion". A monthly schedule of activities is pinned up on a board in the Dining Room These include Musical Movement, Bingo, Dominoes, Nail Care, walking, TV and visits from people like the RSPB. We did not see any Activities taking place on our visit, and the Televisions in both lounges were on continuously. The Manager said the Residents liked this, and complained when it was turned off. The Activities Champion does not have a budget for</p>

Enter and View – Visit Report

	<p>consumables, but will be reimbursed when necessary. There was an Activities Box but at the time there did not appear to be much in it.</p> <p>Staff do not have an allocated engagement time with the Residents, but will chat to them when they have time. They also sit next to them whilst they are filling out their paperwork. The Manager says she has discretion to allow staff additional paid time with service users, to go on trips to the local high street for shopping or simply a walk in the garden or a chat in the lounge.</p> <p>One Resident said there was very little for her to do. The activities on offer were Bingo and card colouring which was “belittling”.</p> <p>Residents also do crosswords, and during the summer about 10 Residents will do a little bit of gardening. A Roman Catholic priest visits to give communion. Religious representatives will visit if required, and Residents have the opportunity to go to their places of worship.</p>
<p>Food:</p>	<p>This area was a main subject in many of the Residents’ meetings, although all but one of the Residents/Relatives we asked seemed satisfied with the meals. One Relative reported that his relative thought the meals were bland, and there wasn’t enough variety. Residents’ comments were “good”, “make the best of it, but it’s not like home”, “not too bad, “on the whole good”.</p> <p>No menus were displayed, but the Cook came round to each Resident to ask which of two choices they wanted. If they did not like what was on offer they were offered an alternative. New Residents were shown sample menus, and asked about their likes and dislikes.</p> <p>Food intake is noted, and weight problems are addressed with special diets. A dietician can also</p>

Enter and View – Visit Report

	<p>be consulted. Special diets are available for people who need them, and Residents are offered assistance with eating if they want it, and Residents are allowed as much time as they like to eat their meal.</p> <p>Residents can have meals in their room, but the Manager encourages them to eat in the dining room, as a social occasion. Mealtimes are “protected”, and Relatives cannot sit at the table with the Residents. The televisions are also switched off.</p>
<p>Compliments/Complaints/Incidents:</p>	<p>Each new Resident is given the Complaints Policy in their Welcome Pack. Minor written complaints are recorded in a book with the date and action taken. The last one was in March 2014. Verbal complaints are recorded and acted on. Major complaints are recorded and sent to the Local Authority. The last one was in 2013. All complaints are sent to the Head Office. Residents felt able to go to the Manager with any problems. The Relative of one resident said that they would speak to the Manager or e-mail “the Home is very good at responding”. One Resident said “I have nothing to complain about”. The complaints book is available for anyone to see.</p> <p>The incidents procedure is different for Residents/visitors. All incidents are fully recorded. The last one took place in March 2014, when a paramedic was called, and the Resident taken to the Royal Free.</p> <p>The Team did not see a specific compliments book, although there is a feedback procedure in place.</p>
<p>Engagement with Relatives/Residents/Carers:</p>	<p>The Manager has an Open Door policy, and Staff, Residents and Relatives can approach her at any time. We observed a Relative talking to the</p>

Enter and View – Visit Report

	<p>Manager when we arrived, and whilst we were interviewing her, a Resident wandered in and out several times. They were dealt with calmly and respectfully by a member of Staff.</p> <p>Meetings are held quarterly, and Residents/Relatives views are consulted. The Home also has a suggestions and feedback form which is accessible to everyone. The Manager said they do take account of all feedback, and try to make improvements to the service based on them.</p> <p>Resident/Relatives and Carers are also involved in drawing up Care Plans, to try and achieve a rounded picture of the Resident. The Home is beginning to use the "My Home Life Toolkit".</p> <p>The Residents we spoke to were not aware of the existence of their Care Plan, although one Relative said they had been involved.</p> <p>We spoke to 6 Residents, and 3 Relatives. All said that they liked living in the Home. One relative said "They treat my mother like a princess". They felt that the Home was clean and comfortable "like an old-fashioned B&B". Although one Resident said she would mention it if she thought something needed doing "I let nobody get away with nothing". But she said she was happy and well looked after.</p> <p>All felt they could approach the Manager if they needed to.</p>
<p>Conclusions:</p>	<p>The Team liked the relaxed and friendly atmosphere in the Home. This must be due in great part to the Manager's Open Door policy, and general approachability. We also felt that the Manager was knowledgeable, and well aware of what was happening in the Home.</p> <p>The Team felt that the Home was well run for the benefit of the Residents. The Residents' profiles</p>

Enter and View – Visit Report

	<p>and preferences were well known by the Staff, and used, as a result of a very comprehensive system of record keeping.</p> <p>The staff were well trained, and their training showed in their interaction with the Residents.</p> <p>The Team felt that, although it is difficult to get some Residents to engage in Activities, the Activities on offer were not very stimulating mentally or physically. It was felt that there should be more input into good quality and imaginative activities, in an attempt to get the Residents involved.</p> <p>Although the Residents liked the food on the whole, it might stimulate discussion on choices if the Menus for the day or week were displayed on the Notice Board.</p> <p>The Team was not able to ascertain if the staff knew what to do in a Fire Evacuation.</p> <p>The Team felt that an End of Life Care Plan for Residents would be beneficial to them, and help the Home to plan for contingencies.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. The Home to investigate how Activities can be used to encourage Residents to engage mentally and physically. It may be helpful to talk to the Council’s Integrated Quality in Care Homes Team (IQICH) to benefit from some networking about developing Activities. 2. Display a daily or weekly menu. 3. Ensure that all staff know their roles in the event of a fire evacuation. 4. To develop End of Life Care Planning further.
<p>Signed:</p>	<p>Linda Jackson Jill Smith</p>

Enter and View – Visit Report

Date:	3 rd June, 2014
-------	----------------------------

Comments received from the Home Manager

1. The Home to investigate how Activities can be used to encourage Residents to engage mentally and physically. It may be helpful to talk to the Council's Integrated Quality in Care Homes Team (IQICH) to benefit from some networking about developing Activities.

We have booked a place for our staff to attend the training offered by IQICH on 30 06 14. We hope we will come out of this with great ideas for activities that will be mentally and physically beneficial to our service users, so that we can engage them and keep them active.

We will also be asking each individual service user residing in Athenaeum the type of activities they would prefer to do on a day to day basis, and take their ideas into consideration when planning activities.

2. Display a daily or weekly menu.

Athenaeum will be arranging for a menu to be displayed on each dining table, and as part of our established routine our kitchen staff continue to go around to each individual each morning asking in regard to their choices of food for lunch and supper.

3. Ensure that all staff know their roles in the event of a fire evacuation.

Our internal 'Fire Safety Management' prompts for a mock fire drill every eight weeks in which staff / residents / visitors participate. In these drills each staff member has a nominated role and through this familiarity with practice is built, so in the event of a real situation staff can act in a confident, assured manner, and panic is avoided. Newly recruited staff also go through our fire protocols as part of their 'common induction standards', and practical training is provided as mandatory to all staff at recruitment and refreshed every twelve months.

Enter and View – Visit Report

4. To develop End of Life Care Planning further.

At the time when end of life planning is required we involve all interested parties; resident / next of kin / GP / other involved medical professional / placing local authority. We can then understand, plan, and act on an agreed course of action so to afford the dignity and comfort required to our residents in this last stage of their life.