

Enter and View Report

Nairn House, 16th May 2023



A report by Healthwatch Enfield

"We feel more focussed, with a better sense of direction."

Staff member

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Visit Details	
Service Visited	Nairn House, 7 Garnault Road, Enfield, EN1 4TR
Manager	Victor Fitzwalter
Date & Time of Visit	16 th May 2023, 10.00am – 12.00pm
Status of Visits	Unannounced
Authorised Representatives	Caroline Frayne, Elizabeth Crosthwait, Jasinder Gosai, Margaret Brand, Pauline Hooper, Janina Knowles
Lead Representative	Darren Morgan

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated, and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3 Acknowledgements

Healthwatch Enfield would like to thank the service provider, service users, families and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, 7 Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Nairn House

On 16th May 2023 we visited Nairn House, a nursing and residential care home in Enfield.

Operated by Bupa, the home provides residential and nursing care to older people and younger adults, with specialist care available for respite and short stays, recovery post-operation or after illness, Parkinson's and palliative care.

The home may accommodate up to 61 residents, 39 were in occupancy at the time of the visit. The daily staffing complement includes 13 clinical staff (with 4 nurses) and 70 support and care staff members.

2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Nairn House was last inspected by the CQC in October 2022. The inspection [report](#) gave a rating of 'Requires improvement' overall, with individual ratings of 'Good' for being Caring and Responsive, and 'Requires Improvement' for being Safe, Effective and Well-led.

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback – the average rating given is 8.3 out of 10.

2.4 Purpose of the Visit

We originally visited Nairn House on 21st June 2022. Our Enter and View [report](#) made several recommendations, on service areas including the general environment, medical and clinical needs, activities, diet and nutrition, feedback and complaints, personal care and staffing.

As part of our Enter and View strategy, we planned to revisit at a later date - in an unannounced capacity (without notifying management or staff) to assess progress made on our recommendations, and to make general observations.

3. General Observations

During the visit of 16th May 2023 we spoke with the manager, 3 residents, 2 relatives and 4 staff members (9 people in total).

The Authorised Representatives made the following notes and observations:

- On arrival, we were asked to sign in.
- All staff were polite, helpful and punctual throughout the visit.
- We were able to access all areas, and engage with residents and staff as appropriate.
- On leaving, we were asked to sign out.

4. Progress on Our Recommendations

At the visit, we assessed progress made on our recommendations of June 2022, looking at what has been achieved - and potentially what more could be done.

4.1 General Environment

We made 6 recommendations on the general environment.

4.1.1 Use of Mirrors

June 2022 – Our Finding:

Large mirrors in the corridors reflect some of the resident's rooms, when the door is open – this may impinge on privacy.

Our recommendation said:

Location of mirrors should be assessed, so that privacy and with it dignity, is upheld (Ref 7.2.1).

May 2023 - What has changed?

It was found that some mirrors have been removed, while others are still located directly outside resident's rooms.

Could anything more be done?

We recommend that the remaining mirrors are identified, and moved to more suitable locations.

4.1.2 Toilet Signage

June 2022 - Our Finding:

Toilet signage is not clear – just pictorial male and female signs (no wording). The lock on one toilet door was not working, and was observed to compromise privacy during one visit. In this toilet, we also note the pull-cord was tied up, so could not be used.

Our recommendation said:

Again to protect privacy, locks fitted to doors should be in working order – we understand that visitors also use the toilets. A tied pull-chord may represent a health and safety risk, should residents or others have an accident or need assistance. On signage, a combination of words and images is recognised to be most accessible (Ref 7.2.2).

May 2023 - What has changed?

New signs have been installed, featuring large pictures and text. The signs are very noticeable – in bright yellow, and we understand are illuminous. On toilets, one did not have

a call-bell and the toilet described above (broken lock and tied up pull-cord) was in the same condition.

Could anything more be done?

We feel that signage is now adequate. On toilets – our recommendation should be revisited – with a home-wide audit conducted, to identify faulty locks, cords and other issues.

4.1.3 Lighting

June 2022 - Our Finding:

We note that at 12.30pm, overhead lights were on in the lounges, giving a clinical, hospital-ward like feel. With very large windows and therefore plenty of natural light available, we are unsure if lighting is necessary during daytime, especially in summer.

Our recommendation said:

We would encourage the home to assess whether artificial lighting is required at all times – especially during mid-day. Access to pure natural light may improve the mood and wellbeing of residents and staff alike (Ref 7.2.3).

May 2023 - What has changed?

We are told there is a national project to monitor light levels, with a plan to implement motion sensors.

Could anything more be done?

We are satisfied that adequate progress has been made. In some communal areas – we observed overhead lighting to be switched off – in line with the recommendation.

4.1.4 Maintenance

June 2022 - Our Finding:

A lack of maintenance is highlighted – with one resident's faulty radiator switched on permanently around the clock.

Our recommendation said:

In this case, the radiator had been faulty for at least three months, which seems a very long time. We may also assume that other maintenance tasks have been delayed, and therefore suggest an audit of timescales, and perhaps procedure in reporting faults through to resolution (Ref 7.2.4).

May 2023 - What has changed?

Although there is a permanent staff member for maintenance, and a system to flag tasks (a log book on each floor, and in reception), some long-standing issues remain – such as a broken toilet lock.

Could anything more be done?

We recommend that residents, relatives and staff are encouraged to report any maintenance issues, and hope that the log books are fully utilised.

4.1.5 Heating

June 2022 - Our Finding:

Some of the residents we spoke with commented on feeling cold.

Our recommendation said:

Given that we visited in summer, this is somewhat of a concern. When conducting general welfare checks, we urge that environment and with it the temperature is assessed (Ref 7.2.5).

May 2023 - What has changed?

It was a disappointment to discover that one resident's radiator was not working – as a result her son has brought in an electric heater.

Could anything more be done?

In our view, the recommendation as set-out, should be revisited. Additionally if electrical appliances are being brought in by family members – are they being logged for PAT testing, and assessed for general health and safety?

4.1.6 Garden

June 2022 - Our Finding:

The garden, a very large space is clearly lacking potential. The grass is nicely cut, however the greenhouse looks untidy (it also has a broken window) and the wooden shed in the corner is used for wheelchair storage. There is not enough safe seating.

Our recommendation said:

We understand that the garden, before the pandemic was a popular space and very well utilised by residents and their visitors. During the visit we were notified of plans to revamp the area – we hope this is realised as the garden is a fantastic, and possibly the home's best asset (Ref 7.2.6)

May 2023 - What has changed?

According to the manager, a considerable investment has been made (around £15,000) with a work-programme underway, and staff also assisting during a 'working party'. Planned or completed improvements include painting the fence, repairing the greenhouse, installation of raised-beds and bird feeders, and new planting and seating. Residents have recently been involved in 'pansy planting' and we hear that the Activities Coordinator is a trained florist. There is also a plan to create a 'Zen' area that staff may use during breaks.

Could anything more be done?

The improvements are clearly evident - we are confident that the garden space is being rejuvenated, and better utilised. We are encouraged that residents have been taken out, with support (such as hats) provided.

4.2 Medical and Clinical Needs

We made 1 recommendation on medical and clinical needs.

4.2.1 Personal Care

June 2022 - Our Finding:

Residents who are perhaps short of funds would like assistance in obtaining clothes and toiletries, and in getting their hair and nails cut.

Our recommendation said:

One such resident showed us her toenails, which were without doubt in need of cutting. We recommend that care plans are updated to recognise financial capacity as an issue, so that residents do not have to worry about basic essentials and hygiene. With this, we hope that the home strives to achieve a good level of equality within the service (Ref 7.3.1).

May 2023 - What has changed?

The manager, who says that 'nobody would be denied grooming or toiletries' is not aware of any issues. A staff member also indicates that residents have 'pocket' money, which may be used for personal care.

Could anything more be done?

As no subsequent incidents are reported, and the residents we engaged with appeared well-groomed, we are satisfied that this is not an ongoing issue.

4.3 Activities

We made 2 recommendations on activities (combined below):

4.2.1 Lounge Attendance and Isolation

June 2022 - Our Findings:

During our visits, we note the lounges were not well-attended, with fewer than 5 residents in each. Those who are bed-bound complain of a lack of company, and with it limited opportunity for games or crafts.

Our recommendations said:

While accepting that some residents are bed-bound, and others prefer to stay in their rooms, we also hope that the home encourages opportunities to socialise and where this is possible, makes every effort to assist mobility and other needs (Ref 7.4.1).

Again, we hope that loneliness and isolation issues are given a good level of attention. If not already, there may be scope to utilise volunteers, or to look at innovative solutions within other homes (Ref 7.4.2).

May 2023 - What has changed?

We note several improvements and innovations since our last visit:

Staffing: Has been augmented – in addition to the full-time Activity Coordinator, a part-time (12 hours) post has been filled, meaning activities are better supported during the week, and at weekends. A staff member comments 'there are more activities now, than pre-pandemic in 2018').

Care Workers: Are encouraged to visit and chat. We hear that staff have arranged birthday parties, in resident's rooms.

Music Therapist: Visits on Wednesday afternoons, to engage with bed bound residents in particular.

Daily Activity: Every afternoon there is a session in the blue lounge.

Care Planning: The home is transitioning to electronic care planning (eCare), with staff able to record interactions, and receive instructions - through handset devices. This information is fed into a central system in 'real time' and has head-office, as well as managerial scrutiny – with outstanding actions flagged, and routine audits conducted. With this system in place, a lack of interaction with staff is more likely to be detected.

Resident of the Day: Is an initiative to 'pamper' residents on a rota basis, and an opportunity to update their care plan.

Family Involvement: The Resident Gateway, hailed as a 'game changer' by management enables families to log into eCare, to view daily activity. This gives families better reassurance about activities and levels of support.

Bedside Chairs: Some residents are being measured for special physiotherapy chairs – meaning they can sit out of bed safely, for longer. This work is being conducted with clinical support, and is described by management as a 'large investment' and a 'real effort' to get more residents out of bed – especially in the afternoon.

Admission: The home is looking to admit residents who are more mobile, thereby increasing attendance of communal spaces.

Visiting: Is encouraged and numbers have reportedly increased to match pre-pandemic levels.

School Visits: Have been reinstated, with primary school children scheduled to visit. The home has a 'good working relationship' with the school.

Could anything more be done?

The manager says the atmosphere is more vibrant, and residents and staff are generally happier. This is confirmed by discussions and observations – we are satisfied that improvements are underway.

4.4 Diet and Nutrition

We made 2 recommendations on diet and nutrition.

4.4.1 Choice

June 2022 - Our Finding:

Residents highlight limited choice – either through a lack of menu options, meals served differing from what was ordered, and repetitive use of some staple ingredients, such as 'the same 3 or 4 vegetables'.

Our recommendation said:

While the food was observed to be of very good quality, restrictive choice (in terms of menu rotation) and repetitive ingredients would not inspire or stimulate residents at mealtimes, especially those with limited appetites. We suggest the home consults with residents and where appropriate families, to see if anything could be done differently. We also urge that if chosen meals are not available, this is communicated to residents at the earliest opportunity, to avoid disappointment (Ref 7.5.1).

May 2023 - What has changed?

The problems outlined still exist – some ingredients (such as vegetables) are repetitive, food served is not always what was ordered, and meals can arrive cold. Recently, due to a faulty freezer (a part has been ordered from the manufacturer) fish is not available – a favourite on Friday. We are told there is some contingency – with ready meals stocked to cover such emergencies.

Could anything more be done?

The manager says that nutrition is governed at corporate level. Ingredients are specified - vegetables have to contrast in colour, and the same type of meat (such as chicken) cannot be served twice in the same day. There are 'method cards' for cooks – to ensure that meals produced are consistent with corporate requirements.

Given these restrictions, we are satisfied that the home cannot do more on the ingredients – the food is commented to be of good quality, with alternatives available, and the chef is considered accommodating – in one case cooking eggs to one resident's personal taste.

On customer service the home could do more – to ensure that food is served hot, and that residents are advised of any changes to their selection.

4.4.2 Hydration

June 2022 - Our Finding:

While talking with one resident in their room, we note that no water was in the cup and no jug was available.

Our recommendation said:

We would advise that staff are reminded to check on availability of water, as without doubt this is an essential care element (Ref 7.5.2).

May 2023 - What has changed?

The manager says that jugs are refreshed 2 or 3 times a day – with preferences on cups and beakers respected. eCare has a 'fluid watch' facility – the nurse, with advice from the GP sets a target and the system flags any variance. This function was implemented as a priority, we are told.

Could anything more be done?

Given that no new incidents are reported, and that safeguards are in place, we are satisfied that this is not an ongoing issue.

4.5 Feedback and Complaints

We made 2 recommendations on feedback and complaints (combined below):

4.5.1 Involvement

June 2022 - Our Findings:

Few residents have felt encouraged to feed back about the home, and some would value the opportunity to have a 'more open conversation'. None of the relatives we spoke with recall being invited to meetings.

Our recommendations said:

If not already, we recommend that the home surveys the residents and their families/friends at intervals, to establish trends or any personal needs that should be addressed (Ref 7.6.1).

We are unsure if relatives meetings exist and while this is certainly not a requirement, it would be an opportunity for learning, for all involved, and a good way to establish relationships (Ref 7.6.2).

May 2023 - What has changed?

Certain improvements are noted:

Survey: There is a bi-annual survey – conducted by head-office, and ad hoc surveys as required.

Feedback Forms: Noted at reception.

Relatives Meetings: There is a Family Coffee Morning, Thursdays 8am – 9am and people may drop in. Additionally there is a Family Clinic, Wednesdays 12pm – 8pm – slots should be pre-booked, but nobody will be turned away. We are told that ‘whole families’ can come, if they wish. These meetings are local, not corporate initiatives, and are advertised.

Family Liaison Team: Has been established, to support engagement and contact.

Family Q&A Sessions: Are available for all new admissions.

Meet the Manager: Sessions are also available, featuring cheese and wine.

Drop in Complaints: Thanks largely to the meetings, the volume of official complaints has noticeably dropped (just 3 from December to February, and none since then). At the same time, compliments have increased in volume.

Could anything more be done?

We feel that the home has made good progress, in encouraging feedback.

4.6 Personal Care

We made 2 recommendations on personal care.

4.6.1 Moving and Handling

June 2022 - Our Finding:

We observed a resident being moved from a chair to the bed – it was a ‘bit muddled’ and no hoist was used.

Our recommendation said:

We recommend that the home assesses training in this area and reminds staff that moving of residents should be conducted competently and safely (Ref 7.7.1).

May 2023 - What has changed?

The manager says that everyone is assessed for moving and handling, and that two staff members should be present. Staff training compliance is high, with all new staff trained (and on a one-to-one basis if necessary).

Could anything more be done?

Given that no new incidents are reported, and that training is in place, we are satisfied that this is not an ongoing issue.

4.6.2 Support and Response**June 2022 - Our Finding:**

Levels of support vary – in some cases we are told that call bells are responded to quickly, while in others, delays of '30 minutes' are reported. In the event of a delay, staff are said to be apologetic.

Our recommendation said:

It is our view that call bells are responded to in a timely manner and while staff may be busy, a 30 minute turnaround is certainly too long, and very likely unsafe. In this case, the resident was bed-bound and unable to do many things independently (Ref 7.7.2).

May 2023 - What has changed?

There is a weekly call-bell audit, we are told, with responses over 7 minutes officially reported. Response times are monitored by head-office, as well as local management. We note that eCare contains a good level of detail – on individual response times. It is suggested that sanitary pads are changed on demand.

Could anything more be done?

Given that no new incidents are reported, and that safeguards are in place, we are satisfied that this is not an ongoing issue.

4.7 Staffing and Management

We made 1 recommendation on staffing and management.

4.7.1 Team Meetings**June 2022 - Our Finding:**

Some staff members indicate that team meetings take place daily, however colleagues are largely unaware of this.

Our recommendation said:

As team meetings are an essential part of any professional setting, we recommend that team leaders notify their staff, and also give them adequate opportunity to participate (Ref 7.8.1).

May 2023 - What has changed?

There is a 'Daily Huddle' for leads and clinical staff (in the manager's office) and information is cascaded to teams. Care workers have meetings 'as and when'. An anonymous 'People Pole' staff survey gives all staff an opportunity to give feedback.

Could anything more be done?

We feel that this issue has been resolved.

5. Additional Observations

Additionally, we have made the following notes and observations:

Environment**Front of House/Reception:**

- The front of house looked welcoming, with newly planted pots.
- The reception area, with a jubilee bunting also looked vibrant.

Premises:

- There are 2 lifts – one for facilities and another for staff and visitors. Lifts may only accommodate stretchers (not beds).

Communal Spaces:

- We saw no residents in the ground floor lounge. The room was decorated for the Coronation, and looked appealing. We observed a small bar, with drinks available (sherry and wine).
- In the ground-floor dining room we noticed a chair with a broken arm rest (this was moved to the side).
- Dining room facilities include a kettle, toaster and microwave. Fruit was available and we note bread was stored in air-tight containers.
- Radio music was played in the dining area, to create atmosphere.
- The décor is generally beige throughout the home.
- Hand rails do not always contrast in colour with the walls.

Residents' Rooms:

- It is noted that resident's doors contain just a small sign (name and number) and no personalisation.
- The décor in some resident's rooms appeared dated.

- In one room, there were prominent marks/scratches on the wall – this is somewhat surprising, as the resident was newly admitted.

Hygiene:

- Some ground floor toilets appear to have been refurbished.
- All areas of the home appeared clean.
- Some areas had an unpleasant odour – this could be related to cleaning materials. We noted an odour in one resident's room.
- There are some drainage issues, which we understand are being managed.

Security, Health and Safety:

- External doors have a keycode.
- Fire exits are clearly designated, and at our visit appeared uncluttered.
- The Fire Meeting Point is also clearly designated.
- We noted a rescue 'ski pad' for use at evacuations.
- Fire training – with use of a dummy is conducted by an external agency.
- Mobility ramps were observed.
- The fire exit into the garden is at an uneven level.
- The gate to the basement (at ground level) had a gap - with the gate not covering the opening, presenting a falls risk.
- There is an emergency call system, where staff can obtain assistance.

Covid-19:

- No cases this year.
- Hand gel is widely available.
- An 'Infection Control Champion' is listed on the noticeboard.
- Mask wearing for visitors is now optional – however masks, if worn should be used correctly.
- Staff will wear masks for close contact or support.

Residents

Admissions:

- Due to a combination of factors (number of deaths, and regulatory concerns) there is an embargo on admissions - currently limited to one, per week. The home is working 'closely' with Enfield Council.

Personal Care:

- A staff member feels that care plans have improved – with oversight from head office.
- Use of incontinence pads is noted on the electronic care record (eCare), we are told.

- Residents are reminded to go to the toilet, according to one staff member.
- The hairdresser makes her own appointments with residents.
- The hairdressing salon on the ground floor appeared clean and well-stocked with shampoo and equipment.

Clinical Care:

- Nurses and healthcare assistants are available to provide personal care – such as applying eye drops or cream.
- A GP attends regularly, or as required.
- Staff are aware to call a nurse with any concerns about a resident. Cases of broken skin are reported 'immediately'.
- Residents pay for optical care.
- Physiotherapy is conducted in resident's rooms.
- The home is not registered for dementia care, although some residents may have deteriorated - so support is in place, to accommodate needs.

Activities and Diet

- We are told that one-to-one activities are in the morning, and group sessions in the afternoon. We did not see any activities during our visit.
- The food is widely complimented, however at times it is served cold – and is not, what was ordered.
- Tea, biscuits and fruit are available.

Management and Staffing

Management:

- The new manager started in November 2022, with probation due to end shortly.
- The manager is widely praised by staff, for bringing positive change and lifting morale. It is felt that 'a lot has been learned'.
- We note that the manager started work at 3am on the day of our visit – as part of a spot audit.
- The management training score is 94.6.
- Healthwatch has helped the home to 'generally up its game', according to one staff member.

Staffing:

- Staff are aware of the safeguarding process and may escalate concerns – to a manager or through the organisational 'Speak Out' initiative.
- 4 new nurses have been recruited and the care team is now 'fully staffed'.
- There is a registered nurse on each floor.

- Staff turnover rates have improved, with less use of agency (for the last two weeks, agency use has been nil).
- Staff feel better – with a 'clearer direction'.
- We observed staff and resident interaction to be very friendly and pleasant.
- A staff member describes a family atmosphere.

6. Glossary of Terms

CQC

Care Quality Commission

7. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“Staff have been lovely – they always respond when needed.”

Resident