

Enter & View Report

Premises name

Nairn House Care & Nursing Home

Premises address

7 Garnault Rd, Enfield EN1 4TR

Date of visit

Tuesday 3rd March 2020

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Acknowledgements

Healthwatch Enfield would like to thank the people we met at Nairn House, including the staff, residents and relatives, as well as the manager and Deputy Manager who welcomed us warmly and whose contributions have been invaluable.

Disclaimer

This report reflects the Team's observations and records of what residents, relatives, staff and management told them about life at Nairn House through meetings and on the day of the visit. We can only comment on what we have actually observed or been told by those we heard from.

1. Purpose of the visit

- 1.1 Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.
- 1.2 On the 27th of November 2018, Healthwatch Enfield conducted an announced Enter and View visit of Nairn House Care and Nursing Home, as part of Healthwatch Enfield's planned strategy to look at a range of care and nursing homes within the London Borough of Enfield, to assess the quality of care provided. We were particularly interested in understanding whether residents are receiving personalised care that meets their individual needs and whether the care setting "feels like home" to them. In addition, we wanted to find out whether residents are receiving a good service from local health providers.
- 1.3 During the visit, nine residents, 11 relatives and four staff and managers were spoken to. Overall, it seemed the service that was being provided was of a good standard, though certain recommendations were made for possible improvements ([appendix](#)).
- 1.4 In March 2020, Healthwatch Enfield organised a re-visit of Nairn House, to assess how our recommendations had been taken into consideration. There was a particular focus on activities for residents, especially those who had very reduced mobility and spent most of their time in their rooms.

2. Methodology

- 2.1 Three Enter & View representatives who had attended the original visit took part in the two-hour re-visit: Liz Crothwait, Janina Knowles and Janice Nunn.
- 2.2 During our original visit, the team of six Enter and View Authorised Representatives heard from six residents, two relatives and three staff, as well as observed the day to day workings of the Home and made recommendations accordingly. While we looked at all the previous recommendations, the key focus was on the following:

Recommendation 2

We recommend residents are able to have an alarm pendant or similar so that those who are more mobile can wear these as they move around the Home. Staffing levels should be closely monitored ensuring hours allocated are sufficient to meet BUPA's call response policy and provide a more responsive level of care.

Recommendation 5

Consider ways to fully involve all residents and offer more personalised activities to each resident including ensuring that residents who have limited mobility and who wish to join in activities in the main lounge are supported to do so on a regular basis.

Recommendation 7

A risk assessment should continue to be carried out on all residents moving around the home. Clear systems including staff responsibilities, should be put in place so that residents who are unable to move can be moved around the building safely, especially to access activities or other forms of stimulation if they wish. We would recommend the Nairn Home management team contact the CHAT team as soon as possible to

discuss ensuring residents are able to get out of their rooms for activities and can do so safely.

- 2.3 This report has been compiled from the observations, records and notes made by team members hearing from residents and relatives, and the conclusions and recommendations agreed amongst the team following this.
- 2.4 This report will be sent to interested parties (including the Care Quality Commission, NHS North Central London Clinical Commissioning Group, and the London Borough of Enfield, as well as Healthwatch England) and will be published on Healthwatch Enfield's website at www.healthwatchenfield.co.uk

NOTE

Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but a complete set was not collected for each individual. Therefore, the sample size varies depending on information provided. Not all data will tally due to rounding.

3. General information about Nairn House

- 3.1 Nairn House Care and Nursing Home is a purpose-built BUPA home and has 61 beds. It is set in a residential area serviced by local buses and there is a small car park.
- 3.2 There are three floors for residents and the main kitchen, utility and staff room are in the basement. Each floor has the same layout, with a communal lounge in the centre with a kitchen area, a nurse's office, utility room and communal toilet. The residents' bedrooms have en-suite bathrooms facing the outside. There is also an outside garden area and on the ground floor, a hair and beauty salon and a large communal lounge known as the Blue Lounge where many of the main activities take place.
- 3.3 There are a mix of residents from Haringey as well as Enfield, and other boroughs such as Hackney, Islington, Newham, Hertfordshire; some are funded by their Local Authority and some privately.
- 3.4 Residents are mainly white British, but some are from other ethnic backgrounds and countries such as Bangladesh, Ghana and the West Indies, with ages ranging from 65 through to over 100. They are mostly permanent residents, with one resident on respite care. Whilst only a handful of residents had a formal diagnosis of Dementia, many had some level of Dementia and/or Alzheimer's. Given it is also a nursing home, there were a number of very frail residents who were receiving end of life care.
- 3.5 The Home employs three part-time activity co-ordinators across the whole week. The Registered Manager is Rosalind Maxwell and the Assistant Manager is Sherry McWilliams.

4. Summary of our findings from the re-visit

During the re-visit, our Enter and View representatives heard from two of the three activities co-ordinators, two relatives, six residents, one nurse and three care workers in a group interview. It proved difficult to talk to staff as many were busy delivering care. For example, all the carers on the second floor were with residents.

Regarding the recommendations that had previously been made, the E&V representatives were able to see some improvements:

1. There are now three part-time activity coordinators in post covering the week. They assess residents' individual needs and interests by looking at their care plans and involve them by talking to them and to their relatives.

"We look at their care plan, meet with them and work around what they need." (activities coordinator) *"We talk to them, find out what they want to do"* (activities coordinator)

2. Staff and the activities coordinators said the residents who are cared for in bed have one-to-one sessions at least once a week. They also said residents are offered the possibility to be taken to the ground floor.

"Activities coordinators go around and see each resident. Seen every day for around 10 to 15 minutes. Read to them, chat, hold their hand, do nails and hand massage." (member of staff)

However, residents and relatives did not confirm this. When asked: two relatives and four residents spoken to said that they did not see an activities coordinator for one-to-one sessions, and that nothing was provided for them.

"I have complained to BUPA and indeed spoke to [the manager] but she said it isn't feasible for activity coordinators to spend time in individual rooms." (relative)

3. The programme of activities is more varied: new activities have been introduced, such as meditation and mindfulness. Those who are cared for in bed still seemed to be limited in the activities they could take part in, for instance a choir comes in at times and sings for the residents, however, they only visit the ground floor. In fact, five of the six residents we spoke to said there weren't enough activities for them to do, of those, four are not able to join in because of mobility issues.

"There was a choir I could hear at Christmas downstairs but they did not come to our rooms upstairs." (resident)

"Once a local choir visited but they only went to the ground floor. When asked why they didn't go upstairs I was told it was because they couldn't get the synthesiser up there. If they are a choir they should be able to sing without." (relative)

"There is a lot of input that has transformed my Mum's life from sitting alone in her home rarely seeing anyone" (relative)

"Mum loves it all; flower arranging, and she enjoyed meditation, and the guitar playing" (relative)

"My Mum is in bed all the time and so she can't get to the downstairs lounge." (relative)

4. The weekly activities programme was only displayed on the general noticeboards. Organised activities are generally during the week from 2-4pm. During the mornings there is tea available in the lounge.

“They can use the blue lounge in the morning for socialisation Activities every afternoon and socialising in the mornings along with pampering, hairdressing manicure, Men do attend, but depends on activities. Hair and beards trimmed by the hairdresser.” (member of staff)

5. At the time of our re-visit, a residents’ committee was being set up to suggest activities, decide how to spend funds [e.g. new garden furniture], help plan outings and special meals - for example a 'take away' evening has been suggested. The committee had its inaugural meeting during the re-visit.

“I am chairing a committee to develop a questionnaire for everyone, to see what activities they would like.” (activities coordinator)

6. An Enter & View representative was told that all residents who needed a specialist chair had been assessed and that the chairs were in place. These have lap belts, residents no longer need to be transferred into wheelchairs to be taken to the downstairs lounge and the chairs are adjusted to the individual, they are therefore more comfortable for residents to sit in for prolonged periods of time and participate in activities.

“Specialist wheelchairs have been issued to all residents who needed them. Individually tailored for them, much easier to move people as less transferring. Each resident picked colour and assessed. All have lap belts. Can position people comfortably. This has encouraged more people to join activities as they can sit comfortably and don’t need to transfer.” (member of staff)

7. Regarding the food provided by the home, although some said it was good, residents mentioned the fact that meals were cold when they were served to them in their rooms and wished for more fruit to be made available.

“The food is either late and often cold but I say nothing.” (resident)

“Generally its bearable here and everyone is kind and food is quite good/ Very clean - can’t fault it.” (resident)

8. One resident was seen in his room in a distressed state, as he had been left without access to a call bell and was worried about this. It transpired that an alarm mat sensor had recently been installed, using the plug that was originally destined for the call bell instead of supplying a dual socket, so as to have both alarms accessible. The mat had been pushed by staff under the bed, and not everyone seemed clear as to its purpose. The issue was raised with the nurse manager, but she did not understand straight away what needed to be done. In the end, the person in charge of maintenance understood and undertook to rectify the situation immediately. It seemed that the resident had been without access to the call bell for over 24 hours.
9. One resident mentioned being left too long with a bedpan, and that when the issue had been raised the carer had reduced them to tears. It was mentioned that staff, at times, were short tempered and uncommunicative, for example care workers were not talking to residents while delivering care.

“I want to say that I called the bell as they were an hour late for changing my pad. The carer screamed at me and reduced me to tears, another member of staff reported it and told me not to worry about using the call bell and that horrible one works downstairs now.” (resident)

“She doesn’t have any activities in her room and no one chats to her.” (relative)

5. Recommendations

Regarding possible improvements, Healthwatch Enfield would like to make five recommendations:

1. Ensure there is access to alarm bells at all times when residents are in bed
2. Ensure there is regular access to the mobile library¹, particularly providing books in different languages
3. Ensure the weekly programme of activities is more widely available, especially to those who are looked after in bed
4. Increase offer and variety of activities for those who are cared for in bed
5. Ensure staff are polite and courteous at all times

In conclusion, some improvements have been made regarding the variety of activities accessible to residents as well as their involvement in the planning of activity program.

However, further improvements are necessary to ensure that those who are cared for in bed are able to take part in group activities and have sufficient occupations.

¹It is worth noting that one of the residents we spoke to informed us that the mobile library had been organised by her relative. The resident who wanted books in Turkish was referred to the RVS mobile library.

What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides
- Make it easier for you to raise your concerns about health and care services you receive. We do this by providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision
- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

Further information about Healthwatch Enfield can be found on our website:

www.healthwatchenfield.co.uk

What is Enter & View?

Healthwatch Enfield has the authority to carry out Enter and View visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007. Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations. Further information about Enter and View is available on our website:

<https://healthwatchenfield.co.uk/our-work/enter-and-view/>

Appendix

Enter & View recommendations, Nairn House Care and Nursing Home visit 27th November

Recommendation 1

Ensure that staff are clear about their role and performance is carefully monitored, so they all provide the highest level of care.

Recommendation 2

We recommend residents are able to have an alarm pendant or similar so that those who are more mobile can wear these as they move around the Home. Staffing levels should be closely monitored ensuring hours allocated are sufficient to meet BUPA's call response policy and provide a more responsive level of care.

Recommendation 3

Arrange for the dentist to provide an annual check-up to all residents.

Recommendation 4

Ensure that residents have a means for raising issues and giving feedback on a regular basis (and ensure that the specific concerns raised on page 14 are addressed as appropriate).

Recommendation 5

Consider ways to fully involve all residents and offer more personalised activities to each resident including ensuring that residents who have limited mobility and who wish to join in activities in the main lounge are supported to do so on a regular basis.

Recommendation 6

Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction.

Recommendation 7

A risk assessment should continue to be carried out on all residents moving around the home. Clear systems including staff responsibilities, should be put in place so that residents who are unable to move can be moved around the building safely, especially to access activities or other forms of stimulation if they wish. We would recommend the Nairn Home management team contact the CHAT team as soon as possible to discuss ensuring residents are able to get out of their rooms for activities and can do so safely.

Recommendation 8

Review all signage so that they are sufficiently large, clear and accessible, including for those with visual impairment, including colour-blindness. As and when the building is re-decorated, consider differentiating the décor on each floor, as well as resident's doors, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger and more dementia-friendly.

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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