

Enter & View Report

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| Premises name | Azalea Court Care and Nursing Home |
| Premises address | 58 Abbey Rd, Enfield, EN1 2QN |
| Date of visit | Wednesday 24 th July 2019 |

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Acknowledgements

Healthwatch Enfield would like to thank the people we met at Azalea Court Care and Nursing Home, 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 Azalea Court 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 The visit to Azalea Court was an announced Enter and View visit 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.

2. Methodology

- 2.1 Healthwatch Enfield's Authorised Representatives who took part in the visit were Fazilla Amide, Jasvinder Gosai, Laurence Green, Janina Knowles, Janice Nunn and Yvonne Sandzi.
- 2.2 During our visit, the team of six Enter and View Authorised Representatives heard from 14 residents, 12 relatives, and 9 staff and members of management, as well as observed the day to day workings of the Home, focusing on the following 3 key areas:
 1. Care
 2. Choice
 3. The Environment
- 2.3 We used the 8 key indicators developed by Independent Age and Healthwatch Camden¹. The indicators are:
 - have strong, visible management
 - staff with time and skills to do their jobs
 - good knowledge of each resident and how their needs may be changing
 - offer a varied programme of activities
 - quality, choice and flexibility around food and mealtimes
 - ensure residents can see health professionals such as GPs and dentists regularly
 - accommodate residents' personal, cultural and lifestyle needs
 - be an open environment where feedback is actively sought and used
- 2.4 This report was 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.
- 2.5 A draft of this report was sent to the manager of Azalea Court to be checked for factual accuracy and for an opportunity for the home to respond to the recommendations prior to publishing. They confirmed they have read and shared their report with their staff. Their response is detailed on page 32. This report will be sent to interested parties (including the

¹ [Independent Age](#), together with Healthwatch Camden developed a set of quality indicators which are now being promoted nationally to improve the quality of information provided.

Care Quality Commission, NHS Enfield 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

3. General information about Azalea Court

- 3.1 Azalea Court is registered to provide care for 83 residents across four units, three units in the main building and one in Willow which is a separate building but is part of Azalea Court. The Home is set in a residential area in Bush Hill Park, serviced by public transport. There is also a small car park.
- 3.2 Azalea Court is a Care Home and they are proud of it also being a Nursing Home. There are 25 bedrooms on each of the three floors within the main building. Each floor or unit has its own name and identity, Astor, Poppy and Lavender. There are also 8 bedrooms within Willow, an external unit, each with an en-suite. Each floor within the main building has two lounges and a dining room. Willow has an open plan dining and seating area and a separate lounge area. Astor ground floor supports people predominantly but not exclusively with Nursing needs. Lavender and Poppy support people with Nursing and Dementia related needs but not exclusively. Willow supports people with complex needs. Ages range throughout Azalea Court from 40 upwards. Each unit is run by a Unit Manager or Senior Nurse. There are nursing staff on duty 24 hours a day, but not specifically during each shift on each floor. For example, Poppy has a care manager who is a level 5² but not a registered nurse. The Home has a Hair Salon which is open seven days a week and several residents have their hair dressing needs met at no charge by friends etc. Hair services can be purchased from the home's hairdresser who attends once a week. There is no charge for manicures, as this forms part of the wellbeing programme. The Home also has a pleasant, enclosed patio with outside seating and a covered area, as well as a grass-covered area where residents can sit.
- 3.3 The entrance area has a lobby for signing in. This opens into the main reception via a key code door. The entry system is operated by reception or by the individual floor staff who have CCTV in place to see who is at the front door to allow safe access. Access to the main home and Willow is through a series of key coded doors. Within the main building there are two lifts which stop at each floor, both have braille and audible guidance.
- 3.4 There is a mix of residents from Haringey, Hackney, Islington, Camden as well as Enfield, and as far afield as Buckinghamshire and Bracknell. Most are funded by their Local Authority, the CCG and some privately.
- 3.5 Residents are a general mix of white British, as well as multi-ethnic and with a range of cultural backgrounds. On the day of our visit, a few beds were unoccupied where places were ear-marked for people, awaiting confirmation of funding. We were informed by the Owner that rooms can be reserved through a holding fee paid for by the fund holder.
- 3.6 The Home employs 1 full-time Activities Manager and 2 Activities Co-ordinators across the whole week who work flexibly over 5 days, dependent upon activities planned. The Registered Manager at the time of the visit was Pervine King. The responsible individual, as well as being the Operations Director, is Julie Burton.

² Is a nursing associate who has studied to the level 5 foundation degree level

4. Summary of our findings

- 4.1 During our review, we heard from 12 relatives, 14 residents and 9 staff and managers. The management team and staff we engaged with were open, welcoming and demonstrated a good understanding of meeting the needs of their residents. Through our discussions, both residents and relatives felt much of the care provided at Azalea Court is of a good standard, and particularly on the Willows. Many relatives had chosen their loved one to reside at these establishments over other Homes. Based on feedback, many staff appeared approachable and responsive and were appreciated by residents and their relatives for their friendly and caring attitude. However, with regards to Azalea Court, there were a number of comments received that continuity of care was often a challenge due to high staff turnover and high use of agency staff.
- 4.2 In terms of safety, all residents and relatives felt safe. All the residents we met seemed well looked after, clean and well groomed. However, in relation to patient care, a couple of relatives flagged concerns over some agency staff who did not demonstrate a basic level of care, for example, one trying to feed a resident whilst that resident was lying flat on their back. This was flagged to the Manager to follow up, as we considered this to be a safeguarding concern.
- 4.3 In terms of external specialist support, the Home has arranged for a GP practice to visit the residents at the Home under a retainer contract, on a weekly basis. They also visit as and when needed. The GP also reviews the medication. This is to be commended. They also have a chiropodist who attends every 6 weeks, offering both private and NHS services, if they need treatment. Azalea Court also considers they have good support from the Care Home Assessment Team³ (CHAT).
- 4.4 However, many of the residents and relatives we heard from had not seen a dentist and did not appear to have regular or routine check-ups. Those requiring treatment either have to attend Forest Road for a check-up and/or go to the Whittington where there are long waiting times to be seen. As we have found in other visits, lack of dentist support in care and nursing homes seems to be a common theme and we recommend NHS England takes note and appropriate action to provide an adequate level of dental care for residents of care and nursing homes.
- 4.5 In terms of religious and cultural freedoms, most of those who wanted to practise their religion, felt they were able to do so, with some Church representatives attending on a regular basis. There were a couple of residents who were unable to practise their religion due to their condition and who wanted to see their own religious clerics in order to do so. We would ask management to facilitate this.
- 4.6 In terms of choice, flexibility and personalisation, half of the relatives who responded to this question felt their loved ones were able to get up and go to bed when they wished and could choose when and what to eat, within reason. 6 of the 11 residents who responded to this question agreed and felt they had some flexibility. In addition, relatives and residents were aware and felt able to personalise their rooms, many with photos and trinkets and some with smaller items of furniture, if they chose to.

³ [CHAT](#) is a nurse led community service which provides rapid response visits or telephone advice at times of crisis.

- 4.7 When it came to the choice of food, some residents felt a choice of two meals was insufficient. Some considered the food was not so tasty and that there should be a third option, with, for example, more chicken breast and salmon fillets offered. One resident had the view that fish, cottage or some other kind of pie was on the menu too often. The manager informed us that the residents were also able to request omelettes, jacket potatoes or sandwiches etc. However, where possible it would be recommended that healthier and more options are offered.
- 4.8 Overall, the Home was clean, well decorated, nicely furnished and welcoming. 9 of the 10 residents responding to this question and 10 of the 11 relatives who responded to this question, felt they or their loved ones were happy living there.
- 4.9 However, as with many homes in the current climate, there is a tension between providing good support and balancing staffing levels. Due to the frailty and high needs of many of the residents, support and care is intensive. The majority of residents and relatives felt staff attended within a reasonable timescale when they could, but often had to wait until staff were free. The Home does not have a policy regarding response times to call bells other than they should be answered as quickly as possible. Moreover, we were informed by the manager at the time, that the alarm sounds in the office of each floor. But if the office door is closed, or if staff are in a resident's room, they may not be able to hear this. We would recommend the Management team review this situation and take action so that there is a call bell policy in place, that there is a system in place for staff to be aware of a resident bell being triggered, from wherever they are and that response times are monitored.
- 4.10 With regards to activities, it was noted that Azalea Court/Willows has a 40 hour Activities Manager (though the manager has since left) and two Activities Co-ordinators working 33 and 30 hours respectively over the whole 7-day week. There is a weekly activity plan for each floor. There are also opportunities for the local community to visit the Home and engage with the residents, which is to be commended.
- 4.11 However, only half of the residents and 2 of the 5 relatives who responded to the question around activities felt there were sufficient things to do in the Home. There were a number of residents who confirmed that whilst there were activities laid on, they did not join in. Whilst it is important to respect people's wishes, it is also important there is a sufficient variety of activities available, so that everyone can enjoy some, if not most of them, to ensure maintaining their physical and mental well-being. It is also important that those who are often in their rooms or bed-bound are able to have 1-1 activities whether that is sensory, hand massage, music or just a chat.
- 4.12 There has been much research into inactivity and low levels of engagement, and the negative impact this has on residents in care and nursing homes. As a consequence, the first statement in NICE's quality standard⁴ calls for older people in care homes to be offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing. NICE says that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to

⁴ <https://www.nice.org.uk/news/feature/improving-the-mental-wellbeing-of-older-people-in-care-homes>

them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities to ensure the activity is meaningful and that relationships are developed and maintained. The Activities Manager/Co-ordinators should ensure they are regularly liaising with those residents who do not wish to join in, to better understand which other activities they might prefer doing.

4.13 With regards to any concerns from the Home's perspective, the Manager confirmed that payments for resident's support and agreement for funding or obtaining 1-1 support where, for example, the resident may have more complex needs or behaviour that challenges, was becoming increasingly difficult. She stated the Clinical Commissioning Group and the Local Authority could take some time to make payments or agree responsibility in terms of who would be paying for the care some of the residents were receiving. We would, therefore, recommend the CCG and LA review their commissioning processes to make speedier decisions and payments to the Home, so bed places can be taken up more quickly, potentially freeing up a hospital bed.

4.14 Both the manager and many staff were also concerned about recruitment, retention, and some, about their shift patterns. There have been many staff changes over the last six months and we were informed by the manager at the time, that approximately one third of the staff are from agencies, although some of those are long-serving. Staff, residents and relatives all felt that resident care was being compromised. We also understand that the Assistant Manager had left and the role had not been replaced. We recommend that the management should review their recruitment and retention policies and look to take on more permanent, stable staff. Note: since the time of the visit, we understand the manager is also leaving. Therefore, it is vital that the structure of the management team is urgently reviewed to ensure there is longer-term management and staff stability going forwards.

5. Areas of Good Practice

5.1 During our visit, we noted many examples of good practice:

- The Manager takes an active role in running the Home
- Care planning documents are comprehensive and regularly reviewed
- There appears to be good support from the GP
- Many staff are friendly, approachable, caring and patient
- Sleep times are in the main, flexible and personalised to suit residents' individual preferences or needs and whilst meal times seem to be set, residents are able to have snacks as and when they need them
- Residents are able to individualise their rooms with photos and trinkets
- There are 3 Activity co-ordinators
- There is involvement and interaction between the home and the local community
- There is an outside garden area which residents and relatives enjoy
- Given the significant needs of those in the Willows, a high standard of care appears to be provided
- The Home has an in-house trainer to support staff induction and training

6. Summary of the Recommendations

Recommendation 1

We recommend that robust systems are put in place to ensure all staff, including agency staff, are trained and monitored to ensure they provide a consistently good and safe level of care.

Recommendation 2

We recommend the Home focus on continuity and consistency of care ensuring there is greater staff retention and stability and there are systems in place so that all staff commencing a shift are aware of the needs of their residents.

Recommendation 3

We recommend staff are monitored and supported to be friendly and kind towards residents, relatives as well as one another, in order to provide a consistently friendly and caring culture of support.

Recommendation 4

We recommend the Home develop and implement a call bell response policy co-produced with staff and residents/relatives and implement systems whereby when call bells are triggered, staff are aware immediately wherever they are. Response times should be monitored carefully and appropriate action taken if they are too slow.

Recommendation 5

We recommend, that all staff are up to date with regards to their mandatory training and can do this on paid time.

Recommendation 6

The Home should prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible.

NHS England should ensure NHS dental provision is commissioned and delivered to meet the needs of care and nursing home residents.

Recommendation 7

Management should discuss the reasons for the high turnover of staff and shift patterns and explore if there are any actions that can be taken to improve the situation.

Recommendation 8

Management should engage residents, including those who are less mobile, as well as their relatives in designing personalised activities so that all residents are fully involved in meaningful activity on a daily basis.

Recommendation 9

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, 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, more clearly colour-coded and more dementia-friendly.

Conclusion

- 6.1 Relatives and residents informed us that, overall, Azalea Court provides good care and has many friendly and helpful staff. A GP visits weekly providing good support and medical care. We observed staff fully engaging with and supporting residents and providing them with some choice, flexibility and personalisation, particularly around sleep times, as well as

personalising their rooms. In addition, the Home is well-decorated and nicely furnished. There's a well-maintained outside area for residents to enjoy and gain fresh air and overall, residents and relatives seemed happy and contented.

- 6.2 There was a concern regarding consistency of staff and staff continuity. In particular, we were concerned as to whether agency staff were adequately trained and familiar with the significant needs of the residents at Azalea Court. It is important there is an increased focus to retain, as well as recruit good staff and reduce the need for ad hoc agency staff. It is important to ensure those staff are properly trained, in order to ensure the care provided is of the highest quality. In addition, greater attention should be focused on personalised activities where all residents, including those who are bed bound, can join in meaningful daily activity, as well as providing tastier and more nutritious menu choices.

Appendix 1 Our detailed findings

Key area 1: Care

Are residents well looked after, and cared for?

10 out of 12 relatives we spoke with, overall, felt satisfied with the care their loved ones received, and 12 out of 14 residents felt similarly. Residents appeared well looked after and clean and most seemed content, though a couple of residents mentioned that not all the staff were as friendly and caring as others. Generally, they felt the longer serving, regular staff were friendly and caring and met their residents' needs. However, there was also some concern around the use of agency staff or newer staff and their ability and knowledge as to how to support the residents. One relative told us about an incident whereby a new agency worker was trying to feed their relative whilst they were lying down on their back. This was a potential safeguarding issue and we informed the manager of this incident who immediately took action. However, we recommend that robust systems are put in place to ensure all staff, including agency staff, are trained and monitored to ensure they have the appropriate skills and knowledge to provide a consistently good and safe level of care before being rota'd on shift.

Residents and relatives said:

- *The staff are really nice and caring*
- *I'm looked after very well, not too bad*
- *They are often short staffed. High turnover - been lots of people leaving, coming and going*
- *My relative has been well looked after. There haven't been any issues so far*
- *Always looks presentable, clean. Pads changed on a regular basis. No smells and been here for 18 months*
- *Very good to him. Got him a new wheelchair. Personal care good, clean, turned regularly*
- *My mum is happy with the care she receives. She's been here for three years now and there are no issues*
- *If regular staff, OK...but if I see agency staff, then I get anxious.... 2 new agency staff. Pleasant enough but had no training. She was flat on her back and care worker trying to feed her. I stopped her. She needs elevations and water at hand. Agency not ensuring staff are trained*
- *urine bag was spilling out or full up. They are not emptying regularly. I complain a lot of times. Found the bed sheet wet a lot of times. It has got better over the last 2 weeks*

Management and staff said:

- *I attend to all their requirements or if I am not able to, I refer to the Nurse*
- *When full we have 8 residents and the care is very good. We have one Nurse and 2 care workers per shift*
- *Care plans in main office go through if reviewed - robust handover depends on staff*
- *2 nurses on each floor for 25 residents - HCAs check skin integrity & bowel care*
- *Personal care is given - most people are bedbound*
- *I walk the floors regularly through the day - check staffing*

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| | <ul style="list-style-type: none">▪ <i>New regime since 6 months ago - was good before then. No time to care and sit and chat</i> | |
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Recommendation 1

We recommend that robust systems are put in place to ensure all staff, including agency staff, are trained and monitored to ensure they have the appropriate skills and knowledge to provide a consistently good and safe level of care.

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| <p>Key area 1: Care</p> <p>Do all the staff know what you like/don't like and ask you what you need?</p> | <p>8 of the 10 residents and relatives who responded to the question felt that some staff knew residents' likes and dislikes. They understood the residents well enough to know and support their basic needs. However, again, there was some suggestion that not all staff were of the same calibre, and due to many staff changes, there was a lack of consistency and continuity, particularly as when there were too many agency staff on one floor, permanent staff were moved around the floors to support so that agency staff were spread across the Home. Some relatives also felt that there were too many changes in night staff. We recommend the Home focus on continuity and consistency of care ensuring there are systems in place so that all staff commencing a shift are aware of the needs of their residents.</p> | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>Yes, they know I am vegetarian</i> ▪ <i>Mixture - most carers know me well and what I like and don't like</i> ▪ <i>Quite a few regulars but a lot of agency staff. Some don't have a clue. So permanent staff have to work harder</i> ▪ <i>I've been here for a while but they don't know what my preferences are. Sometimes you get new staff</i> ▪ <i>No comment</i> ▪ <i>Most of the staff know what my husband's needs are</i> ▪ <i>The majority of them do. There are a few that don't and that's down to them as individuals</i> ▪ <i>Majority. The day staff know but it's the night staff Seems to be different people all the time. Day staff we tend to know them</i> ▪ <i>Get different staff. Regular ones do know him, but not all of them and I'm not here all the time</i> ▪ <i>Got used to one person and now on another floor. No continuity and a lot of staff changes</i> | <ul style="list-style-type: none"> ▪ <i>Giving her a shower which I know calms her down, giving her foods which are all puréed. Talking to her and doing an activity with her for example playing music for her</i> ▪ <i>Talk to resident and relatives – ongoing</i> ▪ <i>We always inform the residents of the care we are giving and they know we have care plans</i> |
| <p>Recommendation 2</p> <p><i>We recommend the Home focus on continuity and consistency of care ensuring there is greater staff stability and retention and there are systems in place so that all staff commencing a shift are aware of the needs of their residents.</i></p> | | |

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| <p>Key area 1: Care</p> <p>Are the staff friendly, having the time to talk to and listen to residents?</p> | <p>10 of the 12 residents and 10 out of 11 relatives who responded to this question felt most of the staff were friendly, approachable and had time to talk to them. However, it was felt that not all the staff had the time to talk to residents or were friendly. We heard the phrases “a mixed bag”, “inconsistent” and comments that “most” or “some” staff were friendly. We recommend that staff are monitored and supported to be friendly and kind towards residents, relatives as well as one another, in order to provide a consistently friendly and caring culture of support.</p> | |
| | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>The staff are nice</i> ▪ <i>They chat with me</i> ▪ <i>some are nice but about 2 are not really nice</i> ▪ <i>I lost my mum 2 years ago and miss her very badly. She was my rock. I haven't had time to talk to anyone about this</i> ▪ <i>Not that much but they speak to me. Some are friendly</i> ▪ <i>Negative</i> ▪ <i>I'm happy with the staff they are friendly</i> ▪ <i>Yes, most of the staff are friendly and caring</i> ▪ <i>Staff are polite, lovely and treat us both with respect</i> ▪ <i>However, I find the agency staff to be a bit miserable but staff generally very cheerful</i> ▪ <i>Most of the time, but they are very busy</i> ▪ <i>They are a mixed bag. Too many agency</i> ▪ <i>Staff good who are permanent but agency staff are inconsistent</i> | <ul style="list-style-type: none"> ▪ <i>Yes, during the activities and also 1 to 1</i> ▪ <i>Yes, in this unit we do. On Aster floor there is no time to chat as it's very busy unit</i> ▪ <i>We should but often don't have time</i> ▪ <i>I make time. Usually 5 residents per carer. It's not caring if you don't speak</i> ▪ <i>Many times. Here I do (chat), especially ones in the bed and bedbound - every 2 hours</i> |
| <p>Recommendation 3</p> <p><i>We recommend staff are monitored and supported to be friendly and kind towards residents, relatives as well as one another, in order to provide a consistently friendly and caring culture of support.</i></p> | | |

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| <p>Key area 1: Care</p> <p>How quickly do staff come when residents call them?</p> | <p>4 of the 8 residents and 5 out of the 9 relatives who responded to this question felt that staff attended to them within a reasonable timescale. Some commented staff were often busy, particularly if someone had not turned up for their shift, and were juggling to attend to the residents or doing personal care. In some instances, others felt that they or their loved ones were unable to use the call bell so did not know how quickly staff would attend. When discussing this with the manager, they confirmed there was no specific policy in place other than to attend as soon as possible. In addition, if staff are in someone's room, they may not always be able to hear the call bells, which sound in the office on each floor. We recommend, therefore, the Home develop and implement a policy co-produced with staff and residents/relatives and implement systems whereby when call bells are triggered, staff are aware immediately wherever they are. Response times should also be monitored carefully.</p> | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>They always come to check on me</i> ▪ <i>They come and check on us</i> ▪ <i>I just wait - only to feed or change. Sometimes I have to wait a long time</i> ▪ <i>As quick as they can. They work very hard and sometimes they are short of staff</i> ▪ <i>They come in and check on my mum</i> ▪ <i>Depends what time. Around meal times, sometimes 15/20 mins and when going round with tablets and can take 15 mins to clean people</i> ▪ <i>They come quickly if have enough carers. But if busy we have to wait a long time. If I can do it I will</i> | <ul style="list-style-type: none"> ▪ <i>If we are doing personal care, there are five staff so someone should be able to go</i> ▪ <i>Only one patient can use the bell (on this floor)</i> ▪ <i>I go and check every 2 hours. Some can press the buzzer. We respond quickly and check in. If need 2 people to change have to wait for help and re-assure residents - normally attend within 5 minutes</i> ▪ <i>Sometimes if short staffed or we're with someone giving personal care it can be a while - all have high needs here</i> ▪ <i>We have an alarm system. Can be difficult if busy, new staff can take some time</i> |
| <p>Recommendation 4</p> <p><i>We recommend the Home develop and implement a call bell response policy co-produced with staff and residents/relatives and implement systems whereby when call bells are triggered, staff are aware immediately wherever they are. Response times should be monitored and action taken if too slow.</i></p> | | |

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| Key area 1: Care What training have the staff completed and can you provide records? | Whilst resident or relatives were not asked this question, some relatives questioned whether agency staff had had training. The Home has an in-house trainer who does staff induction as well as courses such as Manual Handling. The management team were able to provide their anonymised training records for their permanent staff. Whilst most staff were up to date, not everyone was and, in addition, whilst much of the training is on e-learning, some staff felt they had to do this in their own time. We recommend that all staff are up to date with regards to their mandatory training and are able to do this on paid time, if this is not already the case. Given the number of patients with Dementia, there should continue to be a regular focus on making sure that all staff are fully trained. | |
| | Residents and relatives said: | Management and staff said: |
| | Neither residents nor relatives were asked this question | <ul style="list-style-type: none"> • <i>I have completed all my mandatory training. Up to date</i> ▪ <i>I did the Care Certificate on e-learning when I started. I recently did fire/oral/hygiene training in house. I did the H&SC Diploma Level 3 at school. No specific dementia training only part of the original e learning</i> ▪ <i>Health and Safety, Care Certificate on line, Manual Handling too. Previously done Dementia Awareness</i> ▪ <i>Infection control, Manual handling, First aid, CPR and all the other mandatory training. I've done about 13 this year</i> ▪ <i>Have an induction but some staff shadowing and, on the floor before they have even had their induction</i> ▪ <i>I must confess I'm not up to date</i> ▪ <i>I have done nutrition, dementia, medicine, fire, e- learning - 10 or 12 courses. I do mine on my laptop at home. Have got a computer here but have to do in own time</i> |

Recommendation 5

We recommend, that all staff are up to date with regards to their mandatory training and can do this on paid time.

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| <p>Key area 1: Care</p> <p>Do you see a GP, Dentist, Chiropodist etc if you need to?</p> | <p>The Home has one GP surgery and the management consider they receive good support from the GP who is paid an additional fee. The Manager, as well as 7 of the 9 relatives and 8 of the 10 residents who responded to this question confirmed they can see a GP without any problems. This is commendable. In addition, a chiropodist attends every 6 weeks, paid for on a sessional basis, as well as the CHAT team. However, the Home and some relatives said it was hard to get support from other NHS therapeutic services such as OT, Physio and SALT and some were paying privately for these. We would ask Adult Therapy services to prioritise residents of care homes given the high level of need and support required to maintain an adequate level of health.</p> <p>With regard to dentists, the Home also commented that it was not always easy to get timely dental appointments at Forest Road and there was no support for Home visits for those less mobile. In addition, there were long waiting times if a referral needed to be made to the Whittington. As with other Homes, dental support seems to be an ongoing issue and NICE has issued guidelines⁵ to clarify the position. We recommend the Home continues to liaise with local dentists to secure one to visit the Home and meet the needs of all its residents, including those who are less mobile.</p> | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>I get a doctor to give me an injection - never asked to see a dentist</i> ▪ <i>Yes, see the doctor if you ask them. Yes, they give me time to respond</i> ▪ <i>In North Mid getting it daily but only get physio if I pay for it here</i> ▪ <i>No physio. Have a private physio paid for by family</i> ▪ <i>No SALT – but my son needs that and physio</i> ▪ <i>My brother in law takes me to see a doctor and dentist</i> ▪ <i>Trying to see a dentist for a long while - been on a waiting list</i> ▪ <i>I arrange her dental care</i> | <ul style="list-style-type: none"> ▪ <i>GPs visit regularly. They tried to refer to the dentist at the beginning of July via the Whittington Hospital but still waiting</i> ▪ <i>Doctor comes weekly. No dental visits. Go to dentists-referred to hospital</i> ▪ <i>Dentist - long waiting list. Area for improvement. Take them to Forest Rd dental clinic. They don't come to the Home, we have to take them</i> |
| <p>Recommendation 6</p> <p><i>The Home should prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible. NHS England should ensure NHS dental provision is commissioned and delivered to meet the needs of care and nursing homes.</i></p> | | |

⁵ <https://www.nice.org.uk/guidance/ng48/chapter/Recommendations>

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| <p>Key area 1: Care</p> <p>Is there anything that worries residents/relatives/ staff/management?</p> | <p>9 out of 13 residents and 8 out of 12 relatives did not feel they had any concerns, though a few were worried about staffing levels and turnover and potential further cutbacks, whilst a few others had very specific concerns relating to their situations. Staff were also concerned about their shift patterns and staff turnover. When speaking with the manager, her concerns were also around staff recruitment and retention. She also stated that staff could chose the number of hours they worked and if they worked 44 hours and wanted every other weekend off, there was no other way to work the rotas other than to schedule the 12 hour shifts, 6 days over 7, with then time off in between the next set of shifts. We recommend the Management discuss the reasons for the high turnover and shift patterns and explore if there are any actions that can be taken to improve the situation.</p> | |
| | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>They look after me well</i> ▪ <i>Not really. I feel quite safe</i> ▪ <i>Not any one thing that concerns me. But I would like to see more staff here and give the carers a bit of a break</i> ▪ <i>My mum feels safe and comfortable. We are very lucky</i> ▪ <i>If I have any worries, I speak to the staff and it is sorted</i> ▪ <i>I feel rest assured. Though I think someone would spend time to talk to her - more human interaction</i> ▪ <i>Timing of night medication and one thing gone missing - but nothing else</i> ▪ <i>There has also been recently an extra £25.00 charge for the care home. Not sure why</i> ▪ <i>He can't hear or understand well. I worry when I'm not here</i> ▪ <i>I'm scared to say anything in case things get even worse. Carers don't care. They very busy and has been a complete change of staff in the last 6 months</i> | <ul style="list-style-type: none"> ▪ <i>It appears well organised. 22 hours a week no weekends</i> ▪ <i>Getting better as the previous manager was harsh. If people do not turn up i.e. agency staff, they try to have 4 staff on. Never seen one day when below 4</i> ▪ <i>Not really. Sometimes understaffed. Treated with respect from managers. Fully aware of safeguarding obligations</i> ▪ <i>Worried about staffing levels and turn-over of staff. Concerned about poor morale and staff cliquy. Some great agency staff but turnover too much</i> ▪ <i>Yes. Shifts are 12 hours and I work 6 days one week and 2 the next. I work a 44 hour week. The 12 hour shifts are draining and a lot of my colleagues feel the same</i> ▪ <i>Surprised CQC were happy with staff allocated in last Home so left. We have challenging behaviour, which is very time consuming. If not attended so could be falls</i> ▪ <i>Today 3 people not turned up. They don't follow the correct procedure</i> |
| <p>Recommendation 7</p> <p><i>Ensure that the specific concerns raised above are addressed as appropriate. In addition, the Management should discuss the reasons for the high turnover of staff and shift patterns and explore if there are any actions that can be taken to improve the situation.</i></p> | | |

Appendix 2 Our detailed findings: Choice

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| <p>Key area 2: Choice</p> <p>Can residents decide when to do things e.g. when to get up, go to bed, have dinner/ snacks etc.?</p> | <p>6 out of 11 residents who responded to this question felt there was some flexibility and choice around when to eat and to sleep or wake up, compared to 3 relatives out of 6 who answered this question, though 3 felt it was not relevant, due to the nature of their loved one's condition. Relatives were aware there were set times for carers or 1-1 support and felt there were set times for eating though acknowledged there was some flexibility for eating snacks and having drinks and most felt that sleep and wake times were up to the resident where possible. Though when talking to one resident, one of the Healthwatch team noted that the resident's stomach was rumbling and that he said he was hungry but did not think to call anyone.</p> | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>Meal times and bed times are set</i> ▪ <i>I have a set eating and bed time</i> ▪ <i>Can eat when I want to</i> ▪ <i>I can choose. I can say to come back to be peg fed</i> ▪ <i>Not relevant. My life is mapped out every 4 hours through the night and day and providing they do that, that's good enough for me</i> ▪ <i>I can choose other food. I can go and make a sandwich if I want to</i> ▪ <i>Set times to the Care Plan</i> ▪ <i>When she goes, they keep her lunch - keep it hot</i> ▪ <i>There's a bedtime and set meal times but if she needs more food or anything it can be brought in</i> ▪ <i>Can wake up and doze when she wants</i> | <ul style="list-style-type: none"> ▪ <i>There are set times and in accordance with their care plans etc. Breakfast, lunch and dinner set but seems to work ok...</i> ▪ <i>Relatives dictate sometimes when and what their loved one should do other times resident tells us</i> ▪ <i>Those that have the mental capacity can request for snacks and participate in other activities but a lot of the residents are bed bound. There is also a shortage of staff so it's difficult to get some of the residents around who are bed bound</i> ▪ <i>Most nil by mouth or peg fed. All patients get up every day</i> ▪ <i>Don't have to eat at set times, can get food from kitchen if hungry</i> ▪ <i>Flexibility - set meal times but can get food other times</i> |

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| <p>Key area 2: Choice</p> <p>Do you have enough to eat and drink? Do staff encourage you to drink?</p> | <p>When speaking with residents and relatives, 7 of the 10 residents, as well as 8 of the 10 relatives who responded to this question felt there was a sufficient volume of food, though a few residents did not feel there was much choice, or that they were encouraged to drink or that the Home provided what they wanted. However, we did note jugs of water in all of the rooms and drinks by residents in the lounge areas. We would encourage the Home to provide more food options as well as ensure consistency of tea-rounds on all floors and that all staff consistently encourage residents to drink.</p> | |
| | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>Depends on what I'm eating - staff encourage me to drink if I can't reach</i> ▪ <i>I have enough to eat and drink but I'm not always encouraged to drink</i> ▪ <i>Can ask for food and drink when I feel hungry but have to call staff as cannot feed myself</i> ▪ <i>North Mid food and choice better - only 2 choices here</i> ▪ <i>Some aspects could be better. Have to eat what you get</i> ▪ <i>She gets plenty to drink - water and lots of tea etc</i> ▪ <i>He's a good eater. They thought he was dehydrated. Nurse checked and said he was fine</i> ▪ <i>I buy drinks for her, needs coaxing. They (drinks) are still there the next day</i> ▪ <i>I like to drink a lot of tea regardless of whether it's hot or cold but I don't get that now. They are short staffed now so there's no chance for them to bring me a cup of tea</i> ▪ <i>The food is very good I have no complaints but I would expect there to be a tea time but there isn't and there are not enough carers so when I'm around I go to the kitchen and ask for a cup of tea for my husband</i> | <ul style="list-style-type: none"> ▪ <i>There is a third option. Could have jacket potatoes, salad or omelette</i> ▪ <i>The meals are brought in at set times and we give them more on request</i> ▪ <i>We complete food and fluid charts</i> ▪ <i>We always have a jug of water and juice available during the activities</i> ▪ <i>I encourage all residents to drink. Staff are tasked to prompt. I check summary of intake and any concerns. List of rooms on whiteboard with room numbers for those to check on regularly</i> ▪ <i>Fluid and food charts - any new admission we monitor intake for the first week and then make the decision. We revisit who needs it and why; if someone is losing weight, we put them on it. Once its stable then back to monthly recording</i> ▪ <i>There is a menu choice 1 or 2. Those that have capacity can choose. Everyone else we have to go by what we have been told. I don't know if there are specific foods</i> |

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| Key area 2: Choice Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation | <p>There was a mixed response around this question with only 1 resident and relative stating they could follow their religious or cultural preferences, though many others felt it was less relevant. In listening to those we spoke with, they did not seem to be suggesting they were not allowed to pursue their religious or cultural preferences, but more that either they were less bothered, or chose not to. Though one relative felt it was important for their loved one to be able to either attend church or have a room to pray in.</p> | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>Not interested</i> ▪ <i>I use to as a lad be a choir-boy. Not interested in seeing a priest now</i> ▪ <i>We haven't had any priests come in yet but she hasn't particularly wanted any one in</i> ▪ <i>Would like some singing and prayers. I would like a special room to pray</i> | <ul style="list-style-type: none"> ▪ <i>We will make Christmas Cards and Easter Bunnys and Eggs. and Diwali</i> ▪ <i>Nun comes in for a couple of residents. Church service and families arrange for priest to come in</i> ▪ <i>They can provide culturally sensitive food - residents let you know</i> ▪ <i>We have a monthly church service visit. One lady goes to her church with her family</i> |

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| <p>Key area 2: Choice</p> <p>Are there varied and sufficient activities/ things for residents?</p> | <p>Only 5 out of the 10 residents and 2 out of the 5 relatives who responded to this question, felt there were sufficient activities in the Home. There is an activities plan on each floor, which mostly consists of gentle hand exercises, ball throwing, music or dancing or watching films in the lounge. There were a number of residents who told us they did not join in the various activities laid on. Whilst it is important to respect people’s wishes, it is also important that there are a sufficient variety of activities, so that everyone can enjoy some, if not most of them, particularly, if they are bed bound or often in their rooms. We recommend that each resident and their relatives are asked what they would like to do/enjoy doing and ensure that as well as a floor activity plan, there are individual plans which are more meaningful and person centred, so all residents can enjoy some daily engagement even if it’s a set or allocated time to chat. The use of memory books⁶ is also helpful and support those with Dementia to engage more readily.</p> | |
| | <p>Residents and relatives said:</p> <ul style="list-style-type: none"> • <i>They take us down and give us activities to do</i> ▪ <i>Can watch TV if I want to</i> ▪ <i>Staff ask me. Not much. I don't like music and exercise. I like board games but they don't do it with me</i> ▪ <i>I can't go out but people come in and talk to me</i> ▪ <i>They have activities. Summer fete. During the week and they come in here and give people things to do; exercises, but it doesn't appeal to me</i> ▪ <i>I'd like to be in the wheel chair once a week, but not taken out. Might like to go out to see the family</i> ▪ <i>Don't do much</i> ▪ <i>I can't do much with my legs so I'm not very mobile. I tend to just sleep a lot and spend time indoors</i> ▪ <i>My mum is bed bound but sometimes someone comes into her room and carries out some activities with her. For example, playing ball</i> ▪ <i>There are loads of activities but not for him</i> ▪ <i>She can't get to them. Not enough staff to get her out. Anything would be good. Time to chat. Exercise in her room would be good</i> ▪ <i>He likes board games but don't do it. They do exercises, gentle hand movements but no hand massage</i> ▪ <i>I see that there other activities going on but my husband has dementia so it's difficult to get him to engage in the activities</i> | <p>Management and staff said:</p> <ul style="list-style-type: none"> ▪ <i>Singing along, dancing, colouring/art work, pet therapy with stuffed cat, tea parties and games. and manicure</i> ▪ <i>Activities list up to date. Focus on people in lounges but not one to one. Wednesdays nail salon and hairdresser</i> ▪ <i>There are 3 or 4 activities- drawing, stretching exercises, games and hairdressing and a nails session</i> ▪ <i>Not sure how effective. Singing, dancing they do light physical exercises</i> ▪ <i>Arrange activities. Take out 2 or 3 a week, everyone takes their turn. Staff go and bring them to the venue - some don't like to go</i> |

⁶ How to make a [memory book](#)

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| Recommendation 8 | | |

The Management should engage residents, including those who are less mobile, as well as their relatives in designing personalised activities so that all residents are fully involved in meaningful activity on a daily basis.

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| Key area 2: Choice What links do the residents have with the local community? | We were told by the manager, that the team are increasingly bringing the community into the Home. We would encourage the team to continue to ensure links with the local community are maintained and enhanced. | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>Residents/relatives were not asked this question</i> | <ul style="list-style-type: none"> ▪ <i>there are 3 (activity co-ordinators), outside representative and entertainer in and goat and animal therapy and chicks - residents love it - just introduced in the home</i> ▪ <i>The activities coordinator comes 2 or 3 times in a week. Sometimes people come from the community to attend events</i> ▪ <i>Yes, priest. Local schools attend, the Bowls club. We've taken residents to the pub/café. Couple go out on a Monday club through one of the relatives and nurseries at Xmas</i> |

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| Key area 2: Choice Are residents able to personalise their rooms? | All of the residents as well as the relatives who responded to this question confirmed they can have their own photos and pictures in their rooms, as well as small items of furniture if they choose. Both residents and relatives seemed to be happy with the current arrangements. | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>I've got pictures of my family in my room</i> ▪ <i>Pictures of my family and friends</i> ▪ <i>Own fridge, and toys and own things, got her own pillow but sheets etc belong to the home</i> ▪ <i>Pictures, ornaments, brought our own fan, china, kettle</i> | <ul style="list-style-type: none"> ▪ <i>Yes, the relatives bring in pictures, paintings, drawings room decor, flowers and things the residents like to make the rooms feel like home</i> |

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| Key area 2: Choice Are residents/ relatives' views/ suggestions taken into account and acted upon? | The management team stated they had an open-door policy and confirmed that relatives in particular, do email or speak with them or staff. Generally, where possible, it was felt the management team did listen. | |
| | Residents and relatives said: | Management and staff said: |
| | <ul style="list-style-type: none"> ▪ <i>I feel they really included the family in my mum's care</i> ▪ <i>Spoke to Julie - told her what I thought of the food. He doesn't eat meat or chicken. So, I told her to order to make sure he has his correct meals</i> ▪ <i>Where there have been any issues I have spoken to staff and it's been sorted out</i> ▪ <i>I did have a go at Farook as my mum was completely wet. It could have just happened but I was upset. But he dealt with it immediately</i> ▪ <i>I'm scared to say anything in case things get even worse</i> | <ul style="list-style-type: none"> ▪ <i>Most families engage</i> ▪ <i>Speak to families and can resolve issues</i> ▪ <i>When they do resident of the day or new admission staff sit with the resident and or relative - monthly they can look at care plans; are they still happy. Introduced managers surgery for each unit - I have an open door policy - monthly meetings</i> |

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| <p>Key area 2: Choice</p> <p>Overall, do residents like living here?</p> | <p>Of those who responded to this question, 9 of the 10 residents and 10 of the 11 relatives we heard from felt they or their loved ones liked living there. Whilst one resident commented they naturally would have rather been in their own home, residents seemed generally content.</p> | |
| | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>I'm treated nicely and well here</i> ▪ <i>I'm happy here</i> ▪ <i>I'm comfortable here. I'm happy with most things here.</i> ▪ <i>I've been here for a while and I'm okay with everything and the staff. The food is what could be better</i> ▪ <i>It's OK. Spoken to various people. There are a lot worse than here. One of my friends checked others out. He picked here for me</i> ▪ <i>I like living here but would prefer to be at home - home is home</i> ▪ <i>Yes, it's ok - they are good to her</i> ▪ <i>Yes, I think she's content - contentedly confused</i> ▪ <i>My mum likes living here. The environment is good for her, nice and clean welcoming lots of natural light coming in to the room</i> ▪ <i>Yes, the first year was difficult but so far, it's been good for my husband</i> ▪ <i>They were very welcoming and the place felt like home which was why we chose it</i> ▪ <i>She wouldn't like anywhere but she does say "Oh I haven't seen anybody all day"</i> | <ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i> |

Appendix 3 Our detailed findings: Environment

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| <p>Key area 3: Environment</p> | <p>The Home has two separate lifts with a pin code on each floor. Many of the residents are frail or not mobile and so are quite dependent upon staff. Half of the residents felt they could not move around easily only 3 of the relatives who responded felt their loved ones were able to. Many also seemed to be suggesting they were in their rooms a lot. We would recommend the Home have sufficient staff to support residents to move around the Home and out of their rooms where possible.</p> | |
| <p>Are residents able to get around and about easily within the whole of the Home? If there are lifts, are they always working?</p> | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>Sometimes I use my zimmer-frame</i> ▪ <i>Yes, reasonably well. To my room and to the garden</i> ▪ <i>They had a chair made so that I can be pushed out and around the home</i> ▪ <i>I have mobility issues as I have an issue with my legs. So, it's difficult to get around</i> ▪ <i>I can't walk anymore. I'm bed bound now</i> ▪ <i>I can't get around the building as I can't use my legs anymore so I don't go out of my room much</i> ▪ <i>She has a stick and she can get around</i> ▪ <i>She can't move around on her own anymore but they do take her into the day room and the dining room. We'd like it once a day</i> ▪ <i>Not enough staff and those who are here don't care enough - too busy or too much to do</i> | <ul style="list-style-type: none"> ▪ <i>There are 2 sets of lifts on each floor. Security coded</i> ▪ <i>Lifts serviced annually. Had a few issues and came out 4 times back end of last year but sorted now</i> ▪ <i>Yes, if they are mobile, they are taken out. Sometimes if there is a need, we use a wheelchair to get the residents around. Sometimes it's very difficult as there is a resident who is not mobile but can't get a wheel chair as the OTs have said is too restrictive and not safe</i> ▪ <i>Lifts with a security code. Always working. Most frail and need help. Often 2 to 1 to get out of bed and into the chair. Better for us to do that as it means less turning and therefore less staff time</i> |

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| <p>Key area 3: Environment</p> <p>Do you feel safe here?</p> | <p>10 of the 11 residents we heard from felt they were safe in the Home. One relative mentioned that occasionally someone could wander into their mother’s room, but otherwise felt safe. In addition, there is a key code for the lifts on all the floors and this ensures residents who may be confused, remain on their floor unless accompanied. There are also key pads on each floor to the main stair-wells and on the main entrance door, though relatives know the code as they use it in the evenings when the reception area is unstaffed. The Manager confirmed the codes are changed every six months. In terms of the lifts they are serviced annually though there had been problems with one of them a few months prior to our visit which had since been resolved.</p> | |
| | <p>Residents and relatives said:</p> | <p>Management and staff said:</p> |
| | <ul style="list-style-type: none"> ▪ <i>I don't have any issues so far</i> ▪ <i>Of course, I feel very safe around here</i> ▪ <i>Yes of course, I'm fine. I'm not scared</i> ▪ <i>Got no qualms. It's very good here. Got a very good sense of community here</i> ▪ <i>I'd say so. Yes, people do look after him</i> ▪ <i>It's a good a place for my husband and the staff try their best</i> ▪ <i>Generally - sometimes people can wander around and wander in her room</i> | <ul style="list-style-type: none"> ▪ <i>Yes, yes very secure. Codes to door and windows open slightly only, push buttons to get out</i> ▪ <i>When reception closes must have the code or press the buzzer. We change the code every 6 months</i> |

The following are notes of the observations made on the day of the visit by Healthwatch Enfield's Enter and View Authorised Representatives.

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| Key area 3: Environment | <p>Is the Home warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.?</p> <p>As you enter the Home, there is a small hallway for signing in which opens into the main reception area via a pin code or receptionist buzzing visitors in. The main reception area is pleasant and open. It is warm and welcoming. On the day of our visit, there was a slight odour on the ground floor, but not on the other two or in the Willows. The building is well-decorated in muted, natural tones. Importantly, each floor has different pictures so residents and visitors can recognise the floor, for example, Lavender pictures on Lavender Unit and red poppies on Poppy Unit. However, the carpeting and décor are similar on both the 1st and 2nd floors and therefore we would recommend when the Home is due to be re-decorated to consider differentiating each floor, including the walls and flooring so as to avoid confusion as to which floor they are on.</p> |
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| Key area 3: Environment | <p>Are the signs large, clear with contrasting colours so easy to read?</p> <p>The signage was clear.</p> |
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| <p>Key area 3: Environment</p> | <p>Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean?</p> <p>All areas of the Home appeared clean. All communal areas appeared well maintained and bathrooms and almost all toilets we saw were also clean, other than one, though we were unsure how long it had been dirty for. All relatives and most residents felt the Home was generally very clean.</p> |
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| <p>Key area 3: Environment</p> | <p>Is there a garden or outside space and if so, is it well maintained, safe and accessible?</p> <p>There is a well-maintained garden area which residents and relatives stated they enjoyed in the summer. There were also some tables, seating and garden umbrellas for residents to sit under. It is wheelchair accessible and accessed from the ground floor dining- room area. The garden is split and on the other side of the separation is a grassy area with a bench to sit on, though there is no permanent cover or shade. The seating seemed more suitable for relatives and visitors though many residents require wheel chairs regardless.</p> |
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| <p>Key area 3: Environment</p> | <p>Overall is the Home secure?</p> <p>The door to the garden is alarmed and the one from the garden to the street has a pin-code. There are key pads on each floor to the main stair-wells and on the main entrance door. Relatives know the code as they use it in the evenings when the reception area is unmanned. The front door code is changed every six months.</p> |
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| <p>Key area 3.1:</p> <p>Is the Home Dementia Friendly?</p> | <p>Given the Home has some residents with diagnosed Dementia and others with varying degrees of Dementia, we assessed the following areas based on some of the questions from the PLACE (Patient-Led Assessments for the Care Environment⁷) system:</p> | |
| <p>Is flooring consistent, matt, non-reflective and non-patterned and contrasts with the walls and furniture? And are different areas of the Home differentiated for ease of navigation?</p> | <p>The Home was carpeted throughout, on the first and second floors, though not on the ground floor or on the Willows unit where wooden type flooring is in place. Colours were calming. However, the walls and the doors were beige/muted or white and it would help if there were stronger contrasting colours for the doors/door surrounds to help differentiate them. We understand from the management that there are plans in place to make the two dementia floors, more dementia friendly and some of the doors on the Poppy unit were already differentiated in bold colours such as red, green and blue etc.</p> | |
| <p>Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?</p> | <p>As the floors are carpeted throughout the first and second floors, perhaps easy clean, non-shiny/non-slippery flooring could be considered when next being replaced.</p> | |
| <p>Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?</p> | <p>There were no obvious vivid or strong patterns in furnishings or wall paper</p> | |
| <p>Is it possible to cover or remove mirrors if required? E.g. is there a sufficient gap to allow a cloth to be draped over the mirror.</p> | <p>Our team felt that where there were mirrors, they possibly could be covered, if the resident felt anxious or distressed when looking into them.</p> | |
| <p>Are toilet doors distinctive so as to distinguish them from other doors in the</p> | <p>The toilet doors were of a similar type to the main doors to the resident's room and were not particularly well differentiated. However, the toilet seats seen were made of</p> | |

⁷ [PLACE](#)

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| | same area? | wood so stood out from the rest of the toilet area. We would recommend that the toilet doors within the rooms are differentiated perhaps by having clear visuals/pictures of a toilet on them. |
| | Are taps colour-coded red/hot and blue/cold? | In the bathrooms we looked at, the taps did not appear to be clearly colour coded. |

Recommendation 9

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, 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, more clearly colour coded and more dementia-friendly.

Response from Azalea Court management regarding our recommendations

Recommendation 1

We recommend that robust systems are put in place to ensure all staff, including agency staff, are trained and monitored to ensure they provide a consistently good and safe level of care.

Response

The home has reviewed the training and skill levels of all staff including those of agency staff. A profile folder is kept in the Managers Office of all agency staff. This has been updated and clearly shows the level of training received and the signed induction to Azalea Courts methods of working and orientation to the home.

A training matrix is in place and clearly shows that the staff are compliant in all areas of care related training. The training focus is mixed between eLearning and face to face training with competency checking.

The home has employed a quality assurance person to focus on competency and personal care and practice. This person commenced work on the 1st October 2019.

Recommendation 2

We recommend the Home focus on continuity and consistency of care ensuring there is greater staff retention and stability and there are systems in place so that all staff commencing a shift are aware of the needs of their residents.

Response

We focus wholly on stability of staff and retention. There is a rolling programme of recruitment and we work hard to retain staff. This is completed by ensuring that we monitor the market place for pay trends and offer comprehensive training package to ensure our staff are equipped to meet the needs of the people we care for.

Recent employment includes but is not restricted to

General Manager

Assistant General Manager

Well Being Coordinators 80 hours per week

Ward Clerks 27.5 hours per week x 3

HCA Days

HCA Nights
Registered Nurses
House Keepers
Quality Assurance 40 hours per week
Team leaders and SCA

We operate using Agency staff to support our main workforce however this is not one third of our employees. We support many residents with 1:1 and these are mainly through the same Agency staff booked on a monthly rolling rota to provide the continuity needed for our 1:1 supported clients. We also use agency staff to support emergency cover along with our bank staff. The agency staff we use all have a current profile and work on rolling rotas and are up to date with their training.

Recommendation 3

We recommend staff are monitored and supported to be friendly and kind towards residents, relatives as well as one another, in order to provide a consistently friendly and caring culture of support.

Response

We note this recommendation and remind staff to be courteous and kind at all times. Agency staff work hard within our team to provide consistent care and are often commended on their approach. During our daily meetings we will be reminding staff to consider our residents and reinforce the need to communicate whilst working with them in a kind manner.

Recommendation 4

We recommend the Home develop and implement a call bell response policy co-produced with staff and residents/relatives and implement systems whereby when call bells are triggered, staff are aware immediately wherever they are. Response times should be monitored carefully and appropriate action taken if they are too slow.

Response

The home as part of its audit process has a call bell checking section that allows testing to take place and this is recorded, within the audit. Dect phones are carried by staff which is linked to the call bell system which allows staff to pick up calls directly from the handset. This means that even if the staff are not in the locality of the office or the door is closed the staff are aware of the call bell being used. We have looked at the number of Dect phones available and several more have been put into service.

Recommendation 5

We recommend that all staff are up to date with regards to their mandatory training and can do this on paid time.

Response

The home has a rolling training programme and can evidence that staff are trained within the mandatory periods. Staff can complete their eLearning during their own time and this has been a flexible choice to allow staff to avoid additional time at work. This was agreed by the staff. We do have laptops available in the training room or desk tops for those who wish to complete the training at work. The platform is accessible through all tablets and androids and consultation took place when this was put in place. Staff are called in to complete any outstanding training and this can be evidenced on site.

Recommendation 6

The Home should prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible.

NHS England should ensure NHS dental provision is commissioned and delivered to meet the needs of care and nursing home residents.

Response

The home has a retained general practitioner group that provide support 24 hours a day to reduce hospital admissions. This is also supported by the CHAT team. The home holds Multi-disciplinary team meetings each month with Multi agencies to ensure up to date care and guidance is given. The GP does not review care plans each quarter. Medication is reviewed by the GP and CHAT team and CHC Pharmacist. The home offers a Chiropody service both Private and NHS, in relation to offering a Dental service the Community Dentist from Forest Road stated, that currently it is one dentist that comes out to community appointments and they have 1 day allocated per week per borough as the funding was recently cut down. They also mentioned that is going to be cut again. Additionally, they mentioned that due to this they have few months waiting list.

Recommendation 7

Management should discuss the reasons for the high turnover of staff and shift patterns and explore if there are any actions that can be taken to improve the situation.

Response

We follow a concerns process which is available for all in reception and on line. We have a register of concerns which shows actions taken. We are aware of the turnover of staff but with consistent recruitment we are striving for full staff rotas. We use agency as mentioned previously to support our core team. NO members of staff work six days in a week and two in the next rotas can clearly see the shifts patterns staff work long days by choice and some work shorter days. Long days follow a pattern and staff are given breaks in between shifts. The sickness and absence process

have been reviewed and the current management are following up with employees by carrying out return to work interviews. There is laughter in the home and staff smile and will always ask if people need help. This ethos is supported by the new management team and the difference is palpable.

Recommendation 8

Management should engage residents, including those who are less mobile, as well as their relatives in designing personalised activities so that all residents are fully involved in meaningful activity on a daily basis.

Response

The home encourages the participation of all residents but respects the choices of those who do not wish to participate. Relatives form an integral part of the relationship with the residents sometimes relatives find it hard to engage with their family members as some find it difficult to relate to the person who has changed so much. We endeavour to support the families and residents in this and will often supplement this type of intervention. With more well-being coordinators coming on board we are positive in saying that we will be able to carry out more interactions. This must however be balanced with the fact we are a Nursing Home and the balance of care and entertainment needs to be managed correctly. We will always do our best to support the well-being choices of our residents but we also acknowledge that there is an unfair expectation placed on the nursing home to entertain people when realistically everyday life is not built on an entertainments programme. Families share a key part to play in the support and continued development of their family members and also need to support the home and residents in this process the transfer of all responsibility does not mean that family involvement should cease on admission. We welcome families in the partnership of care of their relatives.

Recommendation 9

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, 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, more clearly colour-coded and more dementia-friendly.

Response

This has been noted and we take on board any recommendations when considering changing the environment

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 and 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/>

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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