

## Enter and View – Visit Report

Name of establishment: Apthorp Care Centre  
Nurserymans Road,  
New Southgate, London, N11 1EQ

Staff met During Visit: Service Manager: Jacqui Shuttleworth  
Care Manager: Hepsie Mckenzie

Date of visit: Thursday 18<sup>th</sup> February 2016.

Healthwatch authorised representatives involved: Mr Derrick Edgerton  
Ms Gillian Goddard  
Ms Ellen Collins  
Ms Rosalia Bush

### Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. Questionnaires are provided for relatives/carers/friends who are not able to attend on the day of the visit, but wish to provide some feedback. These are returned directly to Healthwatch. The volunteers compile a report reflecting all of this, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.

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**DISCLAIMER: *This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.***

### General Information

The building comprising Apthorp Care Centre was opened sequentially between 2003 – 2004. It is managed by The Fremantle Trust. It is a large two storey building with a centrally planted courtyard surrounded by gardens. There are two car parks (one for staff, the other visitors) with adequate spaces. The exterior of the building appeared well maintained and the grounds well cared for.

The home provides care for the frail elderly, including those with dementia and learning disabilities. It does not provide nursing care.

Entry into the building is controlled by an entry phone system which leads to a lobby with a visitor's book, hand cleanser dispenser (which at the time of the visit was empty) and on display notices concerning insurance, registration, feedback and CQC rating.

On the ground floor are located various offices, main kitchen, laundry and some residential accommodation for adults with learning difficulties and dementia.

The Centre has a capacity of 108 in single rooms, all of which are ensuite with toilet, washbasin and shower (fitted with fold down seats and other aids). Each room has TV and telephone points and a call system.

The rooms are grouped into 10 "flats" of between 6 and 14 rooms. Each flat also has controlled access. In each flat there is a dining room, sitting room and kitchen. There is also at least one assisted bathroom per flat.

The decor was cheerful, with each room being decorated slightly differently. All of the floors (resident rooms and common areas) were carpeted throughout. The team were impressed by the high level of cleanliness.

Some of the flats were specifically designated as caring for residents with dementia.

The walls were hung with pictures (which one member of the team described as "stimulating"). The majority of rooms had a "memory box" by the door containing photographs of the resident. The design of the rooms meant that the doors opened into a "lobby" style area, not the main corridor.

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At the time of this visit one flat (13 rooms) was empty as it was being held in readiness to cope with “winter pressures” and as “step down” beds for local NHS services. Some beds were also available for “respite care”. There were 80 residents in total on the day of the visit.

There were a number of lifts.

The majority of doors had “hold open” devices that would cause them to close on the fire alarm being activated.

Unfortunately no relative questionnaires were returned to us on this occasion though they were given out by the home to relatives/friends of residents.

### **Care Planning**

Care planning is carried out as per the protocols laid down by the Fremantle Trust, but consists of obtaining as much information about the potential resident as possible before a personal assessment is done. Potential residents visit the home prior to admission. On admission a key worker is assigned who has special responsibility for their welfare who records initial observations (including weight, Waterlow Score and Malnutrition Universal Screening Tool (MUST Score)).

Care plans are accessible to carers, District Nurses, GPs, residents and relatives. Some residents spoken to were unaware of their plans, but were aware of being weighed regularly and being asked about how they were.

Records were updated daily and reviewed on a monthly basis.

### **Management of Residents’ Health and Wellbeing**

The majority of residents, at the time of our visit, were out of their rooms. The rationale behind the division into “flats” appears to be to promote more of a “family” type atmosphere. It was stated that residents are not moved between flats (if they develop dementia) as it is appreciated that being in a familiar environment with familiar faces is comforting and calming.

All the residents seen were dressed well and appeared happy.

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DOLs (Deprivation of Liberty Safeguards) were in place for many residents. One of the deputy managers had specific responsibility for ensuring the correct procedures were in place.

Staff were seen interacting with residents and all the residents spoken to were complimentary about the staff, especially the cleaning staff.

A Chiropodist and Podiatrist made regular visits.

Residents were taken to a local optician and dentist when necessary, but these services were available to come to the home if required.

The District Nurse and Rapid Care Team service was used regularly (eg to give insulin injections for diabetics), and has been very well regarded.

The team were concerned that the planned changes may have a detrimental effect on residents health.

On the initial tour our guide (HM) noted that one resident (still in their room) had not taken their medication. She went in and persuaded him to take it. This was said to be a regular event with that individual. As a team we were left unclear as to the protocol followed in this situation.

Residents were allowed to stay with their own GP (if within the catchment area) otherwise were registered to a local health centre. The home had taken part in the pilot for the extended GP service. Since this had stopped, we were told, there had been difficulties in obtaining a satisfactory level of cover in the home. This had resulted in residents having to be taken in a wheelchair to the Health Centre (a motorised wheelchair was being purchased). The GP (who was visiting at the time of the visit to carry out some assessments and check on the health of some of the residents) stated that to provide an adequate service needed 2 sessions a week and this was not possible due to demands from other parts of their practice. The GP was accompanied on this visit by a pharmacist (community) to assist in medication reviews.

Out of hours the BarnDoc service is used.

Currently the Butterfly Scheme for ensuring personalised dementia care is being introduced.

We were told that end of life care arrangements were put in place as required to ensure that dignity was maintained. Staff would work closely with relatives (who could stay if necessary) and the North London Hospice.

It was stated that when residents are discharged from hospital, it is often at inconvenient times, little information is given about any post admission care and supplies of medication and necessary equipment is not provided. On a recent occasion the resident returned with a pressure sore.

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There were also issues around those temporarily resident for respite care; whose medical records might not be readily available if additional medication is needed.

### **Staff**

The home is managed by The Freemantle Trust. The home has an appointed trustee, who takes a special interest in the home (they had been informed of our visit). Several trustees making up the "Safeguarding Committee" were due to make their annual visit.

The home currently uses agency staff, but hopes to phase this out as it is recruiting additional staff to cover shortfalls and contingencies, such as the occupation of step down beds.

On the day of our visit there were 20 care staff spread throughout the home maintaining a ratio of 1:5 where residents have dementia and 1:7 otherwise. At night there are 8 care staff plus a duty manager available. In addition there were clerical, cleaning, catering and maintenance staffs. The home was extremely well maintained and the standard of cleanliness was high.

Staff have supervision 4 times a year and there is an appraisal scheme in place.

### **Staff Training**

Most of the training is done in-house using expertise from the head office and specific individuals. Little use is made, currently, of e-learning except in medicines handling. Use is made of the training offered by Barnet.

All staff received training in manual handling, health and safety, infection control, dementia, first aid and on the whistle blowing policy.

Support is given to take BTEC qualifications in relevant subjects.

### **Activities**

There is a dedicated activities coordinator within the home and another within Fremantle Trust.

In each flat, prominently displayed, were lists of activities available. The team observed an interactive film show, where the film was stopped and questions asked about the characters and the story.

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There is currently “The Apthorp Choir” made up of staff and residents, which is funded by the Lottery for a trial period. It is hoped this will continue. One resident told us how much he enjoyed having the opportunity to sing in a choir.

In each flat there were trolleys of items to be used for activities (board games, books, jigsaws).

We were told that the home would soon be fitted out so that internet access can be made available throughout.

There was a dedicated hairdressing salon on the premises open 4 times a week, which was obviously extremely popular.

There is a church service (Anglican) held monthly and pastors/priests from other faiths visit regularly. Visits are also made by Jewish Women’s League and Jesus House.

We were told that several residents involved themselves in maintaining the central garden and that some were already asking when planting was starting.

The open areas were utilised when the weather allowed. Balconies were available for the flats on the first floor. A sign showed that their balcony had won a “best garden balcony” award.

### **Food**

Members of the team saw the kitchens and spoke to the Chef. All team members observed lunch.

The chef was knowledgeable and was well qualified. A new policy regarding food quality is to be introduced to raise (what was seen to be good) standards higher. The food seen looked, smelt, and according to several residents tasted very good. Emphasis is made on fresh and home-made dishes.

Several residents had special dietary needs and these were accommodated.

The kitchen had been awarded 5 stars by the Food Standard Agency.

### **Engagement with Relatives/Residents/ Carers**

It was noted that throughout the flats notices giving details of the visit by Healthwatch were displayed. Also on display were notices indicating who to call if one had concerns (CQC, Barnet Advocacy). This was applicable to residents, relatives and staff.

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The process of engaging with residents and relatives is in the process of being amended. A scheme of having monthly meetings in each flat was found to be unproductive. The manager has an open door policy for relatives and can also be contacted by email.

It is hoped to introduce a residents/relatives committee with the first meeting proposed to occur shortly. It is also hoped to introduce a more personal approach to assessing resident's satisfaction.

There is also an annual meeting where a trustee is available at the home to answer questions from relatives and residents.

### **Compliments/Complaints/Incidents**

As stated, notices throughout the home indicate the procedure in the case of dissatisfaction.

On some of the notice boards were thank you cards from relatives expressing their satisfaction.

### **Conclusions**

The team came away with the impression that this was a well run home. We were particularly impressed by the level of cleanliness and the food quality.

### **Recommendations**

For Apthorp

- 1) Ensure hand cleansing gel at main entrance is always available.
- 2) Ensure that the proposed scheme for engaging with residents and relatives is introduced and is effective.
- 3) Ensure that Wifi is made available

For HealthWatch

- 1) Provide what assistance it can to ensure the provision of adequate medical cover

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- 2) Liaise with local health bodies to ensure residents are discharged from hospitals at appropriate times along with relevant information, medicines and equipment.

For CCG

- 1) To ensure that the Rapid Treatment Team continue to provide an effective focused service to the home.

Comments received from the Manager:

I have no problem with the report - I feel it was fair and factually correct.

I have already addressed the issue of the hand gel at the main entrance, and the first full meeting of the resident and relatives committee has now taken place with the next one booked imminently.