

Name of Establishment	Catherine Lodge, Woodside Park Road, North Finchley London N12 8RP
Staff met during visit:	Manager: Ms N Stimpson (owner/manager); M Connolley (admin assistant) , several key workers and the cook (and her assistant), activities officer
Date of Visit:	Thursday, 14/02/2013
Purpose of visit:	It is a planned and announced Enter & View visit, part of planned strategy to look at a range of care and residential homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. All LINKs have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs' principle role is to consider the standard and provision of services and how they may be improved and how good practice can be disseminated. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public via the website and made available to interested parties, such as the Health and Well Being Board.
LINK Authorised Representatives involved: Team leader Team members	Gillian Goddard Nahida Syed and Janice Tausig
Introduction and methodology	Catherine Lodge was opened in 1983 by Ms Noreen Stimpson the owner and manager who is also a trained nurse. The home is registered to provide accommodation for people who require nursing or personal care, including 'end of life' care. It was converted from 4 adjoining houses, located on a quiet residential road and has capacity for 39 residents, some in shared rooms and many en suite. There were 38 residents present. We used a prompt list of questions to find out relevant facts, made observations and

<p>General Impressions:</p>	<p>spoke to staff, residents and visitors present. .</p> <p>The house looked to be in excellent condition. On the day of the visit there was a Valentine’s Day tea party with musicians and a good spread of party food. The atmosphere was lively and welcoming. We were shown into the manager’s office where we met the knowledgeable and helpful manager, Ms Stimpson. Two of the team then went to the communal rooms where the party was in progress and talked to residents and visitors. The team leader was taken to the quiet ‘green room’ to meet the administrative staff and Activities Manager and talk with them and the manager about the home, policies and procedures. This including viewing some of the relevant documentation.</p>
<p>Policies & Procedures.</p>	<p>Where possible residents are involved in drawing up their care plan. Their relatives and carers are also actively involved, where appropriate. The care plans were very detailed and comprehensive. They are reviewed monthly, as is the residents’ weight, unless it decreases, when weekly monitoring is instituted. This is displayed graphically along with body mass index (BMI). Care plans are accessible to all staff, health professionals, the resident and their relatives or carers.</p> <p>Medication is ordered from a local chemist and thoroughly checked against prescriptions by a nurse in the home. A GP visits every week. If any resident does not want to take their medicine this would be referred to the GP and with the GP’s agreement that the medication is necessary for their well being (2 cases currently), administer it covertly. The nursing skills in the home have enabled them to reduce medication in some cases to the benefit of the residents.</p> <p>A dentist and chiropodist also visit regularly.</p>

	<p>Records of complaints, accidents and incidents are kept and appeared to be up to date.</p> <p>They have regular fire drills, including planning evacuation strategies. To reduce fire hazards they do not admit residents who smoke and no smoking is allowed in the building.</p> <p>.</p>
<p>Staff</p>	<p>The home employs 1 deputy manager, 1 head of care, 25 care assistants in total, 1 activity manager, 2 domiciliary staff, 1 laundry worker, 3 chef and 2 kitchen assistants during the day. Key workers take responsibility for 3-4 residents who would always be escorted from their rooms to the communal areas. Overnight there are 4 staff, 2 awake and 2 sleeping, one of whom the team reported, lives on the premises. The 2 staff sleeping are available in emergencies. They do not employ agency or bank staff.</p> <p>Staff turnover is very low, with 2 part time careworkers having left during the previous 6 months, and the assistant chef was leaving that day.</p> <p>New staff are given 2 weeks induction training and then monthly training provided by external trainers on a range of topics, for example on health and safety and SOVA (safety of vulnerable adults). The deputy manager is a trained nurse.</p> <p>Staff are supervised and assessed regularly by the person to whom they report. Annual Appraisals are carried out.</p> <p>Most of the staff wore uniforms according to</p>

	<p>their role and had name badges.</p>
Staff views	<p>Staff supported the view that they worked collaboratively to make everyone (including themselves) happy. One assistant, who had recently gained an MBA, had work experience in around 15 homes and considered that this one was the best she had been in. Another member of staff had returned to work in the home after a break, because they found it to be such a nice place to work.</p> <p>Staff found it hard to think of anything that could be improved because if anyone wanted anything they endeavoured to provide it. One person who had worked there previously, now volunteered, doing a variety of ‘odd jobs’ e.g. putting the bins out, in return for lunch and told me of errands done for residents such as personal shopping and fixing things that they required.</p>
How the home gets residents views	<p>There is a residents’ meeting every month during which notes are made. This is followed by a staff meeting. The home also conducts monthly surveys of residents’ views on a variety of topics, such as food and activities. I saw the notes showing the summary of those approached.</p>
How the home gets relatives’ / carers’ views	<p>They conduct regular surveys of the views of family, friends and carers, and I saw the notes of these.</p>
Privacy and dignity	<p>Excellent, staff were respectful of residents and knocked prior to entering their rooms. Residents were allowed to have different types of locks on their doors to meet their wishes.</p>
Environment	<p>The premises were decorated to a very high standard with colour co-ordinated rooms and ornaments and pictures/paintings on the walls. In addition there were many vases of fresh flowers which helped make the rooms bright and attractive. The communal rooms gave residents a variety of environments to enjoy, one without a television suitable for</p>

	<p>activities. Many of the rooms and stairs were carpeted and these were also in good condition. It was hard to find any evidence of wear and tear. There are some awkward steps to rooms, or in rooms such as a small step in one of the upstairs toilet/shower room. Longer runs of stairs were usually equipped with stair lifts.</p> <p>Many of the rooms overlooked a large and inviting garden that was accessible when the weather was appropriate.</p> <p>However there was no visible ramp for wheelchair access at the entrance to the building.</p>
Furniture	<p>The furniture in the communal areas looked to be good quality and well maintained. Residents were allowed to have their own furniture in their rooms and choose their decoration.</p>
Food	<p>The menu for the day was displayed on the wall of the communal room near the kitchen. We were told that residents were asked to choose their main course earlier in the day. Staff confirmed that special diets were given where required e.g. diabetic, Caribbean. Staff displayed good knowledge of residents' preferences and acted to ensure that they had food when they wanted it and where necessary helped them consume it. Residents were also well provided with drinks and staff showed they understood the importance of hydration. We were present during tea party with good selection of delicious food available. We were invited to sample the food.</p>
Activities	<p>The home employs a dedicated Activities Manager on 6 days a week, and arranges activities for the day she is not present. She organizes regular morning yoga and exercise classes in addition to many other activities. They aim to engage residents in a wide</p>

	<p>variety of activities, many involving social interaction such as teams competing at skittles and quizzes. They meet other residents' wishes providing games such as scrabble, dominos and jigsaws. There was evidence of residents engaged in various activities such as stroking dogs and mixing with young volunteers.</p> <p>In addition the home features regular celebrations, such as the one we observed on Valentine's day, and residents' birthdays.</p> <p>The Manager said they had occasional outings for example to the seaside at Brighton.</p> <p>In the summer the residents are encouraged to use the garden and there were several photographs of residents enjoying the pleasant green and floral surroundings. Staff told us that a Catholic Priest visits to conduct Mass twice a week and arrangements are made for other residents to meet their spiritual needs.</p> <p>We observed staff interacting with residents in a friendly and courteous manner, talking to them as they helped them.</p>
<p>Feedback from residents and relatives/visitors.</p>	<p>A copy of the invitation to relatives and carers to be present at our visit was displayed on the notice board, visible to the right as we entered the building. However it seemed likely that there were significant numbers attending because of the party, at which they were welcome to enjoy the food and drink. It was a good opportunity to observe proceedings but not always easy or appropriate to ask too many questions.</p> <p>We did speak to a number of residents and visitors from whom we received a number of complimentary remarks about the services of</p>

	<p>the home and the quality of the care offered. One relative said she had refused to send her husband to any other Home. Another said this was not a Home where residents were sat in front of the TV to keep them quiet whilst staff busied themselves with administrative tasks.</p> <p>A few of the comments made were: ‘it doesn’t feel like a care home’</p> <p>‘no-one is excluded, those with dementia are included in the daily activities’</p> <p>‘staff have eyes in their bottoms, they pander to their every wish’</p> <p>‘the staff respect people who have lost it by remembering them as they were, not as they are’</p> <p>‘fantastic’ ‘excellent’ ‘incredible’</p> <p>We were told of the time recently when staff brought a snowman they had made in the garden, into the home to show the residents.</p> <p>Some visitors told us that they had witnessed improvements in the health of their relative after entering the home.</p> <p>There were examples of more than one generation of a family using the home, and others who said they would definitely recommend it.</p>
<p>Recommendations:</p>	<p>Consider arrangements for a wheelchair ramp to improve access to the home.</p> <p>Continue the good practice we observed using the diligent knowledge and experience of those running the home in particular that provided by Ms Stimpson.</p>
<p>Conclusion:</p>	<p>Catherine Lodge is a high class residential</p>

	<p>care home providing excellent standards of care for elderly people. We noted that only 2 of the residents were funded by Barnet.</p> <p>The home demonstrates what can be done with the right amount of care and attention to detail, an exemplar for others to aspire to, with not all of the solutions being high cost e.g. use of volunteers and getting residents involved in activities.</p>
<p>Signed: Gillian Goddard</p>	
<p>Date: 27th February 2013</p>	