

Enter and View – Visit Report

Name of Establishment:	Parkside Reeson Care Home 31 College Road, Wembley, London HA9 8RN Tel: 020 89081268 admin@reesoncare.co.uk
People Met During Visit:	Manager: Harrison Aibangbee Staff: 2 Residents: 2
Date of Visit:	27 th February 2018
Healthwatch Authorised Representatives Involved:	Healthwatch Brent staff: Ibrahim Ali Healthwatch Brent volunteer: Helga Gladbaum & Margaret Oyemade
Introduction and Methodology:	<p>This was an announced Enter and View (E&V) visit undertaken by Healthwatch Brent’s E&V Volunteers and staff members, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Brent to obtain a better idea of the quality of care provided, with a particular focus on Adult Safeguarding as part of the Safeguarding Adults Board work plan. 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.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained staff and volunteers visited the service and recorded their observations along with the feedback from residents, relatives, carers and staff. This report has been compiled from the questionnaires, detailed notes of the visiting team, and observations of the report reflecting these, 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 Safeguarding Adults Board, Brent Council Establishment Concerns Groups, CQC, Healthwatch England and the public via the Healthwatch website.</p>

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	<p>DISCLAIMER:</p> <p><i>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.</i></p>
<p>The principles of safeguarding adults</p>	<p>The Care Act 2014 defines adult safeguarding as protecting an adult’s right to live in safety, free from abuse and neglect.</p> <p>Safeguarding balances the right to be safe with the right to make informed choices, while at the same time making sure that the adult’s wellbeing is promoted. This includes taking into consideration their views, wishes, feelings and beliefs in deciding on any action. Health and social care organisations have particular responsibilities. In the Care Act 2014 ‘wellbeing’ is described as relating to:</p> <ul style="list-style-type: none"> • Personal dignity (including treating the individual with respect) • Physical and mental health and emotional wellbeing • Protection from abuse and neglect • Control by the individual over day-to-day life (including over care and support provided and the way it is provided) • Participation in work, education, training or recreation • Social and economic wellbeing • Domestic, family and personal wellbeing • Suitability of living accommodation • The individual’s contribution to society. <p>An important part of safeguarding is Informed Choice: being able to make a decision when they have been provided with all the information.</p>
<p>General Information on the home:</p>	<p>Parkside Reeson Care Home Ltd., 31 College Road, Wembley, HA9 8RN tel. (020) 8908 1268</p> <p>The latest CQC inspection was 2^{5th} July 2017. Parkside care home provides personal care and accommodation for up to three young adults with learning and disability or mental health needs. It is owned by Reeson Care Homes Ltd and is the only care home for that organisation. The responsible individual and the registered manager is Harrison Aibangbee.</p>

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	<p>The home is situated in a quiet residential street backing on to Preston Park. There is a bedroom on the ground floor, and additional two bedrooms are found on the first floor as well as a toilet, bathroom, office/staff room.</p>
Physical environment	<p>On arrival, the Team was greeted by the registered manager Mr Harrison Aibangbee. The entrance had a visitor’s book, a display holder for leaflets, and pictures of the residents. Various certificates were also displayed - certificates of membership of National Carers Association, Bronze member of BILD, and certificate of CQC registration, etc., were displayed.</p> <p>There was one bedroom located on the ground floor. The room was spacious and clean, with a single bed. The sink in this bedroom had been disconnected because of the resident’s condition. Also located on the ground floor was a quiet room used for one to one meetings. The room had a single and double seater sofa, and was brightly decorated. There was a communal kitchen which had access to a rear garden, and a toilet with shower, also located on the ground floor.</p> <p>Two bedrooms and a shared bathroom were located on the first floor. The bedrooms were spacious, clean and had good wooden flooring.</p> <p>Information for staff and residents was clearly displayed. Hand washing technique posters and guidelines for bathing were clearly displayed in the bathroom, along with clearly labelled signs for antiseptic hand wash gels.</p> <p>The windows in all rooms were secured with Window restrictors. This conforms to the requirement that where a risk is identified in a resident’s care plan, windows that are sufficiently large and at a height that pose a risk should be restricted to a maximum opening of 100mm. This applies where the potential fall height from the window could cause injury.</p>
Management of Residents’ Safeguarding: practice and experience	<p>Staff were asked what action they would take if they were concerned about a resident. They stated that they would report it to the manager.</p> <p>Comprehensive training provided by the care home was one believed by the manager as a way of enhance the safety of the</p>

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	<p>residents.</p>
<p>Identifying Needs of Residents/Family</p>	<p>The three residents had significant support needs. One young resident had very restricted communication abilities due to Autism Spectrum Disorder which results in difficulty communicating and interacting with others. A carer was allocated to this resident on a one to one basis, so as to support his complicated needs.</p> <p>The home had very detailed records. The residents’ “passport books” were very comprehensive and recorded details of health data, likes and dislikes, and other personal data. The Daily & Social Inclusion Development Plan existed for each individual resident, and consisted of daily records of activities undertaken throughout the day.</p> <p>Key worker sessions are held each week for each resident. These sessions are held so that staff can find out about the resident’s needs. The manager stated that staff carry out assessments and discuss the needs with all professionals involved including the residents and relatives.</p> <p>The Manager and staff explained that individual meals were prepared for each resident. Residents are given a choice of what to eat and their needs were prioritised.</p>
<p>Methodology of Safeguarding:</p>	<p>The three young adults at the care home have learning disabilities and are subject to the requirements of the Mental Capacity Act 2005.</p> <p>Staff had a very caring approach and good interactions with residents were observed.</p> <p>The Healthwatch Team observed records held in the office. These included care plans, care needs assessments, daily & social inclusion plans – all documents inspected were found to be very comprehensive.</p> <p>The manager was asked about the last safeguarding concern. He stated while a resident was attending college, a tutor had noticed that their clothes had food stains on their sleeves. The college raised a concern with the local authority. The home provided a reasonable explanation for the incident, and put in</p>

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	<p>place procedures so that it would not happen again.</p>
<p>Prevention of Physical abuse</p>	<p>The manager said, “we encourage families and relatives to visits unannounced at any time. We make sure all the relevant contact number are displayed so that staff can know whom to report a concern to.”</p> <p>A key strength of the care home was its very detailed records for each resident.</p> <p>One resident said, “I would speak up for myself if something bad was happening in the home. I would report it to the manager.”</p>
<p>Supporting good mental wellbeing</p> <p>Preventing Psychological abuse</p>	<p>The manager stated that key worker sessions are carried out weekly, on a one to one basis with each resident. The senior care worker carries out these sessions so as to find out about the resident’s needs, and if they are happy or not.</p> <p>A resident stated that his mother and sister visit him on Mondays and Friday.</p> <p>Activities at a local centre was said to be arranged once or twice a week for activities such as ICT. We observed on resident drawing and colouring near the kitchen. He was interviewed and stated that he enjoyed playing with computers.</p> <p>One member of staff was assigned specifically to one resident whose condition required him to be monitored closely because he would be constantly moving, and could put himself in dangerous physical situations. We observed that he was provided with constant one to one support.</p> <p>Residents are accompanied on shop trips, day centre trips, and other activities. One resident had an electric keyboard, and he also was able to play the guitar. Another resident had her own laptop in her room, which she was able to use.</p> <p>One resident was asked about an example where he was corrected by staff. He said, “I didn’t wear my clothes correctly, and they will correct me.”</p>
<p>Financial abuse</p>	<p>A staff member stated that residents shop with staff or with their parents, and are always support during shopping trips. “They can tell us what they need, and the manager will get it,” said one support worker.</p>

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	<p>The manager was asked how staffing numbers are managed if when residents require to go shopping. The manager said that floater staff are brought in for any activities or extra demand on staffing.</p>
<p>Neglect and acts of omission:</p>	<p>Staff were asked how they encourage residents to come out of their rooms and socialise. He said that, “when they are not in the mood, I talk to them nicely. And I let them be for a little while.” The staff member stated that we encourage the residents to help around the house. For example, with laundry, sweeping and other tasks.</p> <p>One resident, described as exhibiting challenging behaviour, was constantly accompanied to make sure he was safe.</p> <p>Examination of records showed that important information, such as the resident’s blood pressure, weight, food intake, etc., are recorded on a daily basis – so that any concerns are recognised early.</p> <p>Residents were encouraged to express their meal preferences. A poster displaying photos of various meals available were displayed next to the fridge, and each resident had their own special meal prepared for them. We observed staff asking residents if they wanted a drink or a snack.</p>
<p>Preventing discrimination</p>	<p>Staff stated that the use of discriminating language was not allowed. Staff were observed communicating with the residents in a very caring and thoughtful manner.</p> <p>Two residents said they did not observe or experience any discrimination at the home.</p>
<p>Staffing levels</p>	<p>The home was currently at full capacity with three resident. Staff levels were 2 staff to 3 residents.</p> <p>We were informed that staffing level had not changed over the past six months. One staff member sated that he had been at the home for two months. A small office on the first floor had a single bed which could be used by staff on night duties.</p> <p>There are two night staff on duty or one on duty with anther on call.</p>

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<p>Staff Training</p>	<p>The registered Manager stated that the training provisions for staff were excellent. He said that in-house training was provided by an independent company, Skills Supplies Ltd., [http://www.skilssupplies.co]. Also refresher course are undertaken by staff each year. The training provided by the local authority was also taken up by the staff.</p> <p>The manager stated that training was provided by an independent training provider called Skill Supplies Ltd.</p> <p>The manager said, “We have a long list of training that we provide.” He mentioned several examples, safeguarding, manual handling, fire training, learning disability awareness, confidentiality, customer care, and first aid.</p> <p>The senior care worker was the designated first aider, while two other staff have had emergency first aid training.</p> <p>When asked how they could improve raising awareness of safeguarding amongst the staff. The manager said, “We could include a quiz during staff meeting, a short quiz on safeguarding to make it stick in their memory.”</p>
<p>Compliments/ Complaints Incidents</p>	
<p>Conclusions:</p>	<p>The manager was highly organised and was supportive of both residents and staff. The staff were very caring and attentive towards the residents.</p> <p>Information displayed for staff and residents was impressive. The printed information displays throughout the home was designed using simple language and illustrations – so as to be relevant for the residents.</p> <p>The home’s documentation and record-keeping was very impressive and highly organised. Staff were motivated, well trained and caring.</p>

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	<p>The atmosphere of the home was very friendly and the residents were observed engaged in activities that they appeared to be enjoying.</p> <p>The eligible outcomes for adults with care and support needs [Care Act 2014] were observed to be part of the practice of the care home, i.e.,</p> <ul style="list-style-type: none"> • managing and maintaining nutrition, • maintaining personal hygiene, • managing toilet needs, • being appropriately clothed, • being able to make use of the adult’s home safely, • maintaining a habitable home environment, • developing and maintaining family or other personal relationships • accessing and engaging in work, training, education or volunteering • making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
<p>Recommendations for Home:</p>	<p>The three residents at the home were all long term residents. They all had significant support needs. One young male resident had very restricted communication abilities due to Autism Spectrum Disorder. This affects communicating and interacting with others.</p> <p>The Manager stated that staff receive training in Autism Awareness and Makaton Sign Language. A new staff member, who had been at the home for only 2 months, did not have any training in Autism and Makaton Language. This training would help him improve communication with the resident he was caring for. Makaton uses signs, symbols and speech to help people communicate. Signs are used, with speech, in spoken word order. This helps provide extra clues about what someone is saying. Using signs can help people who have no speech or whose speech is unclear. Using symbols can help people who have limited speech and those who cannot, or prefer not to</p>

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Recommendations Brent council	
Date:	15/03/18
Comments from Registered Manager	Thank you very much for this comprehensive and well-balanced report for our service following your visit.
Date	16/03/18