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| **Name of Establishment:** | **Towerhouse**  9-10 Tower Road  Willesden  London  NW10 2HP |
| **Staff Met During Visit:** | Discussion with –  Owner and General Manager – Mary Mundy  3 care staff  Questionnaires completed and supplied by General Manager  Observations of the 4 Enter and View team over a 3 hour period  Healthwatch Brent read CQC reports prior to the visit. |
| **Date of Visit:** | **Monday 30th March 2015** |
| **Healthwatch Authorised Representatives Involved:** | Helga Gladbaum  Simarjit Kaur  Ian Niven  Stacey Lewis |
| **Introduction and Methodology:** | This was an announced Enter and View (E&V) visit undertaken by Healthwatch Brent’s E&V Volunteers and Coordinator, 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. 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 on 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. They compile a report reflecting these, and make 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 owner Mary Mundy, CQC, Brent Council’s older peoples placement team and the public via the Healthwatch Brent website.  **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.*** |
| **General Information:** | This is a converted private property, specialising in caring for adults over 65yrs old and Dementia sufferers.  It is a converted building with a garden. Additional rooms for communal use are currently under construction – these are brighter and newer buildings, in contrast to the existing property.  The internal and front gardens were lovely spaces.  This home accommodates 8 residents in 8 single rooms. 7 are have an en-suite toilet and basin.  There were a few generic framed pictures around the building but the bedrooms had little or no personal belongings on view, for example no photographs.  A concern was how accessible and well adapted the home was to residents, especially those with dementia. The Healthwatch team wondered whether residents were able to climb up and downstairs by themselves. The décor was disjointed and more of personal taste than a suitable environment for those suffering with dementia.  There was one main bathroom used by all residents to bathe.  Originally registered in 2002 and registered in July 2014 after reducing the number of rooms. |
| **Care Planning:** | We were told residents are assessed before admission, which included a visit to the unit.  When asked about care plans, there was no evidence of a completed care plan.  Patient notes in the form of booklets were left openly in the corner of the dining room. These were openly given to Healthwatch team members regardless of safeguarding resident’s personal information. |
| **Management of Residents’ Health and Wellbeing:** | The manager describes herself as a born carer and this clear to see through her warm and friendly manner.  Complimentary therapies such as a member of staff giving a hand massage were viewed from one member of staff to a resident  Access to GP, opticians etc. were stated as being called out when needed.  The one bedroom that did not have en-suite facilities had a bottle which was used by the resident to urinate during the night. The manager informed us that there was a long term resident who has a visual impairment and has chosen not to change rooms. |
| **Staff:** | There were 3 members of staff on duty, as well as the manager which seemed to be a good staff to resident ratio. |
| **Staff Training:** | We were left unsure as to how staff were trained. The impression from the manager was that she goes on training and then trains the staff. |
| **Activities:** | We were shown a new activity room at the start of our visit which was currently under construction.  There was an activity board in the kitchen which wasn’t very clear for residents to read. We were assured that residents were told each morning of the activities on offer during the day. We viewed no activities during our visit. Nor were any instruments, books, arts and crafts etc. visible during on tour.  One resident spoke of her love of reading and that her daughter was to bring in a larger text print copy of a favoured book as she couldn’t read a standard size font. When asked, it became apparent no such adapted facilities were on offer to her and had to be bought in from a family member.  For the duration of our visit, an unresponsive resident was sitting in dining room with his back to the main sitting room, totally withdrawn from everything around him. Six residents were sitting in the lounge. One was receiving hand massage.  One female resident took a member of our team for a walk around the room, it was commented on by a member of staff at the care home she loved to walk. She paced the room for most of our visit holding a member of staff’s hand. |
| **Food:** | Order of service seemed a little disorganised and slow. Considering there were so few residents in the home, staff seemed unable to keep a clear count of who had been served and who had not. The main meal was of plentiful portions and residents were encouraged to independently feed themselves. Food was fresh and cooked onsite, though the pork crackling seemed a little unsuitable for most residents.  During the meal, a member of staff then went around patients with a box of pastries asking if they wanted one.  Desserts were then handed out, a sweet yogurt. Some were given bananas. Then the member staff came back and gave those who had requested a pastry a savoury Cornish pasty.  Unobserved by staff, one resident was secreting a number of bananas, cutlery and drinking glasses into her handbag.  Back in the main sitting room, there were two residents with tables in front of them who had chosen to eat their lunch in there. One resident, the one who was there on a short term basis and was the only responsive one had a bib over her clothes and fed herself. The other one was being fed by a care assistant and refused all of the food offered to her. Declining all of the food, they ended up being fed yoghurt. |
| **Engagement with Relatives/Residents/ Carers:** | The majority of residents were unable communicate clearly, others unresponsive. However, one lady who was able to clearly express herself said that she felt happy and comfortable to voice and concerns.  She also stated that her family were welcome to visit, with her husband visiting everyday. |
| **Compliments/Complaints/Incidents** | It was stated that an incident book was used by staff. However, during the beginning of the visit a Healthwatch team member enquired after the wellbeing of a resident who had visible injury to his face which according to a staff member had happened during the night when the resident reached out to open a drawer, fell and hit his head of the corner of the drawers. When the general manager was asked later about the recording and reporting process, it became clear that this incident hadn’t actually been previously logged in the incident log. It was recorded in the patients notes and he had received appropriate medical treatment.  The general manager stated that there is a complaints form residents and family can fill out. These are resolved internally and they have never had an issue that has needed to be reported to an external body. The manager said that there had never been the need to report a safeguarding incident. |
| **Conclusions:** | It was difficult for the team to establish how residents felt as all but one were unable to articulate themselves, so a lot of the above was made through observations.  It was felt that the home could be better equipped to enable residents comfort.  Staff training, care planning seemed a little ad hoc as did the structure of resident’s days.  There was some evidence of activities but it was not clear how personalised these were.  On a physical level residents appeared to be looked after well.  With the gardens being such lovely spaces we hope that these are used in bright weather. |
| **Recommendations:** | Healthwatch Brent recognises the limited scope for alterations to the building; however we note that the stairs were steep and hard to manage with the majority of bedrooms being located upstairs.  The chairs in the sitting room were more appropriate for domestic use and were very low for residents with reduced agility. Raised chairs would ease residents comfort.  Décor was disjointed and more of personal taste then a suitable environment to residents struggling with depth perception, spatial disorientation, altered colour perception and reduced ability to perceive contrasts. Painting the walls a neutral shade, making banisters and hand rails a brighter contrasting colour in order for them more to be more visible for residents navigate.  Bedrooms had little if any personal belongings. More home-like warmth and personal touches should be encouraged.  We ask the owner to provide further details of care planning.  We ask the owner to provide a log of staff training.  We encourage the home to explore resident’s individual life interests, and tailor activities to support on-going engagement, like taking people for a walk and access to adapted books of interest. |
| **Name:** | Stacey Lewis |
| **Date:** | 24.04.15 |
| **Owner’s comments** | **We invited Mary Mundy to comment on this draft report before we produced and disseminated the final version. We received this response 12th May 2015:**  **Dear Ms Stacy**  **Thank you so much for your email and a copy of your inspection for Tower House Care Home. I found your observation very helpful and I intend to adopt most of the constructive recommendations contained within.**  **Looking forward to your next visit.**  **yours sincerely**  **Mary Mundy** |