Enter and View – Visit Report

Name of Establishment:	Kenbrook Care Home (MHA) Methodist Homes, 100 Forty Avenue, Wembley, HA9 9PF
People Met During Visit:	Manager: Marian O'Hara Care Coordinator: Mary Noland 3 relatives, 3 residents
Date of Visit:	Friday, February 26, 2016
Healthwatch Authorised Representatives Involved:	Colin Hurst Elaine Fletcher Ian Niven
Introduction and Methodology:	This is an announced Enter and View (E&V) visit undertaken by Healthwatch Brent'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 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 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 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/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch 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,***

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	visitors and residents who met members of the Enter and View team on that date.
General Information:	Kenbrook is a care home with nursing. The home is owned and operated by Methodist Homes Ltd. Kenbrook is registered to provide care and accommodation for up to 51 older people who may also be living with dementia. Residents with a Methodist ethos have priority, but currently there is a mixed faith resident population including Hindu, Jewish and Sikh residents. Currently there are 19 residents from Brent, and there is a waiting list of 25 Brent residents. The last CQC inspection was in November 2015 and the report for this visit was made on January, 2016 with an overall rating for the service as "Good."
Care Planning:	On entering the home it was noticed that it was bright and well maintained, with no unpleasant odour. The home has 51 bedrooms all with en suite showers and toilets. In addition to this, each floor has two additional bathrooms, which are spacious and that have their own sterilising units. The bedrooms observed had electrically operated beds to raise or lower the bed height, so as to reduce the risk of falling out of bed. The manager informed us that when residents enter the home from hospital they are assessed in the hospital before transfer. Each resident's bedroom has their name and photograph outside the room. Each resident's room has a diagram of a t-shirt on that shows specific information about the person like a memory box with relevant facts/prompts specific to the resident such as family members' names, likes, and hobbies. In one case it was observed what they don't like For example, I don't like going to the hairdresser; I prefer porridge without sugar. This enables acts as a prompt for staff to engage with the resident when talking about the resident's life and interests whilst performing other tasks. Each room has a movement sensor fitted, used for residents at risk of falling. Each resident has a named key nurse and key worker for

	continuity. Methodist Homes (MHA) complaint/feedback forms where visible inside each resident's room door in the rooms that were visited. Each room has the facility for a private telephone that can be connected, at the cost to the resident. Residents who previously lived locally are able to transfer the previous telephone number to their room. Residents have access to a computer and the internet, and the activity coordinator facilitates 'Skype' access so that a conversation can be had with family. Family members who were visiting told us the care home regularly involves them and their relative/resident in care plans and any changes that may happen. One family member said that the home telephones them at home when changes to care plan are being made. Another family member said that the care provided is tailored to the funding available, for example if 1 to 1 support is required. One resident reported that she is involved with the care planning and generally her needs are met. However she needs support to get up, and she likes to be up by 9am but sometimes there is a delay. This was not a complaint as she understand that the staff may need to attend to someone requiring more urgent need. This was the only reason why she rated the service 4.5 instead of 5 out of 5.
Management of Residents' Health and Wellbeing:	The residents appeared to be well looked after and well maintained in appearance. The family sitting room on the ground floor is also used to accommodate overnight family stays when visiting relatives receiving palliative care. We were told by the manager that residents' waking up times and eating routines are in place, but they are dictated by the resident's preference. We observed one resident eating their breakfast at 11.30. The manager informed us that nursing care and dementia care residents are not segregated, but they are mixed on each floor.

	This was said to help residents to get to know each other and increases tolerance. The visiting GP comes in on Fridays and residents can see the GP when needed. Residents have access regularly to the dentist and optician. A chiropodist attends the home monthly, which one of the residents' family said is a paid service. Some residents family members may choose to arrange their own chiropodist for more extensive treatment. Residents' visitors who we spoke with said that their parent residents were weighed regularly. One resident's visitor told us that the health of their relative has been stable for the last 8 years. The home has a central garden area and a garden to at least one side of the home. These areas are well maintained. At least 4 families visited during the 3 hour visit. One family supported a resident to go out, another resident went out with staff. One resident was moving about the home in a wheelchair.
Staff:	During the day the staff ratio is approximately 1 staff members to 4 residents (2 nurses, 10 carers, 1 activity coordinator and 1 Chaplain). At night the ratio is around 1 to 7 (6 staff members on duty). The nurse manager and the deputy are registered nurses. The manager said that staff turnover is low. In the last year, 5 members of staff had left, but 3 of these had returned. The majority of staff have been working in the home for 5 years or longer. One resident's son said that he recognised staff from the time that his mother was a resident in the home, about 7 years previously. Another resident reported that the home select a good range of staff that are well trained well and that they engage with residents whilst undertaking their tasks. They build up a good relationship with the residents and because they stay on a long time, they get to know residents likes and dislikes. One member of domestic staff had worked at the home for 7yrs, saying this is a happy place to come to work. They had no

	direct patient involvement, but if something happens they said they are there to help, for example to clean up a mess. Interactions were clearly genuine, warm focused personalised between residents, family member, staff, and the activity facilitator.
Staff Training:	The manager showed us the MHA Learning Management System that had electronic records for each staff member, indicated what training (mandatory and developmental) had been received, when and where the individual was up-to-date with requirements. Examples of training received were: Core Training, Induction, MHA Values, Moving and Handling, Health and Safety, Risk Management, HACCP (food handling, kitchen staff), CoSHH. The system flags individuals who are overdue training or whose training is out of date to alert the home manager and the central MHA training team. The training delivered has theoretical, practical and computer based follow-up elements. The care home manager stated that the application of all learning is done through 1 to 1 follow-ups with a questionnaire to check that the knowledge gained can be applied. Senior staff are trained to deliver the majority of the training, but external sources are used for Safeguarding (Brent Council) and nursing updates. The manager also said that personal development plans are created and that validation/proof of training is also recorded. The manager mentioned that the care home has been advising St Luke's Hospice, Kenton with their development of dementia end of life care facilities. MHA provide a Toolkit for their care homes which cover every staff role. The January 2016 version was provided.
Activities:	Activities are organised by a Care Coordinator who is a qualified Occupational Therapist. A large number of events photo books were on display. The organiser was clear that activities should be meaningful

	and individual, and that it is possible to do this. Chat, tea, celebrations, and birthdays (as personally preferred), personal history, previous occupations, tasters and family are all taken into account. It was clear that the coordinator was committed and determined to provide personalised opportunities that people wanted. The whole team are involved, for example supporting residents to go to activities, to avoid disruptions, and to ensure activities go ahead in Mary's absence. The Coordinator, a qualified Occupation Therapist, can support care staff to find better ways to manage challenging behaviour whilst giving personal care. The Coordinator also organised fundraising events to provide more activities and materials. Events are planned on a 3 monthly basis, in part to allow individual support to be scheduled. For example, a garden based event can allow residents to engage in a personalised activity – one person painting, gardening, and another reading. This method allows the Coordinator to add value to a group session. Residents are asked before each activity if they want to attend, even if they normally want to. By keeping up to date with dementia training staff can looking at the person's underlying condition and think how best to manage each situation, to understand the disease versus the person. The activities carried out at Kenbrook include cooking, cake making, painting, and gardening. Music therapy with musical instrument are provided, also singalong to music. The manager informed us that a music therapist is in the home once a week and they conduct group and 1 to 1 sessions with residents. There is a piano, an electronic organ, drums and other musical instruments seen in the activity area. Residents are given the choice if they want to participate in activities, but some residents choose to stay in their room. One resident reported that she spends a lot of time in her room. The activity coordinator adapts activities to interest her

	and she receives 1 to 1 support. She likes to play the piano and because she is visually impaired with poor mobility the activity coordinator brings in the piano for her to play. Because of her love of dogs volunteers from The Mayhew Animal Home to bring a dog to visit her. She has her own telephone line to communicate with her friends and family. The local Methodist church visits regularly and residents can request their own faith leader to visit them. There was evidence of dolls, reminiscence objects, bric-a-brac around the home to stimulate the residents. When we entered the home, a poetry reading session was just about to start. Residents have access to newspapers and a number of reading/sitting lounge/conservatory areas. The home has residents meetings every month and relatives meetings every 3 months. The home has a Christmas party for residents and relatives, a Summer fete and other fund raising activities. Residents are given the choice to participate in religious activities. The resident Chaplin arranges Bible services and liaises with other faith leaders to provide support for residents of specific faith. Family members and/or volunteers offer their support by taking some residents to their local place of worship. One relative said that their family member listens to the harp being played, attends a church service in the home and received 1 to 1 therapy. One of the resident's visitors said that the home celebrates February 14th, Mother's Day, Pantomimes, BBQs and fund raising events. A hairdresser was seen attending to a resident in a dedicated hairdressing area. MHA has a set of documented standards defining what meaningful activity looks – this we were told is being reviewed. The home uses volunteers and external people and organisations to provide specialist activities, for example,

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	Party Time Productions, a national organisation providing activity for older people, residential homes, and day centres. The home uses fundraising to provide such events.
Food:	One our tour of the home the kitchen appeared clean and well organised. There are dining facilities on both the ground and first floor. Residents have the choice of which dining area they wish to use, depending on their preferences and location of friendships with other residents. A mixture of needs are met in the care home, for example pureed food. Residents can access drink when they want and residents can eat in their rooms should they wish. This was confirmed by residents' visitors. The feedback about the food was very good. One relative said it was surprisingly very good, fresh and varied. There was a general air of calm at lunchtime. Most residents sat in small groups at tables. A few residents were provided with 1 to 1 support to eat. An external health team had provided an intervention plan around one resident. This was supported by staff, understood by a student, and was explained to our visiting team.
Engagement with Relatives/Residents/ Carers:	Engagement between relatives/residents, residents/staff, and relatives/staff was seen to be very high. The manager was stopped a number of times by relatives during our tour. The manager also stopped to engage with residents who required assistance or started to talk to her.
Compliments/Complaints/Incidents	"Excellent. Friendly. 10/10." "Brilliant." "Staff are sensitive and they give the right care." "Staff adhere to my parents' routine; he gets up and he has breakfast at 9.30…" "This home is a model and we would be in good shape if they were all like this."

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	One resident had his spouse in the care home and after the spouse's death, the surviving partner could no longer live on his own and decided to move into Kenbrook. One member of staff had one of their own parents residing in Kenbrook before becoming a member of staff. One visitor was very proud to show me their relative's bedroom and how individualised it was allowed to be. "Staff always knock on the door before entering" "Staff will bring visitors to the room and will offer a drink" One relative said her husband had been at the home since May 2015, and said the home is very satisfactory, she has no complaints, and there are lots of activities. The carers are absolutely lovely, on passing say hello to him by name and ask how he is. The Chaplin is also good. Everyone is very caring. "I would recommend the home to anyone. We chose that my husband came here. He has total freedom to walk around - he walks in enclosed garden and loves the sunny conservatory. The home provides more care than I could provide at home.
Conclusions:	Our visiting team found this home to be friendly and caring with both residents and families giving praise. The range of activities, the personalisation of activity, and the inclusion of bed bound residents, were impressive.
Recommendations:	Continue to share best practice with St Lukes Hospice, Kenton with their development of dementia end of life care facilities. Be prepared to share good practice with other local care homes.
Signed:	Ian Niven, Healthwatch Brent
Date:	7th March 2016
Comments from Registered Manager:	