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Peregrine House



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Name of Healthwatch Haringey representatives:

Douglas Sager, Natasha Posner, and Mable Kong-Rawlinson

Name and address of venue visited:

Peregrine House
350 Hermitage Road
South Tottenham
London
N15 5RE

Date of visit:

Monday 15th August 2016, from 11am to 2pm.

Staff met during the visit:

Yvonne Smythe, Home Manager at Peregrine House, and other staff at Peregrine House.

1. Purpose of the visit:

To review and assess the meaningful activities planned for the residents and obtain feedback from the residents.

The decision and reason to undertake this visit was prompted by gathering local intelligence and the last visit of the CQC being on 15 December 2014.

2. Introduction and methodology:

Three authorised representatives from Healthwatch Haringey visited the home. Healthwatch staff interviewed the Home Manager.

The other representatives carried out observations from the home and spoke to residents, staff, and family members.

We spoke to seven residents and four members of staff.

This was an announced visit arranged with Peregrine House, and took place during a lunchtime period so that we could also observe the lunchtime service. Representatives looked at:

General observations

- Does the home appear clean and tidy?
- Were there any unpleasant smells?
- Was there evidence of a relaxed and friendly environment?

Common rooms and activities

- What activities are available for the residents?
- Are there books and magazines for them to read?
- Do they use the garden?
- Does the care home have planned activities for the residents to participate in?
- Are there posters on the walls with activities advertised?

Dignity and respect

- Did we see evidence that residents were treated with dignity and respect (noting good and poor practice)?

Nutrition

- What meal was served when visiting the home?
- Do residents like the food?
- Are people given adequate time to eat?
- Did we see staff helping residents to eat?

3. Information about residents at the care home:

The care home currently has 32 residents and they have capacity for 36 residents. There are en-suite facilities in the bedrooms, including a sink and toilet. There are no showering facilities in the rooms.

15 residents are women; 17 are men.

Peregrine House looks after people who are frail and elderly (65+) and people with physical disabilities who are aged 45+.

We asked the care manager if they had residents with specialist conditions, and they have many residents who have had cerebrovascular accident, CVA strokes, and diabetes. Three residents have dementia. One resident who is paraplegic. Some of the residents have mental health issues.

4. General impressions and ambience:

Peregrine House felt clean, tidy, relaxed, and friendly.

The care home was well-maintained.

Yvonne Smythe, The Home Care Manager, was friendly, caring, approachable, and very helpful.

There was a range of communal areas that residents could access, including TV and dining areas. The chairs in the communal areas were arranged to encourage conversation between residents.

The care home was decorated with pictures and artwork, including artwork that residents created.

We saw one resident's room, which was not being used, that was light and airy.

There were no unpleasant smells during the day of our visit.

5. Care planning

We asked the Home Manager about the processes used to put together a new resident's care plan.

She explained that they have two types of care plans: a Global Care Plan; and a Traditional Care Plan.

These plans are developed in conjunction with the resident, taking into account their needs, as well as talking with their families and carers.

The **Global Care Plan** provides a summary of the residents' needs and covers areas such as nutrition, hygiene, and body maps.

Care is organised based around the person's needs. For example, Peregrine House supported one of their residents who wanted to go to Sweden on a day trip. Yvonne showed us all the things that she had put in place to enable the trip to happen, including arranging a carer to wake the resident up, care for and support them, and the risk assessment they carried out before the visit was arranged.

The **Traditional Care Plan** covers in detail the needs and requirements of the user. The care plan covers various areas including risk assessments, medical background, chiropody, Deprivation Liberty and Safeguards DOLs, and end of life. The care plan that Yvonne showed us was very extensive and detailed, with lots of information.

We asked the Home Manager how staff get to know resident's needs. She explained that they receive referrals either by phone or by email, and then a pre-assessment is carried out (which has information from social services), and they go through the care plan. The care plan is continuously updated.

Staff get to know residents views by speaking to them and finding out about their likes and dislikes and getting to know them.

6. Management of residents health and wellbeing

The Home Manager informed us that the care home is not linked to a GP Practice. The main GP practices that residents use is The Laurels Medical Practice and Chestnut Park Surgery, which is only a few minutes down the road.

Residents have regular check-ups with the GP s and there are now of lot of Locums working in the surgery.

She informed us that residents could access dental care from a surgery down the road; and there is other dental surgery close by. A chiropodist comes every 6 weeks and it costs clients £10 instead of £24. For clients with diabetes, they can access this service for free.

Staff weigh residents on the 20th of every month.

Podiatry and physiotherapists are accessed by referrals from the GP or the care home.

Residents are referred to St Ann's Hospital for Audiology.

7. Staff:

All the Healthwatch Haringey representatives said that the staff were friendly and helpful. The Home Manager is very good and she is caring, dedicated, friendly, down to earth, and compassionate. We could see that from the visit she works very hard and is very committed in the day-to-day running of the care home, and committed to make improvements and supporting the needs of her clients. When we spoke to residents and they spoke of her highly and talked about how much they liked her. Five of the residents we spoke to said that staff are easy to speak to.

We asked Yvonne Smythe what the staffing structure was like at Peregrine House. She said that they do not have nursing staff because it is a residential home. She said that there are two managers at the care home: senior care; and day care staff. They have 18-day carers, and 5 night carers. There is a senior person in all week and the manager works Mondays to Fridays and works in the weekend depending on the need. She informed us that she lives close by and can come to Peregrine House whenever required depending on the need.

The Healthwatch Authorised Representatives asked staff at Peregrine House about the types of training they had participated in over the last year. Staff said that they receive updated training every year,

including safeguarding training, manual handling training, dementia and diabetes training, food hygiene, and medication training.

8. How the home gets service users views:

The Home Care Manager said that they hold resident meetings in the communal area every six weeks. Relatives and carers are invited to these meetings.

Minutes of the meetings are kept—Yvonne showed us a file with these in.

The care home has resident satisfaction surveys, with the most recent carried out in June. They have a relative's survey, a food survey, staff survey, and a professional survey. All surveys are sent to head office. For those residents who cannot fill out the surveys themselves, help is given.

9. How does the care home involve residents/ relatives/ carers:

- **In the resident's care?**

Residents dictate the agenda for their care. Residents' care plans are looked at. Relatives are involved, for example, if the resident is unable to make the decision for themselves (such as where the relative has power of attorney).

- **In running of the home?**

Residents discuss their needs in resident meetings. For example, different parts of the care home were initially different colours, and the residents wanted to name each part of the living areas a different name, which is what they have done.

10. Compliments/ Complaints/ Incidents evidence

Yvonne explained that her front door is always open and that residents can come to talk to her whenever they like or need. She said residents are also given feedback forms.

Accidents are recorded in the accident book as well as in the care plan, where they log the incident and highlight in the body map which part of the body the person injured.

11. Feedback from service users on their experience:

During our visit, we spoke to seven residents and asked them their experience of living in Peregrine House.

We asked them whether they liked living in the care home and six people said that they did. One person said that they "*mostly*" like living there. One person said that they had been living at Peregrine House for a long time. One person stated that they have "*3 meals a day at the care home*". They added that the Manager Yvonne "*is very good*". Some of the residents said that they had already spoken to the CQC on their visit on the 30th June 2016.

Residents views on activities

We asked the residents about the activities they do in the day. One person said that they had been on a trip to Brighton. Another said they go to bingo on a Monday and Friday.

One person said that they talk to people. One person said that they attended the exercise classes and take part in keep fit.

One of the residents said, *"I would like a few more [activities] but I am not sure what to suggest"*.

One resident said they like to read and have finished reading all the books in the care home and would like them to put some new books on the shelves or have a mobile library. They said, *"I want to read"*.

One person said *"on some days nothing takes place"*.

One person felt that the keep fit as you sit was a *"waste of time"*.

One person said that they like to smoke.

One resident that they have had a barbeque in the front of the car park. Four of the residents we spoke to use the outside space. The care home had a small outside space but not a proper garden.

One resident stated that there was *"no conversation and very few people to have a chat with"*. They stated that with coffee morning they *"just have coffee and people don't talk there"*.

Residents views of staff

We asked the residents whether staff at the care home are friendly and asked residents staff come to chat to them. One person said *"sometimes"*. Two residents said *"yes"*. We asked the residents whether they found it easy to talk to staff.

All the residents we spoke to spoke highly of Yvonne Smythe and talked about how much they liked her.

We asked the residents whether they found it easy to talk to staff at Peregrine House and five said *"yes"*, one stated *"sometimes"*, and one person said *"Good and bad"*.

We asked residents whether they are encouraged to do as much as they can for themselves. Four people said yes and one person said that *"independent living is a godsend"*. One person said that they could wash but needed a bit of help.

Four of the residents who responded said that they could use the telephone when they wanted to.

Residents views on the food

We asked the residents about their views on food, and whether they received enough. Four people out of the six who responded said that they got enough food. We asked residents whether there is enough variety and choice in food and three people said yes. One person said the choice of food is *"not what they want"*.

One person said that on Sundays residents have a full English cooked breakfast in the morning and then a large cooked Sunday roast. They felt that there is only a short time from breakfast until lunch and that they are still full and in the evenings they have a sandwich. The resident suggested it would be better to have the cooked breakfast in the morning, the sandwich for lunch and the Sunday roast for dinner.

We asked the residents whether they needed help during mealtimes. Two people said they needed help and said they receive the support that they need. The other person said they *"mostly get the help they need"*.

A resident we spoke to said that they had a salad but said it was *"not [made} in the way I like it"*.

One person said, *"they give you what you want"*.

Residents' views of resident meetings

One resident said that residents “*Do not voice their opinions during the residents meetings*”.

12. Privacy, dignity and respect:

We saw that residents were treated with dignity and respect. During the lunchtime, we saw an elderly lady who needed help in eating and the staff member was patient and spent time with her whilst she ate. She did not rush the person and gave her time to eat.

The interactions we saw of Yvonne and the residents was positive. She spoke highly of the residents and they spoke highly of her.

We saw one of the residents in a wheelchair drop his slipper and Yvonne kindly put the slipper back on for him.

On the day of our visit, we observed staff speaking to residents with dignity and respect.

13. Cleanliness and hygiene:

The care home was clean, tidy, and hygienic.

We did not smell any unpleasant smells.

We saw one resident's bedroom, which was unoccupied, and it was a nice room, clean and bright.

14. Environment:

The rooms we visited were nicely decorated and bright. We visited on a very hot day. Two of the Authorised Healthwatch Representatives did not feel that the rooms were hot, stuffy, cold or draughty. One Healthwatch Representative felt that some of the rooms were hot and stuffy.

Peregrine House has several living rooms and communal areas, which are nicely decorated.

The chairs in the ground floor of the living room area were arranged in a way to encourage conversation.

There was a TV in most of the communal areas that we visited and a music player in some of the areas.

There was an area for people to smoke if they wished to.

The care home is large and laid out on several floors.

Bathroom

In each of the resident's rooms, there was a sink and a toilet. There are shared bathrooms with showers and baths. Yvonne had informed us that they are refurbishing one of the bathrooms due to flooding in that shower room, and that they are waiting for it to be fixed. Workers have been called out to fix it, and they need to wait for the bathroom to dry out.

One of the residents we spoke to commented on the bathroom and how important it is for residents to be able to use the shower room as they have waited “*2 months for it to be fixed*”. They said that they have been getting up early and using a bathroom/ shower room in another part of the care home and said that sometimes residents can be “*territorial about who can use their bathroom*”.

One of the bedrooms that we observed from the outside was tidy and personalised.

15. Furniture:

The furniture we saw on the day of the visit was in good condition. In the communal areas, they had a range of chairs (both high backed) which was good.

16. Outside area:

There was a small outside area with some grass. Some of the residents we spoke to said that they use this area sometimes.

17. Food:

The Home Care Manager informed us that she is currently developing a pictorial menu to support residents with dementia so that it was easier for them to pick. She showed a selection of pictures that she would be using in the new menu.

Menus are created two days in advance, and there are alternative options (including vegetarian options). They have a chef on site who prepares the meals.

The menu is on a four-week rota.

We asked whether there is an alternative offered if a resident does not like the menu and how specialist diets are managed. Yvonne explained that the meals are low in sodium, and are pureed for residents who require a pureed diet.

We asked whether residents could eat in their rooms if they wish, and Yvonne said that they could if they wished, however, residents are encouraged to eat in the dining room area so that they can interact with other residents.

We asked the Home Care Manager how are staff directed to give support at mealtimes, and Yvonne explained that it is based on the care plan, and that staff know residents, who needs feeding, and who needs support (such as help in cutting up their food).

Observation from lunchtime service:

Two of the Healthwatch Representatives observed the lunchtime service in one of the dining room areas. Lunch was served at 12:30pm.

The residents were served a range of dishes, including mash, carrots, broccoli, and chicken. Some residents had a salad and some omelette. The food looked healthy and well prepared.

One resident was elderly, frail, and sitting in the corner and not chatting. A very patient member of staff assisted her as she ate.

We did not see any conversation between residents during the lunchtime during our observation. We felt it would be good for staff to encourage conversation between residents.

18. Activities:

We asked Yvonne Smythe whether they have a regular schedule of activities for residents. Yvonne said that they have an Activities Co-ordinator. She said that they hold resident meetings every 6 weeks and

they have a range of activities, including trips to Brighton. They have shopping activities, and other staff said that they could take residents to places of worship.

Yvonne said that they have good links with 6th form schools and schools that are in the area. They invite the young people for lunch so that there are intergenerational activities taking place.

On our visit, we saw a shelf in the communal room with boxes labelled activities with board games and arts and craft materials. We saw books on the bookshelves and there was a TV in the communal areas that we visited and a music player in some of the areas.

Staff said that residents can use the telephone in private and they can use the internet at the home to communicate with family. Staff stated that residents could play dominos, attend coffee mornings and keep fit and exercise sessions (which are held once a week).

19. Recommendations:

- Fix the bathroom/shower room.
- More books on shelves for residents and/or a mobile library.
- Encourage more conversation with residents in communal areas.
- The residents would like more activities. This can be something that can be discussed at the next residents meetings to find out what activities residents would like to have in the future.
- Encourage residents to speak out more at residents meetings about their views and experiences at Peregrine House.
- With Sunday breakfast because residents said that there is a cooked breakfast and a large Sunday lunch served several hours later residents could still be full and that the sandwich for dinner could be swapped for having the sandwich at lunch. Residents can be consulted on this idea. (We realise that this might have implications to kitchen staff at the weekends.)

20. Conclusions:

A clean, tidy, relaxed and friendly care home on the day of our visit.

The care home was well-maintained.

We saw that the Home Manager is dedicated and committed to the care and needs of the residents. The residents spoke highly of her. The staff we met on the day were friendly and helpful.

Peregrine House provide a range of activities for residents to participate in, including bingo, keep fit, and trips to Brighton. Residents said that they would like more activities.

We observed good care on the day of our visit.

We saw a very detailed example of a residents care plan. Yvonne has explained how they had flexibly catered to the needs of one of the residents who wanted to go on a day trip to Sweden and all the steps they put in place to enable it to happen including risk assessments.

The intergenerational activities that the care home plans with schools sounds very good.