

Enter and View Report

Osborne Grove Nursing Home



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Haringey Race
and Equality
Council



Name of Healthwatch Haringey representatives:

Chris Goodyear, Joanna Bornat, Mable Kong-Rawlinson, Ricky Chamberlain and Vittoria Romano

Name and address of venue visited:

Osborne Grove Nursing Home
16-20 Upper Tollington Park
Finsbury Park
London
N4 3EL

Date of visit:

Held on Friday 12th September 2014 11am to 2pm.

Staff interviewed during the visit:

Mabel Osemwengie Care Manager and Esther Nwani Staff Nurse and other staff were interviewed.

1. Purpose of the visit:

The aim of the visit: is to visit Osborne Grove Nursing Home and find out about type of care provided by the home.

The decision and reason to undertake this visit was prompted by: Osborne Grove Nursing Home being the only care home in Haringey which is run by the council. One of the former volunteers of Healthwatch Haringey who used to be a commissioner at the council said that good practice could be observed from the care home.

2. Introduction and methodology:

Five authorised representatives from Healthwatch Haringey visited the home. The team leader and a member of Healthwatch staff interviewed the Care Manager and Nurse.

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

This was an announced visit arranged with Osborne Grove Nursing Home.

During the visit the representatives looked at:

General observations

Does the home appear clean and tidy?

Were there any unpleasant smells?

Do you see 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?
Is there posters on the walls with activities advertised?

Dignity and respect

Did we see evidence that the residents were treated with dignity and respect noting good and poor practice if seen.

Nutrition

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

The visit took place during a lunchtime period so that we could observe the lunchtime service.

3. General impressions and ambience:

Osborne Grove Nursing Home felt welcoming, inviting and clean. The main outside entrance was tidy and had flowers and was well kept.

There was a nice reception area. The care home was very clean and tidy. On our visit, there were not any unpleasant smells only pleasant smells from the food being prepared.

The halls were decorated with artwork that residents had made, music was played in the rooms and the reception area.

The residents' rooms were nice and very bright and homely. Each of the residents' room was clearly marked with their name on the entrance and the resident could personalise their room with their belongings. The rooms looked clean and comfortable. They were nice and bright and quiet.

All of the Healthwatch Haringey representatives said that the rooms felt inviting to visitors.

There was a comfortable and quiet room for visitors if they wanted to stay which was very good.

4. Care planning

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

The Care Manager informed us that it is put together with a nurse who carries out an assessment. Information is gathered from the hospitals and relatives of the service user. She said that 1 in 3 of the service users can communicate. They get information of their previous history from social services, GPS, community mental health, physiotherapy, relatives, and carers and draw up an individual care plan, which is subject to review regularly. She said that the care plans are evaluated and changes are looked at weekly.

The individual's care plan is reviewed and evaluated and the person can alter their care plan depending on the changes. For example, if someone is unable swallow, an assessment takes into account their care/support plan.

We asked about end of life care and the Care Manager said that they have a Doctor and Consultant in charge of palliative care. She Informed us that Osborne Grove Nursing Home is a tender loving

care home which relatives can stay at, ensuring that the resident is most comfortable and that the person's needs and wishes are respected.

5. Management of residents' health and wellbeing:

The Care Manager informed us that there used to be a practice that was linked to the care home in the past. If the service user lives in the borough they can retain their GPs until they re-register to the allocated 10 GPs. The GPs do not come for routine visits.

Residents can access dental care and hospital care from St Ann's Hospital. Opticians, chiropodists, physiotherapists, podiatrists, community aids come to visit the residents.

We asked how a resident's health and weight is monitored and the Care Manager informed us that residents blood pressure and weight are checked every month and if there are any concerns with their weight then a Dietician is contacted to provide advice on supplements and food.

We asked how the nursing home keeps records of pressure sores and the Care Manager informed us that there is a nurse from the hospital who supports in this area and they have pressure relief aids such as special mattresses. She said that 80% of the mattresses they have provide pressure relief, one is put in place if a resident is assessed and if there is a need.

One of the issues raised by Osborne Grove Nursing Home is that they are no longer attached to a specific GP surgery and they have 32 residents who stay at the care home and have been allocated 10 GPs, but there is no specific GP carer. The 32 residents are highly dependent and need concise GP.

6. Staff:

All the Healthwatch Haringey representatives said that the staff were very friendly and helpful. All the staff said hello to the residents. Our Haringey representative said that residents were acknowledged personally⁴ by the staff who were showing us around. The staff wore name badges and their names were in large letters and easy to read for residents.

The staff we met were professional and approachable and commented that at the care home their approach was "quality rather than speed."

We asked Mabel Osemwengi the Care Manager of Osborne Grove Nursing Home about what the staffing structure was like at the care home and she informed us that there is a Care Manager, Nursing Assistant, the Deputy Manager, Staff Nurse, Assistant Manager, Domestic Staff and a Cook. She informed us that the majority of staff were permanent members of staff at the care home.

We asked whether the care home used agency or bank staff and Mabel informed us that the majority of staff are permanent and agency staff are only called if there is staff sickness or a vacancy and all the staff including agency staff require DBS clearance. She informed us that staff turnover in the last 6 months was low.

Staff took part in ongoing training and development and the home is very good with training as they undertake manual handling, first aid, food hygiene, dementia care and have NVQ level 2 or 3 or higher. Staff took part in yearly appraisals, which the Care Manager carried out.

We asked whether staffing levels vary at different times of the day and the Care Manager said that "the difference is that it is heavier in the day and people sleep at night." She informed us that there is a registered nurse on duty both at night and at the weekends.

All the staff we met on the visit were very friendly and helpful.

7. How the home gets service users views:

The nursing home carries out yearly surveys with residents and relatives to get their feedback. She said that the feedback is mostly positive, however if there are suggestions or improvements then something is put in place to look into it.

8. How the home gets relatives/ carers views:

Osborne Grove Nursing Home run bimonthly relatives meetings to help get peoples' views and to find out about any concerns. Relatives can chair the meetings.

Issues raised include a service user who had commented that the food was too peppery and spicy and this was looked into by the cook. Relatives raised an issue about the entry door, which was fixed. Residents said that they would like a bird feeder and the nursing home bought this and put it in the garden.

On our visit we saw posters advertising the relatives' and carers' meetings.

9. Service users views of their experience:

We spoke to one of the residents about their experience of living in the home. We asked them whether they liked living in the home and they said "yes I have no choice, have to live here."

We spoke to one resident during our visit.

We asked them about what activities they do in the day and they said walking in the garden, playing games, watching the television, listening to the radio and they used to paint but they have not seen this lately.

We asked one person about whether they have been out for a trip and they said it is not available all the time. The last trip was at a garden centre and they would like to go aboard with good weather somewhere like Amsterdam.

We asked whether they are able to go out on their own they said that they need someone to help them.

They described staff at the nursing home as "marvellous" and added "if you need to be in a home this is a good home."

One of the residents we interviewed said that all of the staff chat to them and they all listen to them.

We asked the resident about food and they said the staffs know what they like.

10. Privacy, dignity and respect:

Healthwatch authorised representatives carried out observations in the care home. All agreed that from their observations there was evidence that residents were treated with dignity and respect.

We also observed good practice of residents being treated with dignity and respect. Observation comments include:

- The staff were very nice to residents giving clear and confident answers to questions.
- Staff knocked on doors, prior to entry.
- Those [residents] requiring assistance are fed in their room. Staff report this as a residents choice.
- All staff said hello and residents were acknowledged by the staff who were showing us around.

11. Cleanliness and hygiene:

On our visit Osborne Grove was very clean and tidy. There were no unpleasant smells.

The residents' rooms were nice rooms, very clean and bright.

12. Environment:

The rooms we visited were nicely decorated and very bright and homely. They were not hot or stuffy or cold and draughty.

The lounge in the reception seemed friendly and relaxed.

The residents' rooms were nice rooms very clean and bright and personalised with their belongings.

There is a quiet room for family and friends to stay for a few days. All private rooms have a TV or a radio.

Staff said that residents are strongly encouraged to sit out of their room.

In the common rooms, they had some partitions between the dining room and the living room with a TV, which is good as the TV will not distract from meal times. The dining tables were round encouraging more engaging. Chairs in the living room were placed round the edge of the wall of the small room.

The room where we met the Care Manager and Deputy Manager was full of furniture stacked up and not used as a space to socialise in.

13. Furniture:

The furniture we saw in the room looked in good condition and clean.

14. Outside area:

The outside area of the entrance was well kept and in good condition. There were 2 gardens one which was very small, another larger with grass and flowers. The outside space was inviting and spacious and we saw residents go for a walk and exercising. The garden was very good and accessible from several areas.

One of our representatives did notice that the lawn was mostly weeds and not grass. It was kept under control, but not very attractive.

Residents were encouraged to use the garden as they have had BBQs and other activities.

15. Food:

The Care Manager had informed us that the food at the nursing home has a 5 star food hygiene rating by The Food Standards Agency.

She informed us that the food is personalised and residents can choose from a pictorial menu. We did not however see the pictorial menu.

Food may be pureed which will be formed into shapes such as an egg or a fish. She said that 85% to 90% of the residents are on a pureed diet.

She said that "with food it is all about choice and with the care home their focus is on quality rather than speed so a meal could take 20 minutes or 50 minutes for residents to eat and residents are supported in that meal time."

We did observe one resident being left to decide when she wanted to eat, which was some time after everyone else had been served.

The cook can individually tailor towards people's different dietary and cultural needs. African, Caribbean dishes are offered. One service user we observed was offered Ghanaian food. Staff we spoke to said that choice is always offered and relatives are asked what the resident likes to eat.

We asked staff about how the residents rate the food and they said "they are very complimentary and enjoy their food." One staff member said that residents "seem happy they can request certain types of food."

Food was offered later if not eaten at mealtime.

We asked staff how do they support those who need help with mealtimes and drinks. Staff said residents are "helped and encouraged throughout the day if necessary and that they are supported at all times with constant care and support."

We asked staff what procedures are in place if a resident is not eating. One member of staff said residents are "encouraged to eat and provide fluid for hydration, and it is recorded. If the person doesn't eat, they will try again later. They also provide "complan shakes which has everything that is in meal." Another staff member said they would speak to a Dietician and encourage the person to eat and would record this in their chart daily.

We spoke to residents about whether they liked the food and felt they have enough food and they said yes to both questions. They said that they get a choice of food and staff checks on them to see if they have enough to eat and drink and that they receive help if needed.

We observed staff offering residents support with eating their meal. There was a good variety of food.

At the visit we tried the food which included fish, potatoes, vegetables, peas, beans, chips, spiced vegetables, bread pudding and custard which all tasted very good.

16. Activities:

We spoke to staff about what activities are available to residents. We were informed that they have an Activities Co-ordinator who organises activities for the residents which is reviewed.

The Activities Co-ordinator is on site and works on Mondays to Fridays 10am to 4pm, they ask external people to provide painting, and a musician comes in every week.

Staff informed us that 99.9% of the residents are highly dependent and have issues with mobility and sometimes not all the service user can get involved. The activities are taken to the residents and there could be sing-a-longs, parties, and things to encourage mental stimulation.

Residents can use a telephone in private, there is no internet available for residents but they can use it with assistance from staff. There were newspapers and books available.

There are Priest visits or relatives can take family members to church. Exercising is encouraged daily, Nurses help with hand exercising and some service users walk in the garden. We observed residents exercising in the garden. Staff said that the physiotherapist provides residents with support on exercise and the staff help residents daily.

We saw paintings on the wall created by residents, pictures showing a recent BBQ in the reception area and each of the residents had a picture frame showing a different activity they had taken part

in.

17. Feedback from relatives/ visitors

We spoke to a relative of a resident and they said that they are “very happy about living here.” They said that their relative was encouraged to attend groups and activities and taken to the cinema.” They said that their relative likes the food and agrees that there is enough variety and that they are supported during the mealtime service.

18. Recommendations:

- To get residents feedback more regularly and introduce a residents’ survey every 2-6 months rather than a year.
- To speak to Dieticians about the Complian Shakes for advice if a person is not eating as one of the staff said that a “Complan Shake has everything in a meal.” One of our Enter and View Representatives is a Dietician and suggested this would be best practice. She says that Complian Shakes should not be used as a meal replacement as Nutritional Company Nutricia state that Complian Shake is “not suitable as a sole source of nutrition and only used as a supplement to a normal diet.” Therefore, the comment that “Complan Shakes has everything in the meal” is incorrect.

19. Issues raised by Osborne Grove Nursing Home for NHS and Haringey Council

One of the issues raised by Osborne Grove Nursing Home is that they are no longer attached to a GP surgery and they have 32 residents who stay at the care home and have been allocated 10 GPs, but there is no specific GP. The 32 residents are highly dependent and need their own GP for support. Having to contact 10 separate GPs can be time consuming for staff and residents.

20. Conclusions:

A caring atmosphere, staff were friendly, helpful, sympathetic and polite and expressed the ethos of the care home being focused on quality rather than speed.

All the Healthwatch Haringey representatives were impressed with what they saw from the care provided and the care home itself on the day.

The nursing home was clean, welcoming and inviting.

There is a good range of activities available for the residents to participate in.

Carers and relatives are encouraged to provide feedback at bi-monthly meetings.

We observed good care being provided to residents on our visit.

There is a range of food available to choose from.