

Virtual Visit Report

George Mason Lodge Care Home, 10 & 11th September 2020



“you couldn’t wish for a better home I love it here.”

Comment from a resident

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Executive Summary

Healthwatch Waltham Forest conducted an announced virtual visit to George Mason Lodge Care Home on 10th and 11th September 2020, as one of a series of visits to older people living in care homes in Waltham Forest. The purpose of our series of visits is to capture the experiences of people from a range of backgrounds and communities using the service by talking directly to residents, families and staff about their experiences; observe services in action where possible; analyse the responses of people using the service to inform the key findings and recommendations in this report, enabling us to advise those in charge about how they can improve their service and also highlight any good practice.

With the restrictions put in place due to the COVID-19 outbreak, Healthwatch Waltham Forest visits will be taking place virtually until further guidance is issued.

The high death rates sustained over the pandemic demonstrate the stark impact of COVID-19 on care home residents and social care workers.

Relative to the start of the COVID-19 outbreak in England and Wales, care homes have seen the biggest increase in deaths over time compared to deaths that have occurred in other settings. This demonstrates the stark impact that the virus has had on care home residents and social care workers.

Infection control and isolation in care homes tend to be much more difficult than in controlled clinical environments, such as a hospital. People receiving social care within a care home setting often have underlying conditions that make them more at risk of infection and death from COVID-19. Some people require physical help with aspects of daily living such as washing or eating, making complete isolation very difficult.

Studies have shown that people from BAME communities are disproportionately impacted by COVID-19. A high proportion of BAME people work within adult care, highlighting a wider structural issue. In response to requests and to address the risk in social care provision and help protect the staff, the Department of Health & Social Care has developed the COVID-19 adult social care (ASC) risk reduction framework.

From our visit, we were interested to find out about any existing challenges this service faced, what support they were able to access and what solutions they were able to put in place if any.

Details of Visit

Service address	George Mason Lodge, Chelmsford Road, London, E11 1BS
Service Provider	London Borough of Waltham Forest
Service description	Residential accommodation for adults over 65 who require nursing or personal care, Dementia, Mental health conditions.
Number of residents	Registration for 39 beds. There were 29 residents at the time of visit
Reason for visit	Part of the Virtual Visit programme. This is one of a series of virtual visits to older people living in care homes in Waltham Forest. The purpose of visits is to capture the experiences of people using the service by talking directly via video call, to residents, families and staff about their experiences; observe services in action and advise those in charge about how to improve; also highlighting any good practice.
Status of visit	Announced
Date of visit	Tuesday 10 th September 2020 and Wednesday 11 th September 2020.
Declarations of interest	None

What is Enter & View?

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the borough. Enter & View visits are visits and not inspections. Enter & View visits are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences with the service. This takes place in the communal areas of the home, as our visits preclude talking to people on their own in their private rooms. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

What is a Virtual Visit?

Due to the outbreak of the COVID-19 pandemic, Healthwatch Waltham Forest has taken the opportunity to carry out a series of virtual visits to ensure the safety of everyone involved.

Our new Virtual Visit consists of a team of between 2-4 authorised Enter and View representatives. The team will enable us to engage with residents who are happy to speak with us along with their family or friends who are available on the day(s) of our visit. We aim to speak with management and staff as part of our visit. Our visit is themed around specific aspects of care provision.

Our Virtual Visits also rely on the service provider's willingness and capacity to host the visit as it includes them hosting a detailed virtual tour of the facilities using a tablet/mobile device, therefore, a sufficient Wi-Fi connectivity and a suitable device(s) is necessary. Residents who wish to share their feedback with us via telephone/video conferencing, are informed in advance. The interviews are pre-arranged with the provider to ensure that the residents receive the necessary support to participate in the visit. We request the provision of a quiet room so that residents can speak to us in privacy, though we appreciate that this may not always be possible if a person needs to be physically supported to communicate with us virtually.

Disclaimer:

This report relates only to the service viewed on the date(s) of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

Background

George Mason Care Lodge is a large modern purpose-built care home that caters for 39 people with a variety of care needs, including dementia and mental health issues and care need requirements that tend to affect older people. It has 39 bedrooms built across 3 floors. 29 residents were living there at the time of our visit.

Most of the residents in the home were living with dementia. The level of need differs within each unit, in one unit the needs are particularly high as the residents are all much older. In another unit the residents were fairly active and therefore the care the needs there are much lower. Within the staffing budget, there is flexibility to increase staffing levels if residents care needs increase.

The ground floor accommodates 9 residents on a short stay and rehabilitation basis. All of these rooms have ensuite facilities. The first two floors accommodate residents on long term and permanent care placements. The care is divided into 5 Units; there are lounges on each floor, each furnished well, and include a pet bird or tropical fish aquarium on each floor. One unit has two smaller lounges. The décor is welcoming, clean, bright, and appears well-maintained. Facilities include a large kitchen, laundry room and a large landscaped garden and patio area that has undergone a redesign to become more dementia friendly. The care home has made several necessary changes since the COVID-19 virus, including GP virtual ward rounds in addition to visits in person and activities. Socially distanced external visits have been available for relatives and virtual visits using a tablet for video calls. Upstairs were another 4 units, two on each floor for permanent residents receiving care. The layout was similar in most units with a large bright clean lounge and dining area, a kitchen and individual rooms.

The corridors were spacious and accessible for free movement from the lounge and into the lounge of another unit. We briefly spoke with residents virtually within lounges they were assigned to due to social distancing measures within the home.

The home has an establishment of approximately 50 staff who work either full or part-time hours. Shifts comprise of:

- 07-21.00 1 or 2 Senior members of staff and 9 Care Assistants
- 21.00 – 07.00 1 Senior member of staff and 3 Care Assistants
- The Registered Manager and senior staff support the day shift
- An on-call Manager is available at all times
- A Maintenance Person is employed 18 hours a week
- 3 domestic staff responsible for cleaning the building each day

- A cook and kitchen domestic who provide a varied choice of meals for the residents
- A laundry assistant employed 7 days per week (job shared)
- The Home has its own Bank staff and only uses Agency on the very odd occasion. Only a very few shifts have been covered by Agency staff during the pandemic.
- The Registered manager told us that she has flexibility within the budget to increase the care staff by one depending on the needs of the residents. During the pandemic, additional support was provided from staff reassigned from other areas of Provider Services. At the time of our visit, the registered manager told us that there were three existing vacancies

Methodology

In response to the pandemic, Healthwatch Waltham Forest set up and introduced a new digital approach in delivering our traditional Enter & View Programme. Our visit was conducted virtually, supplemented by paper-based surveys and telephone calls.

Our visit was announced, taking particular factors into consideration including:

- The capacity of the provider to accommodate a virtual visit.
- Not disrupting service delivery
- Identifying potential patients/residents and staff members to interview
- Identifying any potential issues such as residents being uncomfortable speaking with us via digital tools, or technology problems on the day of the visit.

The provider was initially informed via a telephone call and in writing of the planned visit. Residents of the home were informed prior to the visit by means of posters and information booklets, which were sent before the visit. Also, the provider contacted a relative of a resident in advance to arrange an interview with us on the phone. Due to social distancing measures within the home, this was an alternative way to capture the relatives' experiences of the service.

Additional questionnaires for residents and staff to complete were sent to the provider. These were completed and returned to us at a later date.

During our visit, we spoke with 4 residents and 5 members of staff, including the registered care home manager. On the day of our visit, the service has a total of 16 staff on shift.

Our visit was themed around the following aspects of care provision.

- Activities
- Complaints
- Staff responsiveness
- Dietary needs
- Provision of care for residents with dementia

The Engagement Process

We spoke to residents, a family member of a resident and staff members about their experiences and suggestions for service improvements. We used the means of questionnaires and observed the service in action with the assistance of the Registered Care Home Manager, who showed us the facility and daily service activity via a virtual tour and with the use of a tablet device.

Survey Design

A total of three surveys were designed and included quantitative (mostly multiple-choice options), qualitative (open comment) and demographic questions. Residents and relatives were asked to give feedback on the service, also make suggestions for service improvements.

Findings

We asked the service about their experience as a care home during the COVID-19 pandemic:

- **Q:** What has been your experience of the level of support with COVID - 19 provided by relevant agencies, for example, GPs, local authority?
- **A:** The Home has had good support from their GP practice – a Doctor from the practice is available, via the iPad one day a week to deal with any routine issues. And once a month the pharmacist reviews the resident’s medication. The home is managed by the local authority and in the early stage of the pandemic, the Registered Care Manager was supported through daily update

meetings via video call with her manager. She felt very supported and currently meets with her manager 3 days a week.

- **Q** How have shifts been arranged during the pandemic and what do you do if a staff member calls in sick?
- **A:** Since the start of the pandemic a decision was taken that care staff wherever possible would work long days. By doing this it decreases the amount of staff coming into the home each day. The manager reported that has worked well for both the residents and the staff.

- **Q:** Have you had adequate access to sufficient PPE during this pandemic?
- **A:** The provider reported no issues in obtaining sufficient PPE during the pandemic.

- **Q:** Number of staff who have/have had covid-19
- **A:** No members of staff have contracted the virus.

- **Q:** Number of staff absent due to the need to shield/self-isolate
- **A:** 2 members of staff had to shield due to personal health conditions. 12 members of staff had to self-isolate due to family members having symptoms.

- **Q:** Has this affected staff capacity? If yes, what solution were you able to put in place?
- **A:** Due to staff from other areas of Provider Services being reassigned to the home, if anything, there have been shifts where there have been over the usual staffing numbers.

- **Q:** Have all staff received, psychological first aid training during the pandemic?
- **A:** The Home has access to the local authority occupational health team. The home provides counselling services as part of the terms and conditions of employment. CQC has provided details of two sites that offer free emotional, psychological and practical support for Adult social care staff during the Pandemic, and details of these are displayed in the staffroom.

- **Q:** Has training been provided to staff to enable them to provide psychological first aid support to residents and their relatives/carers during the pandemic?
- **A:** The Home has access to the local authority occupational health. It was noted that not all members of the staff interviewed during our visit were aware of this service.
- **Q:** Studies confirm that people from the Black Asian Minority Ethnic (BAME) community are affected disproportionately and more vulnerable to the effects of COVID-19, what support have you been able to put in place regarding safeguarding residents and staff from this group?
- **A:** The majority of the staff working in the Home are from the BAME community. 2 members of staff from this group were shielding for the recommended period and are now back at work. The manager met with them to reassure them that everything was in place to support their return to work. Also, for protection for everyone, adequate PPE is available. The home also has a temperature scanner, and all people entering the building have their temperature recorded as part of the protocol. Strict social distancing protocols are in place, and the home has converted a visitor's room into a second staff room to support social distancing. Also, staff are given their personal hand gel and hand gel stations are located around the home. Strict infection control measures are in place and the senior team continues to monitor this. Staff have been issued with traveling masks and are actively encouraged to talk to the manager if they have any personnel concerns regarding their situation. Senior members of staff are trained to check the temperature of residents and staff displaying possible signs of COVID-19 infection. In addition, a risk assessment was completed based on PHE guidance regarding COVID-19 and this has been regularly reviewed during the Pandemic.
- **Q:** Has your service received adequate access to COVID-19/ antibody testing?
- **A:** Residents are tested for COVID 19 routinely every 28 days, and staff weekly. The home was involved in a research project with Queen Mary university when there was a delay in getting test kits, the university students carried out COVID-19 testing. Staff have been offered anti body testing, and the majority of staff took up the offer.

- **Q:** Number of residents who have/have had COVID 19
- **A:** No residents at this time have been diagnosed with COVID 19. One resident who was admitted to hospital contracted it while in hospital and died within 28 days of diagnosis.
- **Q:** How have you found Covid-19 testing for residents, in particular, those with dementia?
- **A:** There has been little issue with COVID 19 testing of residents. The testing process was discussed with the residents and their consent was gained. Most people with Dementia have been compliant with the procedure, on the occasion where a resident has said they didn't want the procedure staff returned later and the procedure was successfully completed. The Senior Staff in the home have been trained to carry out the procedure and all residents are very familiar with them which makes this type of situation comfortable for the residents.

Dietary Needs

Food is prepared in the main kitchen by catering staff, then taken on heated trolleys to the individual units. Residents are encouraged to participate in regular residents' meetings and make menu choices. They are offered a varied menu over three weeks, taking into consideration; any special dietary needs, such as low sugar, allergies, and cultural needs. Individual needs are discussed at the initial assessment stage, included in their individual care plans and adapted to meet their needs.

On the day of our visit, we spoke to some residents after they had eaten their lunch. Everyone we spoke to told us that they enjoyed the food, were able to make choices about what food they wanted and felt that the menus were varied. One resident told us that there was always plenty of food to choose from and he enjoyed the meals. We spoke to a relative of a resident who told us that she observed staff showing patience with her relative around meal times and would accommodate her if she changed her food choice at mealtimes. We were told that there was always plenty of food available for residents if they changed their mind and wanted to change their food choice on the day.

Complaints

All complaints are investigated in line with the home's Complaint Procedure, the manager will e-mail the person and explain how the investigation will proceed.

All complaints are recorded and the outcome is emailed to the person who made the complaint. All complaints are taken seriously and any outcomes are followed up to improve the service.

The care home operates an open-door policy and encourages residents and their families to raise concerns and complaints, they are then dealt with by the management and escalated accordingly if necessary.

We noticed a suggestions and complaints box close to the front reception area. The complaints information notices are placed on the notice boards.

Monthly resident meetings take place for residents where they are asked how they feel about the care they receive, including food choices and the environment. Frequent contact is made with relatives, during which any concerns can be raised. We observed a notice board full of thank you cards from residents, families and carers to staff members.

Staff were able to tell us how they manage complaints and the system that was in place.

Staff responsiveness

The manager and some of the staff we spoke to had extensive knowledge of the residents who lived here and had known many for some years.

A relative of a resident we interviewed, spoke highly of the service and felt that staff were always very responsive and supportive towards her relative and their family.

Residents' meetings are held once a month enabling them to be involved with decisions about their care and an opportunity to voice any concerns and interact with each other. Residents told us that if they ever had any concerns or complaints they were always dealt with quickly.

The Residents' needs are discussed at the initial assessment stage. Together with their family and staff. This meeting takes place to ensure that their beliefs, religion, gender, and sexual orientation are reflected in their care plan and management of care whilst staying at the home. Those who choose to practice their religious beliefs are supported to do so, for example, a weekly church service is delivered for those who want to attend. People are also supported in practicing their religious beliefs outside of the home. Staff are aware and practice delivering a service that is equal and diverse.

Residents told us that they felt they were listened to by staff and were able to express their wishes.

Staff are trained to support resident's needs with the change of season; light clothing and air conditioning are used when needed in the Summer months. We were shown the laundry room where resident's clothes are washed daily by using an OTEX system; a patented commercial ozone laundry system designed to work against environmental bacteria efficiently. The service also uses a red bag system which reduces the risk of cross-contamination.

Prior to the pandemic, residents and family members were encouraged to visit the premises before acceptance at the home. This is no longer an option due to infection risk. However, the home has responded to need and created a virtual visit via iPad and the residents are able to see the actual room that is to be theirs.

The manager conducts the pre-assessment over the phone with the resident and their family, as well as speaking with the social worker, GP practice and any other agencies such as the hospital that hold information around the resident's needs. As a policy, the resident is then required to self-isolate for two weeks in their room when they arrive, for their protection as well as others.

All residents have up to date care plans which are reviewed when the resident's needs change and at least once a month by their key worker. This enables staff to be more responsive to resident's needs.

There are risk assessments in place with sufficient information for staff to manage those risks.

The home has applied for authorisation of Deprivation of Liberty Safeguard for those residents who lack capacity and are not at liberty to leave the home. Up to date records on these individuals are kept.

There were accurate accidents, incidents and safeguarding records in place and systems in place to learn from them.

The manager ensures that she spends part of each day on the floor of the home, observing working practice. Any poor practice is picked up immediately and addressed with the member of staff. The manager takes time out to talk with them and also gets views of the Senior members of staff. Staff receive a complete training package with service policy and procedure.

Activities

Prior to lock down the home had a full range of weekly activities including, Magic Me Cocktail parties, live entertainers, duck hatchings, pat a pet and an inter-generational project with local school children visiting the home regularly.

Since the pandemic lockdown period, things have been different and low-key activities have happened within each unit. One of the reassigned staff is a professional hairdresser so residents are still able to attend their hair appointments.

Since social distancing has been relaxed slightly, they have had their annual barbecue, with each unit staying in their 'bubble' and keeping to the socially distancing rules.

Visitors have been severely restricted as the home went into lockdown quite early, and initially, the manager received some criticism from family members. However, as time went on most people understood the reasoning behind the lockdown.

The home has worked with residents and families to ensure both residents' and in some cases, families' emotional needs are being met. Visiting policies are based upon individualised risk-assessments and shared decision-making with residents, their families and care home staff.

The home has a number of iPads and family members and friends could have zoom visits and video calls with the residents, but this was not always successful and some residents found it distressing. Some residents continue to enjoy Zoom visits.

Once it was permitted, the home set up a rota for families to have a 15 minute socially distance meeting in the garden, once a week, and on days when the weather is not permitting these take place in a designated protected hallway in the home.

The service has adapted and managed to put in place a variety of activities that allow residents to participate in, for example, a memory game about famous people. We observed this activity taking place on the day of our visit. We were told that a member of staff had completed some research, and then trained all staff to be able to deliver the game to residents.

A record of activities that residents participate in is kept by staff. The service had a flexible approach to allowing the residents to engage or not or even change activities to suit their particular mood.

Photographs of Residents Taking Part in Activities



Provision of Care for Residents with Dementia

The ethos of the home is flexible, creative, compassionate and respectful of people's needs. The staff understood the importance of reminiscence for people living with dementia and have memory boxes, a reminiscence room and a magic table, whereby the residents are transported to a virtual world where they can complete jigsaw puzzles, sweep leaves and catch fish.

The signs around the home are dementia friendly and the staff undertakes dementia training which has enabled them to understand the behaviours of the residents.

The tools the staff use are based around person-centred care, 'likes and dislikes', personal life stories. The team understands people's triggers and have tools in place to manage these. The staff have robust risk assessments to ensure all the needs of those living with Dementia are met.

On the ground floor there is a room set aside for residents, family and visitors it has historic memorabilia, including items such as the original Singer sewing machine in it.

Photographs of Care Home – Sky News Report Reporting on an Intergenerational Activity Event



Conclusions

Our findings conclude that the staff team were shown to offer an excellent level of care to those living there. The home had a welcoming, relaxed and comfortable atmosphere - this was reflective of our interviews and observations with residents of the home.

We observed staff delivering care to residents in a kind caring and compassionate manner that showed dignity and respect. The care provided was person-centered and staff listened to the residents' needs and were approachable. The staff team were knowledgeable about the people they were caring for. Staff enabled residents who were independent to enjoy their space and continue to remain independent. Residents appeared happy with the choice of activities on offer and they were able to access and enjoy these.

The provider has worked well to create a safe space and deliver a service of high quality for the people who they care for. Residents were happy with the food choices and felt that the menus met their needs and were culturally appropriate. Residents enjoyed their space, inside and outside in the garden.

Recommendations

Despite the many challenges that the COVID-19 pandemic has presented within the service, we found that the provider responded to the needs of the people using the service quickly and efficiently by adapting their service provision as necessary in order to ensure the safety and wellbeing of their residents while maintaining a high quality of care. Activities for residents were delivered safely and efficiently accommodating their needs where possible.

Based on our key findings from analysing responses of people using the service, staff, and our observations, we would like to recommend the following:

Recommendation 1

Since the COVID-19 pandemic, the service has put in systems in place for staff to access psychological support and training. This includes support via the local authority occupational health team and counselling, emotional, psychological and practical support for Adult social care staff during the Pandemic provided by the Care Quality Commission (CQC). Though the service had informed the staff of these services, including information displayed in the staff room, not all staff seemed to be aware of this. We recommend that the service work with staff to ensure that they are fully aware of the services on offer and how to confidently access them.

Recommendation 2

We found that the service was well-led and supported people to remain as independent as possible by offering good quality care, including clear models and practices of person-centered dementia care.

We recommend the sharing of this report with commissioners, Local Authority, Care Home provider Forums and other relevant health and social care forums in order to promote the service as a model of good practice.

Service Provider Response

Recommendation 1

Since the COVID-19 pandemic, the service has put systems in place for staff to access psychological support and training. This includes support via the local authority occupational health team and counselling, emotional, psychological and practical support for Adult social care staff during the Pandemic provided by the Care Quality Commission (CQC). Though the service had informed the staff of these services, including information displayed in the staff room, not all staff seemed to be aware of this. We recommend that the service work with staff to ensure that they are fully aware of the services on offer and how to confidently access them.

Until the end of the Pandemic, we will be discussing at every staff meeting how staff can access counselling, emotional, psychological and practical support if it is needed, to ensure that everyone is aware of what is available.

Recommendation 2

We found that the service was well-led and supported people to remain as independent as possible by offering good quality care, including clear models and practices of person-centered dementia care.

We recommend the sharing of this report with commissioners, Local Authority, Care Home provider Forums and other relevant health and social care forums in order to promote the service as a model of good practice.

We will be sharing this report with the Local Authority, commissioners and relevant forums.

Acknowledgments

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their co-operation and hospitality in hosting this visit. We welcome all contributions to this Virtual Visit programme.

Distribution and Comment

This report is available to the general public, and is shared with our statutory partners – London Borough of Waltham Forest, WEL Clinical Commissioning Group, Integrated Commissioners, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

About Us

Healthwatch Waltham Forest

Waltham Forest Resource Hub (central)

1 Russell Road

London

E10 7ES

Tel 020 3078 9990 | info@healthwatchwalthamforest.co.uk

www.healthwatchwalthamforest.co.uk

Company No 8395175 Registered in England.

Registered Charity Number 1154603

