

## Enter and View – Visit Report

Name of establishment: Clore Manor  
160-170 Great North Way  
Hendon, London, NW4 1EH

Staff met During Visit: Ms Maria Dziedziurska – Registered Manager

Date of visit: 17 January 2017

Healthwatch authorised representatives involved: Stewart Block  
Jeremy Gold

### Introduction and Methodology

This is an un-announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Volunteers. An initial E&V visit was undertaken in May 2016 and a report and series of recommendations was published. The report is available on the Healthwatch Barnet website and includes the Manager's comments on the recommendations. Two members of the original E&V team undertook a follow-up re-visit on 17 January 2017 to assess how the recommendations have been actioned and to talk to residents and relatives.

These visits are part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet 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.

This follow-up Report is sent to the Manager of the facility visited for validation/correction of facts, and for their responses to the comments. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC, Barnet 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, visitors and residents who met members of the Enter and View team on that date.***

## **General Information**

The two volunteers arrived at the home at about 10.30am on the morning of the unannounced visit. A letter of explanation and authorisation was brought with the team. They were courteously received by the Manager who said that she would be happy to talk but only for a limited time because she had an 11am meeting with District Nurses. One of the volunteers stayed to talk to the Manager and the other went into the lounge to talk to residents, relatives and staff.

During the short talk with the Manager she received a 'phone call from her line manager querying our right to conduct an unannounced visit. After the Letter of Authority was read out to her and her checking with Healthwatch she was apparently content for the visit to go ahead.

We set out below our original recommendations, the Manager's comments, and our current findings and comments.

## **Original Recommendations and Manager's comments**

### **1. Consult Residents on their views about the use of TVs in the lounges.**

*Manager's Comments (May 2016): All TVs are turned off during Shabbat, and for those who wish to watch TV on a Holy Day they could do so in their own private rooms. This was discussed during our residents and relatives meetings.*

We were told that the main TV is now only turned on daily when requested by a resident. It is off on Shabbat. There is a new smaller TV in a different part of the lounge for those who want to watch a different programme. The Manager said that this issue was discussed at one of the monthly Residents' and Relatives' meetings.

### **2. Investigate improved provision for Dental Care.**

*Manager's Comments (May 2016): This has been completed.*

We were told that improved provision for dental care had now been put in place. Residents go to one of two local dentists and discussions are in hand with the local NHS dentist to provide on-site dental services, namely, Mill Hill Dental Surgery.

### **3. Explore if it would be useful for the Manager to keep a site Complaints book logging the dates of all issues and how and when resolved.**

*Manager's Comments (May 2016): This is now in place.*

The organisation has a Quality and Customer experience team. Complaints may be escalated to this team, in accordance with the organisation's complaints policy. There is a clear process for the organisation to follow, including who investigates the complaint. Complaints that don't meet the threshold for referral to this team, are dealt with at a local level, and the home collates the information in a complaints folder. Information is added to the folder as the complaint progresses. In addition, there is analysis of complaints, which provides a more strategic approach to them. We were shown a loose leaf file in which the original complaint and the follow-up paperwork are kept.

**4. Residents to be encouraged and reminded to wash their hands before meals**

*Manager's Comments (May 2016): This is individual choice.*

We raised the issue as a matter of infection control rather than the religious aspect. We were told that residents were encouraged to wash their hands after going to the toilet and before meals, it was not possible to check that residents actually used the wash basins in the toilet. We suggested that hygienic hand wipes or a similar product at the table might be effective.

We are informed that this has been immediately implemented. Each unit offers residents wipes before each meal and encourage them to wash hands before they start meal. Some are fully supported by staff with his activity.

**5. Ensure that the Jewish Care Complaints policy booklet is prominently displayed.**

*Manager's Comments (May 2016): The comments, complaints and compliment booklets have been put in the reception area.*

We saw that a simple form was in the leaflet rack by the entrance door. The organisation's 'Complaints, compliments and comments' leaflets are at the front of the house, encouraging visitors to give feedback. There is also a suggestion box placed next to sign-in book for staff and visitors.

**6. Where appropriate, family members should be involved in the Care Plan and all family members told of its existence, and time is available for them to be reviewed with staff and residents/relatives.**

*Manager's Comments (May 2016): This is ongoing*

We were told that our Recommendation has been implemented and that Care Plans are now signed as appropriate by a resident or family member/carer. Unfortunately, due to the pressure of time it was not possible to verify this.

## **7. Check that all Care Plans record the correct Burial Society**

*Manager's Comments (May 2016): Placing records around resident's interment wishes in all care plans will not be achievable as not all made such wishes and also not all of our residents belong to a burial society. We record the interment wishes when appropriate and where clear decision has been made.*

It was noted by the Manager that where there are no available friends or family to advise on burial procedure the local authority was informed and made the necessary arrangements. There are no particular issues in contacting the relevant local authority officer. The *Jewish in Jewish Care Group*, led by Rabbi Junik, also supports the home with burial arrangements.

## **8. To explore if it would be of benefit to the residents to have the Quiet Room available to them and furnished with easy chairs.**

*Manager's Comments (May 2016): Quiet Lounge was opened three years ago, it is and has been used by residents and families. It is furnished with table and chairs.*

We understand from residents', relatives and our own observation that this room is not always available for residents to use. It is also used for other purposes e.g. meetings (both internal and external), and training etc and was furnished appropriately though did have some armchairs and a sofa on one side. We noted an area by the front door and outside the lounge used as a (relatively) quiet area by a couple of residents. The Quiet lounge is also used for resident's activities, such as the Readers group, photographic classes, computer classes and many more. Resident's tend to use this space more often in the afternoons.

The Manager also noted that is important to provide quiet areas for staff.

## **9. Consider extending relevant specialist training from Team Leaders to include their junior staff**

*Manager's Comments (May 2016): Some of the junior staff are and have been part of the Team Leader training programme and have attended any specialist training.*

We were shown an updated training schedule showing the various training courses staff are due to attend. Various staff members said that generally requests to go on particular courses are granted and that specialist training for roles above their normal work is provided. Particular mention was made of medicine dispensing.

Additional Observation

A family member raised an issue which was not in our previous report, but we felt was relevant. This was lost laundry.

She was upset to see her relative, normally fastidious in their dress, wearing another person's clothes. The family member said that she had raised this issue with the Manager on previous occasions but had not yet received a satisfactory answer.

Recommendation: The process for keeping track of resident's laundry is fully explained to all relatives and reinforced with the staff to ensure that residents' correct laundry is returned to them.

Response from Manager: This issue was reported to manager the day before and was immediately passed on to Hotel Service Manager who is currently working on an improvement plan for the Laundry service within home.

**Conclusion:**

Clore Manor provides a warm, safe, caring environment for its residents. We would like to see attention paid to laundry administration, but were pleased to see that many of the recommendations made in our previous report had been actioned and addressed.

Report Date February 2017