Enter and View – Visit Report

Name of establishment:	SAGE 208 Golders Green Road London NW11 9AL
Staff met During Visit:	Registered Manager: Analiza Eborde Two Deputy Managers Finance Manager
Date of visit:	13th December 2016
Healthwatch authorised representatives involved:	Derrick Edgerton Marion Kafetz Monica Shackman Janice Tausig

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet'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 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.

The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. Questionnaires are provided for relatives/carers/friends who are not able to attend on the day of the visit, but wish to provide some feedback. These are returned directly to Healthwatch. The volunteers compile a report reflecting all of this, 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 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, and those who completed and returned questionnaires relating to the visit.***

Executive Summary

A home, run with strict adherence to Orthodox Jewish traditions, which had been the subject of poor reports from the CQC, and whose staff told us that there had been problems, that appears to have turned itself around by staff team work, staff restructuring and overhauling procedures and protocols with the help of external expertise This has led to greater staff stability and hence a more consistent and stable approach to the care environment.

General Information

Prior to the visit by the team, Healthwatch Barnet forwarded a questionnaire to the manager that seeks much of the factual information for this report. The completed questionnaire was not received until after the visit, hence causing a short delay in writing this report.

This is a purpose-built nursing/care home opened in 1992 and run by the SAGE charity (The Sidney and Ruza Last Foundation at The Yehoshua Freshwater Centre, registration number 1001916). SAGE, in accordance with its charter, is required to have 60% of its residents from those who could otherwise not afford fees.
The charity is overseen by a Board of Trustees and the Home by a Management Committee and a House Committee.
The Home is built over four floors and has sixty single ensuite rooms. On entering through controlled double sliding doors one is in a reception area with a manned desk where a signing-in book is present. On the wall is a large screen showing the day's activities, meal times and menus. To the front were two lifts that gave access to the other three floors. To the right were the administrative offices, the Synagogue, a lounge, conservatory

and a kitchenette area where relatives could make tea etc. The larger open plan area, to the left, consists of lounge and dining areas, but has the ability to be split into smaller areas by hanging folding doors.
The second floor had controlled access and was the designated Dementia floor. The first and third floors did not have controlled access. All three floors were of similar design and had the resident rooms set back off the L-shaped corridor, so that each room had a small lobby. Each room door had the name of the resident on and some had a photo. The Garden rooms are slightly larger than the others, but a resident is able to move rooms, if desired, when a more preferable one becomes available. At the corner of the L, was the nursing station for the floor. This meant the majority of the rooms were visible from this point. The majority of rooms are ensuite with wc, wash basin and shower. Residents were allowed to bring in one item of furniture when moving in, and their own smaller items (pictures, photos etc). Rooms were furnished with a single bed, wardrobe, drawers and a bedside cabinet. Few of the rooms we saw had any easy chairs, though a significant number of residents were wheelchair users. Most had televisions, and telephones. A clinic room and a lounge were on each floor.
The first floor had recently been refurbished and the clinic room was spacious. Those on the other two floors that had yet to be refurbished were quite cramped.
The lounges on the three residential floors appeared underutilised and had some inappropriate fittings (hand towel dispensers) and items / boxes stored in them.
The team only saw one bathroom and this, whilst having relevant aids, was being used to store wheelchairs, so was unusable safely without having to move equipment out.
All doors were fitted with hold-open devices that would ensure the doors closed in an emergency. Each room had a call bell system fitted.
All areas were clean and well maintained.
There is a car park and on street parking is also available.
The building is surrounded by well-maintained grounds which are accessible and used when weather is appropriate. If residents wish to smoke, whilst there is a designated smoking area, the majority prefer to go out in to these grounds.
At the time of this visit there were 57 residents.
The Home is currently undergoing a gradual phased refurbishment, carried out slowly to avoid major disturbance. It was originally designed

as a Residential Home but care is now divided between residential and nursing and consequently restructuring is needed.

Care Planning

This had undergone a major review since the appointment of the current manager in March 2016 as it had been an area of concern to the Care Quality Commission (CQC). The CQC had now expressed satisfaction with the system but careful monitoring is still going on. The organisation had had assistance from the Bradford University Dementia Advisory Group in planning the care for those residents with dementia.
Care planning also involves researching the resident's life history to give insight in to the individual preferences. Care plans are reviewed monthly and are accessible (if asked for) by residents and relatives. Care plans are shown regularly to relatives, who sign them off.
The questionnaires from the relatives expressed satisfaction with this area and the majority felt they had adequate input to this and most of the relatives we spoke to here had a good understanding of their relative's Care Plan.

End of life care was planned for taking into account the wishes of the resident and their relatives. The home utilised the expertise of the Hospice.

Management of Residents' Health and Wellbeing

A local GP practice, to which a retainer is paid, regularly attend the home and were highly praised in some of the relative's questionnaires. The nursing and care staff were generally highly regarded, from conversations with residents and the returned relative questionnaires, although some residents had difficulties understanding some of the accents. Out of hours, BarnDoc service is used. The home also has access to JDoc (private GP service).
SAGE has several physiotherapists on the staff (we were told 1 to every 8 residents) and they ensure that the residents are able to exercise as much as possible. They cover 5 days a week. Those we saw at the time of the visit were actively interacting with the residents and it appeared the residents enjoyed this.

An optician and chiropodist make regular visits to the home.
Residents have their weight monitored on a monthly basis (more frequently if required) and use is made of the MUST tool (Malnutrition Universal Screening Tool).
If clinically indicated, resident's fluid intake is monitored. Due to the home being strictly kosher, there are restrictions on drinks containing milk being served after meals containing meat, but all the returned relative questionnaires were happy with the availability of fluids.
Water jugs were seen in each room and residents were being encouraged to drink before and at mealtimes.

There is a wound care plan (if required) and there is good support from the local Tissue Viability Nurse.
There are currently residents receiving treatment for Parkinson's, Stroke, Diabetes.
Residents are taken to appointments at hospitals accompanied by a staff member if no family member is available. There is a charge for these planned appointments, but not in an emergency situation.
We were told that many residents at SAGE need Power of Attorney and many have Deprivation of Liberty Safeguards**.**
One relative said, "There are now more staff – in particular more men and things have improved".
Another resident said, "There is excellent care here; it is much better than the care I received at home".
A large proportion of residents were in wheelchairs of varying complexities. Some were provided, others were privately owned. It would appear that those who were in wheelchairs stayed in them whilst in the lounge/dining area.

Staff

Each floor is managed by a nurse, and overall management of nursing responsibilities is with the Manager. Nurses are rostered time away from nursing duties for management duties.
We were told that stand up Staff meetings are held on Mondays; which consists of the Manager, 2 deputies, admin, finance controller, maintenance, activity manger, domestic and floor managers/nurse for 45-60 minutes. On a Friday, the Manager meets with the floor managers/nurse for a clinical meeting)

During the morning part of the day, there are 6 nurses and 15 carers on duty, plus 2 lounge staff (carers who work specifically in the lounge area). During the afternoons, there are 3 nurses, 12 carers and 2 lounge staff. At night, the home is covered by 3 nurses and 6 carers.
Several of the residents (10) have personal privately funded carers as well. We were told that their presence no way diminished the care given to those residents by SAGE staff. Those private carers spoken to agreed.
There are dedicated housekeeping staff, administrative staff and maintenance staff.
One of the deputy managers has lead responsibility for training, the other for pastoral matters.
14 of the residents have 1:1 care for all or part of a 24 hour period. However, it should be stressed that these are for genuine needs but their presence clearly supports other staff.
Quite a few Bank Staff are used but because they are working quite regularly for SAGE, they know the residents well. We were also informed that the number of Agency Staff has now been considerably reduced by the present Manager.
A new Lounge Supervisor/Assistant Activities Coordinator had just been appointed in the previous 6 weeks who works closely with the deputy manager to ensure a high standard of care and activities for residents. Unfortunately, she was ill on the day we visited. There are now 2 activities co-ordinators and one helper in this area.
Staff are provided with meals free of charge, which are the same as those for the residents but eat separately from the residents (although the staff room was relatively small).
Many of the staff at Sage have been working in the home for more than 10 years, including two members of staff who have been working there for 22 years and 16 years respectively. This has given very useful continuity to the Home particularly when CQC was involved. Equally, there are new members of staff that provide new ideas to the home.

Supervision occurs every 2 months and appraisal annually.

Staff Training

Training is varied and is provided by several means. Areas covered include First Aid, Wound care, Dignity Training, Care Planning, Mental Capacity and DOLs, food hygiene. Clinical training in venepuncture, catheterisation, PEG (percutaneous endoscopic gastrostomy) and NG

(nasogastric intubation) feeding is also given using external providers. Some expertise is bought in, some training is done by e-learning. The courses offered by Barnet Council are also used. SAGE is currently participating in the introduction of a scheme (run by Barnet Council) called "Significant 7" aimed at improving the well-being of residents. Significant Seven training had been undertaken by staff just 2 weeks prior to our visit. It was felt by some staff that the amount of time spent interacting with residents on a one to one basis and monitoring individuals could be improved.
We were told that there had been a high turnover of HCAs (healthcare assistants) in the past but it is no longer an issue**.** As against this, where a HCA has shown considerably ability, there has been room for development as one of the Deputy Managers started as an HCA and now deputises for the Matron and trains the HCAs and monitors training completed.

Activities

There is a well-planned activities program which is publicised widely throughout the building. The organisation also has its own transport and outings are arranged e.g. Brent Cross, Golders Hill Park, Synagogue tea parties. Other activities included flower arranging, painting, chollah making. A regular visiting entertainer comes to the home and music and exercise classes are provided. Some relatives felt that the majority of the activities require visual skills preventing those with a visual impairment from fully participating.
All the Jewish festivals are celebrated and prior to major religious festivals, a Rabbi will attend to explain to the staff what the festival means.
We were told that at weekends many visitors attend. There were several visitors during the time the team were present.

Food

We were told that breakfast is served 8:30 – 10:30 and that residents have a choice as to when they get up. However, not all the comments we

received reflected this possibility. Residents will usually have a drink and eat before they wash and dress.
Lunch is between 12:30 – 1:00pm
The evening meal is served late afternoon and there are snacks available for the later evening. Residents are able to eat in their rooms if they prefer- this last point being backed up fully by relatives' questionnaires.
Food is prepared on the premises by external caterers under supervision of an independent scrutineer. It is strictly kosher. Fruit drinks or water are served with the meals.
(It was noted by the team members who went in to the kitchen, that whilst they were asked to don white coats, the majority of others in the kitchen were not wearing white coats / aprons or hair nets.)
The menu is on a rolling 4-week cycle. Alternatives are always available but this may only be a different style of preparation, not content (eg cold chicken instead of grilled chicken). Menus are displayed on each table.
The residents spoken to enjoyed the food and this was supported by most of the returned questionnaires. One resident said,"The food is good here, you never go hungry". Another relative commented that feedback/suggestions on food were not always taken on board.
Special meals (soft, pureed) were catered for, as were other dietary needs.
Volunteers and some family members come in to support residents at meal times.
At least one resident was being fed by Nasogastric tube (NG) and another by Percutaneous Endoscopic Gastronomy (PEG).
Non-residents are allowed to book and partake of lunch and evening meals for a charge.

Engagement with Relatives/Residents/ Carers

The majority of relatives' questionnaires and residents spoken to, were happy with the amount of involvement and the input that they gave and the resulting outcomes. There are resident / relatives floor meetings every 6 weeks. There is also an annual residents' satisfaction survey. Residents and relatives also have the opportunity to meet the Trustees on an annual basis. The relative questionnaires that were returned also generally expressed satisfaction at the willingness of management to listen to concerns and the response.

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Compliments/Complaints/Incidents

The team saw the complaints / incident reports. There were no areas of concern. The relative questionnaires were generally complimentary about the Home.

Conclusions

A home, which had been the subject of poor reports from the CQC, and whose staff told us that there had been problems, appears to have turned itself around by staff restructuring, team work and overhauling procedures and protocols with the help of external expertise. This has led to greater staff stability and hence a more consistent and stable approach to the care environment. We were told there is currently a waiting list for people wanting to come into the Home and 7 of the 8 questionnaires returned said they would recommend SAGE to others.
It is hoped that the unified leadership supplied by the Senior Management Team continues to promote the positive attitude within the staff as a whole, thus ensuring that the care experience of the residents is maintained at a high standard.

Recommendations

1) When refurbishing the second and third floors:
   - take account of suggestions from residents, relatives and staff.
   - regarding the way in which rooms are used to ensure safety and pleasant surroundings
   - consider allocating appropriate space for staff to have their breaks
   - ensure all equipment is stored in appropriate specific storage places
   - consider specialised knowledge regarding how dementia residents perceive their surroundings, to make the second floor as dementia friendly as possible
2) Consider having reception staff on duty at weekends, when (we were told) many visitors attend.

3) Look at activities that include residents with visual impairments. (one suggestion was to have debates) and the importance of 1:1 time with residents.
4) Look at food alternatives when requested, not just different presentation of the same content.
5) Consider the introduction of "pictorial menus".
6) Ensure that, as per regulations, every person working in a food-handling area must maintain a high level of personal cleanliness. They must wear suitable, clean clothing and, where necessary, protective clothing.
7) Use the supervision and appraisal meetings to monitor the understanding of training that has been undertaken, especially e-learning.

Response from the Manager

We have received the following very helpful comments from the home manager in response to the recommendations made.

1. We will consult with residents and relatives about their preferences and choices to make their room more comfortable and homely. We will have discussion with the builders and staff to ensure that points above are considered when refurbishing the 2nd and 3rd floors.
2. We have a receptionist on a Sunday from 9 am to 6pm. Saturday is the only day we don't have a receptionist but the general deputy manager is always here on a Saturday. Also, we have volunteers on Saturdays.
3. We do have a discussion group attended by residents and relatives on a Thursday. They discuss current affairs and have opportunity to raise thoughts and opinions. Music is once a week. All activities that we provide can be adapted to residents who wish to take part despite having impairments. Once a week, the Activity Manager does 1:1 to all the residents on the floor who do not come downstairs and staff on the floor also do 'meaning moments' with residents.
4. This is a work-in-progress. Had a meeting today with the catering team to try and solve any issues and the meeting will be on a monthly basis. The nutritionist/dietician is involved when planning the menu. Alternate menu will be available for the residents to choose from.

5. This has been discussed in today's meeting and will be soon implemented.
6. This will be addressed and monitored strictly.
7. This will be introduced

Report Date: February 2017