

Enter and View Revisit Lady Sarah Cohen House

Name of establishment: Lady Sarah Cohen House

Staff met During Visit: Ms Denise Cooper – Manager
2 other members of staff
3 relatives

Date of visit: 16 February 2017

Healthwatch authorised representatives involved: Mrs Tina Stanton
Ms Marion Kafetz

Introduction and Methodology

This is an unannounced 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.

This 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 16 February 2017 to assess how the recommendations have been actioned and to talk to residents and relatives.

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.

We felt that in general the recommendations that we had raised previously had been taken on board and that the Manager and staff were working hard to improve matters. Whilst there was evidence of excellent care there are still some concerns raised by relatives that not everyone's personal care needs are being fully met as detailed below. Each of the numbered recommendations from the previous report are shown below, with the initial response from the Manager shown in italics at the beginning of each point.

We spoke to the Manager whom we had seen at the earlier visit, who has now been offered and accepted the permanent position of Manager at Lady Sarah Cohen House. She stated that she is now in the position to use the recommendations of the previous report as part of her development plan for the home.

Original recommendations from Healthwatch:

- 1. To review staffing and consider taking on additional permanent staff in light of the needs of the current residents who are mainly high dependency.**

Manager's comments : May 2016

(From May 2016 report) Jewish Care staffing ratios are higher than industry standards and we take account of dependency levels when we are assessing residents for admission. We are challenged by the growing dependency needs and the fact that the fees we receive from local authorities and CCGs fail to cover the actual cost of care. We are monitoring the challenges we are facing, and are trying to use staff and volunteers more effectively at times of the day when there is greater need.

This is an ongoing issue for all care and nursing homes: the current financial strictures on social care mean that we need to engage with you to be able to put pressure on the statutory authorities to help us deal with the increasing levels of dependency of people who come to live at Jewish Care. Meanwhile we are trialling a new dependency tool, which will demonstrate the high levels of dependency we are currently facing. This tool will give us evidence of the serious underfunding to present to the statutory authorities to make our case even more forcefully.

Revisit Questions: How has the monitoring of the use of staff and volunteers at different times of the day gone?

Have you used the new dependency tool and what was the outcome?

We were told that they the staff ratio had been increased to 3.5 per person rather than 4 per person as previously. Two additional nurses had been recruited and an additional care manager for the 1st floor who was an RMN (Registered Mental Nurse). 9 new care assistants had also been recruited, although some of these replaced care assistants who had left. They had also recruited a full-time post to help staff where English was their second language. There are also four student nurses attached to the home as part of their training with two local Universities.

We were told that the home was looking at ways of decreasing agency staff and retaining staff. The new dependency tool had not worked and they had reverted to the pre-admission tool that had been used previously.

We spoke to 3 relatives; one, whose relative was receiving 'end of life' care, was very satisfied with the care and attention and said that the staff had the rights skills and ability to provide excellent care.

This contrasted with comments received from one relative whose relative had severe dementia. They told us that staff did not appear to have the understanding or skills to provide the best care in terms of mental stimulation. They were concerned about their relative's personal appearance which they felt would have been important to the relative. We spoke to the assistant manager about this who sensitively explained the complex circumstances of the situation. Another relative told us that staff were not always available at the times required in the care plan to assist their very dependent relative. Their relative sometimes missed activities because they were not taken in time, sometimes due to times coinciding with staff breaks, and concerns about health issues associated with them attending, though the relative felt it was important for them to do so.

One relative told us that there were not as many staff on at weekends, they said 'care seems to stop on Fridays and restart again on Mondays' there are less volunteers around at the weekend'.

Manager's Response: Please be advised that staffing numbers remain the same every day of the week.

2. To review staff appraisal procedures and ensure that staff have implemented these.

Manager's Response: May 2016

As explained in the interview, appraisals for the year have commenced and supervisions are being conducted according to Jewish Care Policy, with every member of staff having a supervision at least every two months.

Revisit Questions: Are staff receiving supervision every two months?

The Manager told us that staff were now receiving monthly supervision on a one-to-one basis which was linked to their annual appraisal.

3. To review the use of care plans to ensure that both residents, when able to, and relatives, understand them and are involved in care planning

Manager's Response: May 2016

We take the care of all of our residents very seriously. We are writing to family members inviting them in to review the Care Plans, if this is appropriate. All our Care Plans are being thoroughly reviewed to become more person centred and therefore more pertinent to the resident as an individual.

Revisit Questions: Have relatives been written to inviting them to review their relative's care plan?

We were told that relatives had been contacted by phone if appropriate, and that Jewish Care was looking at piloting e-care plans in the near future which should be more efficient. The staff would choose a 'resident of the day' whose care was then discussed in detail as a reflective practice exercise during the afternoon handover. Two of the relatives we spoke to had not been contacted and were not participating in care planning. One relative told us that they did not know who their relative's key worker was.

Manager's Response: *We have discovered that the care planning review process is not necessarily well understood by relatives and we do need to explain this in more detail.*

We are currently reviewing the key worker system.

4. To review the use of the television, perhaps surveying residents and relatives for their views.

Manager's Response: May 2016

Staff are reminded to ensure that the TV and radio are on at only appropriate times and according to the wishes of the residents. The use of TV during meal times is closely monitored and, unless a resident particularly wants it on (for example if they do not wish to sit in the dining area and eat), it is turned off. We will put this on the agenda for the next round of residents' and relatives' meetings.

Revisit questions: Was the use of the TV discussed at the resident's and relative's meeting?

The Manager told us that the televisions were not on at breakfast time anymore and music was played instead. There had not been time to discuss this at the residents meeting. We only observed one television on at the time of the revisit, with one gentleman watching it. We saw the notes of the last residents meeting which had taken place in December

5. To review the relationship with the visiting GP to address concerns of the residents and relatives.

Manager's Response: (May 2016)

As discussed at our meeting, the demands on the GPs' time are many and their priority has to be to see ill residents. The GPs, although they allocate a certain time for each visit, will see any resident who needs to see them. They do not always have time to see relatives, however they will call or meet with relatives if there is a need for urgent discussion.

We will ensure that this is put on the agenda for the next round of residents' and relatives' meetings. The issue of GP support in nursing homes is major point of discussion/concern in the sector generally and in the borough. It is something which we think Healthwatch Barnet could assist us in dealing with by bringing to the fore with the relevant health authorities.

Revisit Questions: Was this matter also discussed at the residents and relatives meeting?

Two further GPs would be helping out and visiting different floors in the home. Two of the three relatives that we spoke to complained about the attitude of the GP and felt he was unhelpful.

Manager's Response: *We have three surgeries per week in the home, and GPs do provide additional support if required. We are reliant on 111 and Rapid Care for out of hours support.*

6. Pay more attention to the use of hearing aids (know how/when to change the battery and check regularly).

Manager's Response: *(May 2016)*

Training has been accessed by Jewish Care and is being cascaded to all the care staff.

Revisit questions: Has the training happened and has it been cascaded?

The Manager told us that they have commissioned specialist support from the Jewish Deaf Association to support residents suffering with hearing loss.

7. Where residents are unable to get themselves a drink for themselves, for staff to monitor and assess on an individual basis, and to record in the care plan at what time intervals to offer a drink.

Manager's Response: *(May 2016)*

Our procedure is that the healthcare assistant who is responsible for the lounge must always monitor a resident's fluid intake and ensure that all residents are offered adequate fluids.

Where a resident is in their room or away from the floor, all staff are aware that they must check regularly that the resident has had a drink. Where a resident is reluctant to drink, the refusal must be documented and another drink offered a short while later. Where there is concern for a person's fluid intake, the resident is monitored by the use of a fluid balance chart.

Revisit Questions: How many residents are monitored using a fluid intake chart currently?

Following our previous report new jugs had been purchased to ensure that there was one in each room. One relative told us there was no jug in their relative's room, but we did not visit to check this. The Manager told us that she received a daily report showing fluid charts for residents.

8. To publicise that the interim manager has an open door policy where relatives have the opportunity to pop in to see her if they so wish. To give feedback to residents and relatives regarding any queries and concerns.

Manager's Response: (May 2016)

I have put notices on each floor and will aim to meet with any family member who wishes to see me either to 'say hello' or to hear their concerns.

I personally meet with as many people as possible when they raise a concern or query, or I will answer them by letter or e-mail. I ensure my senior staff do the same. There is a programme of residents' and relatives' meetings which I attend together with senior members of my team.

The Manager has moved her office to the ground floor which is much more prominent and visible. She has put notices on each floor. She and her deputy eat in the restaurant at least twice a week where they are able to interact with more relatives.

Other points:

The Manager told us that one lift was now out of commission and would be replaced in the next few weeks.

Two relatives commented that there were problems with the laundry and their relatives' clothes had gone missing.

One relative commented that they felt residents would benefit from pets being taken into the home.

Manager's Comment: This is subject to residents' views, as some are fearful of animals. We will be trialling a volunteer who has a specially trained dog

Conclusion

We felt that the recommendations that we had raised at the last Enter and View visit had been taken on board at that the Manager was working hard to improve matters. Whilst there was evidence of excellent care there are still some concerns from some relatives that not everyone's personal care needs are being fully met.

Report Date: April 2017