healthwatch Barnet

Enter and View – Visit Report

Name of Establishment:	Clara Nehab House 13 – 19, Leeside Crescent London NW11 0DA
Staff met During Visit:	David Lightburn............General Manager Grace Ramalho...........Registered Manager Deputy Manager Several other staff whilst on tour of premises.
Date of visit:	24th February 2015
Healthwatch authorised representatives involved:	Mr Derrick Edgerton Mrs Sheeba Edgerton Mr Jeremy Gold Mr Derek Norman

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. They compile a report reflecting these, 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.

General Information

Clara Nehab House was founded in 1964 and now comprises 4 houses merged in to one. It is run by the Leo Baeck Housing Association and is a member of The National Jewish Association of Care Homes.
It offers care accommodation for 25 people in single ensuite (wash-basin, WC and walk-in shower) rooms of varying sizes spread over three floors. Located in the large garden at the rear are two bungalows for renting out to elderly people who live independently, but have the comfort of knowing assistance can be summoned if required. At the time of the visit there were 23 residents and 1 bungalow in use.
At the front of the premises was some off street parking, but adequate on street parking is available. A bell with an intercom controlled entry into a small lobby with a signing in book and a second locked door allowed one to enter the main lobby. Off this main lobby were several offices and crossing it was the main corridor. On the table in this area was a leaflet stand containing leaflets on food, advance care plans, medicines, complaints, falls prevention and safeguarding. Posters advertising this visit were prominent. Also displayed were various registration documents and the Food Standards Agency 5* rating.
Off the main corridor was a small lounge with several armchairs, a large aquarium, many pot plants, and bookcases with a large selection of books, DVDs and CDs plus a music centre.
On the opposite side was the main lounge/dining room. There seemed to be sufficient tables for all the residents to eat in one sitting. Chairs were grouped around the room at focal points (TV, large aquarium) so as to encourage conversation. The TV appeared not to be left switched on indiscriminately. Several pot plants were present.
Also on the ground floor were the kitchen, laundry room and several resident rooms.
The ground floor was on two levels and there was a stair lift to cover the few steps between them. There was a lift that served all three floors. The first floor consisted mainly of resident’s rooms. On the second floor were more resident’s rooms, plus a food storage area and a large staff rest area, consisting of lockers, seating area and a shower room. On all of the

floors there were additional bathrooms/wet rooms equipped with WC, washbasin, bath and showers, all with appropriate aids.
All the areas and residents rooms that we saw were well lit, well decorated, clean and tidy. Resident's rooms were furnished with armchairs, wardrobes and a chest of drawers. The corridors and common areas were painted in light pastel shades with many pictures and drawings hung on the walls. All furniture seemed of a good quality.
There appeared to be adequate fire alarms, fire notices and fire extinguishers around. Doors were fitted with automatic closers.
Each of the resident's rooms and bathrooms were equipped with a call system. In addition to the call system in rooms, each resident had a necklace with a call button device. If pressed anywhere in the premises the location is indicated on one of several displays located around the home. To shut the alarm off the button worn by the individual has to be reset.
The large garden was accessed from the main lounge, which opened on to a patio area from which a gentle ramp went down to the main area. This was mostly grassed over. Several benches were present.
The home has a minibus (with a tail lift) which is used to take residents to appointments or on outings.
Although not involved with the Council's Quality in Care Homes Team (IQICH) the home are actively involved with the Jewish Association of Care Homes.

Care Planning

This starts with an assessment of the potential client obtaining as much information as possible about their likes/dislikes, medical conditions, care requirements, social and life history. Information is also obtained from relatives, social workers and medical professionals. Sometimes the individual attends for a guest day. There is an initial six week "trial" period for both sides (although we were told that no one had ever withdrawn or been refused). After this the care plan is reviewed and a permanent plan put in place. We were shown the documentation which was comprehensive and were told that daily entries are made in each residents care plan folder.
Care plans are kept centrally and reviewed on a monthly basis and clients and staff (and other health and social care professionals) have access to them. Relatives only have access if permission has been given.

We were told that the average age was 93yrs and that 16 out of the present 23 residents are diagnosed with dementia.

Management of Residents' Health and Wellbeing

Residents can keep their own GP if they wish, but the home is covered by a local practice. A GP attends every Wednesday and as required. Out of hours the 111 service is used.
Dental care is by private arrangement. An optician visits every six months. A private chiropodist attends every six weeks.
Medicines are stored securely. Each resident's medication is in a blister pack prepared by the pharmacy.
There was an awareness of the Rapid Response Team, but it had not been used. The district nurse service was used as necessary to administer injections, change dressings etc.
Each care plan has a body map and this is for the monitoring of the skin condition. Any indication of damage would be recorded, reported, treated and monitored as appropriate. (only 1 recent incident of an individual resident returning from hospital with a pressure sore).
Residents are weighed monthly.
Fluid intake is monitored and it was noted that at lunch time staff went round filling and refilling the resident's glasses.
We were told that whilst residents are encouraged to come to the main lounge in the mornings, if they wished to stay in their rooms, they could. We were also told that they could go to bed when they wished.

Staff

In addition to the care staff there was a driver/handyman, chef and 2 assistants, laundry worker, cleaner and admin staff.
For the care staff, there were two shifts, day and night. Each shift is 12hrs.
Day staff started between 7am and 9am and finished between 7pm and 9pm. There were 5 care workers on duty plus the mangers were available at the time of our visit.
Two staff work the night shift (8pm – 8am). These are dedicated night workers. If required management assistance can be called for (an on-call rota operates).
Agency staff are, we were told, not used. Staff turnover is low (3 in last 6months due to retirement).

Several residents praised the staff.

Staff Training

This is mainly done in situ using in house expertise or bought in. Staff spoken to had received training in manual handling, safeguarding, fire, medication, first aid, dementia and nutrition and food. The standard of training, we were told by staff, was high.
There was a suggestion that additional training in dementia, particularly the ways to support residents with dementia, would be useful.
Supervision meetings were held regularly and there was an annual appraisal system in place.
Staff spoken to appeared content and spoke highly of the home.

Activities

The deputy manager oversees the activities. Residents are encouraged to attend. There was a comprehensive selection available with something occurring every morning and most afternoons. (exercise classes, bingo, singing, films, art therapy, yoga, hair dresser) On the morning of our visit we observed many residents playing bingo (some being helped by staff).Some of these activities are led by outside providers. In addition the minibus is used to take groups to local places (Kenwood, Golders Hill Park).The Barnet Library Service brings books, films and music every four weeks. During the growing season, residents are enabled to plant and care for flowers etc in the many troughs that line the slope to the garden. All the Jewish festivals are celebrated.
There was a comment from a resident who would like to see more discussion type activities as they were not particularly fond of games. Another commented that they missed their independence.

Food

Food is prepared on the premises and is based on a rolling 4 week menu which is modified periodically. This menu seemed varied and appealing. The lunch meal we saw consisted of soup, followed by a choice of omelette or spaghetti bolognese, then desert. Alternatives were available.

The food smelt and looked appetising.
We saw assistance being given to those who needed it. Residents were encouraged to drink at the tables. If they chose to, residents could eat in their rooms where they would be monitored or assisted if required.
One resident did say they wanted more variety and choice, although others praised the standard of the food.

Engagement with Relatives/Residents/ Carers

Relative questionnaires had been left at the home prior to the visit and 4 were returned. All were very complementary about the home, especially the staff, food and cleanliness.
All had attended a relatives meeting held a few months ago. One commented that they were unsure as to what follow up actions had been taken.
Relatives were encouraged to visit any time, but were asked to try and avoid meal times as their presence might upset some of the other residents.
The home produces a newsletter which highlights activities and happenings.

Compliments/Complaints/Incidents

The complaints procedure was clearly laid out and the staff appeared to understand the process.
A Quality Group has recently been set up to enhance communication between home and relatives and to enhance and improve the quality of life of the residents.
There has only been one incident recently (referred to above) when a resident returned from hospital with a pressure sore.
The team received many compliments of the home whilst talking to residents who were asked "what do you like?". Answers included "everything", "dinner", "it's very comfortable", "everything is spotlessly clean" and "the staff are very kind".

Conclusions

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The team came away with the impression that this home provided a very caring and pleasant environment for the residents, who were looked after by a dedicated and caring staff.

Recommendations

1) The provision of hand gel in the lobby so visitors can sanitise their hands.
2) Ensure that follow up actions from the relatives meetings are made known.
3) To ensure that residents are regularly asked for their feedback on the type of activities they would like and the choice of food (for example at quarterly intervals).
4) In view of the increasing number of residents being diagnosed with dementia, review if any additional staff training in recognising the symptoms of and supporting those with dementia is needed.

Signed: Derrick Edgerton, Sheeba Edgerton, Jeremy Gold, Derek Norman.

Date: April 2015

The following comments have been received from the home manager:

Activities, outings food, decoration and refurbishment, as many other matters are always discussed at residents meetings as you can see in the minutes of the meetings. For example, on holy days or special celebrations the menus are always the resident's choice.

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Mapping training on dementia is booked for quite some time for the manager and the deputy manager. All other staff already had dementia training with early refresher.

Thank you for your report which will help to enhance the quality of life of the residents at Clara Nehab House.