

Enter and View – Visit Report

Name of Establishment:	Edinburgh House, Spanish and Portuguese Jews’ Home for the Aged (Founded 1747), Edinburgh House, 36 Forty Avenue, Wembley, Middlesex HA9 8JP
Staff Met During Visit:	<p>Paula Peake, CEO/Manager and Responsible Person.</p> <p>Colin & Anju met:</p> <p>GM/2 care assistants</p> <p>2 residents - brief chats – no concerns – “happy” “they try to make us more happy” “everyone friendly”</p> <p>Ian met –</p> <p>2 care assistants</p> <p>3 residents – brief chats – no concerns – “they look after you” “it’s good” “the food is good”</p>
Date of Visit:	21/12/15
Healthwatch Authorised Representatives Involved:	Ian Niven, Anju Bhatt, Stephen auf der Mauer, Colin Hurst
Introduction and Methodology:	<p>This is an announced Enter and View (E&V) visit undertaken by Healthwatch Brent’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 Brent 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.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>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</p>

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	<p>Health/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch website.</p> <p>DISCLAIMER:</p> <p><i>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.</i></p>
<p>General Information:</p>	<p>(Background information and figures relating to the service.)</p> <p>Edinburgh House was described by the home manager as a Faith Home and as such, the home follows the Jewish Cultural and Community expectation to ‘entertain’ and care, and therefore the home can provide a "Home for Life" concept.</p> <p>The home was recently re-registered as a Limited Company, and its proud 250 year old articles were re-written and the home was registered in November 2015 with new memoranda and articles. The previous Board of Governors were made the new Limited Company’s Board.</p> <p>The home has 3 units – older people with good cognitive skills – a dementia unit – and a high dependency unit – and a longer term plan for a 4th unit.</p> <p>Residents who have come out of hospital would spend time in the high dependency unit.</p> <p>Residents can move around the whole home, which has a range of lounges, a conservatory and a courtyard.</p> <p>The home is part of a complex that includes a day centre, supported housing and a synagogue. The day centre and the synagogue provide services to the local ‘Jewish’ community.</p> <p>The home owns its own mini-bus, which is used to transport people to the day centre and it is used to transport residents to various organised activities and outings.</p> <p>The organisation has plans to re-build its 1970s premises to provide more individual home-like settings that can be customised to residents’ needs. There is a five-year plan to secure land, funds to build a ‘state-of-the-art’ care home in the</p>

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	<p>Hertsmere area (near Watford).</p> <p>Resident’s ages are mostly in their 90’s, with 4 over 100.</p> <p>The home currently has – 43 residents out of a possible 51. 50% of the residents are self-paying the full care price. 12 residents are funded by Brent at 30% less than the full cost.</p> <p>In November 2015 the home was awarded CCG funding for Palliative Care.</p> <p>Resident respite care is offered; one new respite resident arrived to the home during our visit.</p> <p>The home had a CQC visit in November 2015 with a positive interim report.</p> <p>The home was very clean a fresh throughout, with residents well dressed and engaged in group or individual activities.</p>
<p>Care Planning:</p>	<p>A care assistant said that the care plans are reviewed at least monthly or when a change in care was required as a result of a residents change in status.</p> <p>A care assistant said she uses care plans regarding all daily routines, like getting up, washing and breakfast. The care assistant said these are used during staff handovers.</p> <p>A care assistant said that the care plans are available to be reviewed by residents’ families.</p>
<p>Management of Residents’ Health and Wellbeing:</p>	<p>The home manager said that, as an older building, the lack of en-suite facilities was starting to impact on the home’s occupancy take-up, and that this was becoming a ‘status’ issue for potential residents. Currently only 8 rooms have en suite facilities. This issue will be overcome in the home’s 5 year plan.</p> <p>A care assistant described the respect of residents’ choice and dignity by asking if a resident wants to get up, wants to wash now or later, wants to a wash or a shower.</p> <p>Two staff were observed supporting a resident to another room after a family visit – this was done in a kind and gentle manner, taking the patients pace into account.</p> <p>Other staff were seen supporting residents in their common</p>

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	<p>areas; one member of staff was reading to a resident; two other staff were seen caring for residents doing some activities.</p> <p>Residents can keep their own GP or transfer to a local practice which makes weekly visits in addition to individual appointments and call-outs. The home pays a retaining fee for this.</p> <p>A private physiotherapist visits, with the home part funding this service for general support to all residents.</p>
<p>Staff:</p>	<p>Staff retention was said to be high; longest serving staff member being circa 26 years. Staff numbers are made up of multi-faiths.</p> <p>Three members of staff stated that they had been working in the home for 15 years. One other member of staff had been working in the home for 13 years.</p> <p>Two staff members described being very happy coming to work. It was clear that both were passionate about the level of care they provided. I also witnessed other staff interacting with residents in a kind and gentle manner.</p> <p>One assistant said there are always 3 staff on each of the units and that additional staff were provided as required, for example for lifting a patient. One assistant said there used to be some bank staff, about 6 months ago, but not since then. If additional support is needed it comes from other teams within the home.</p> <p>One member of staff described their passion for caring.</p> <p>One member of staff said that they like the ‘community’ and ‘family’ atmosphere in the home.</p> <p>When a resident was eager to tell us something that was not very clear a care assistant was able to explain this clearly to us.</p> <p>One care assistant stated that this was better than working for a homecare agency as it provided opportunities to have a relationship with the residents, which she found gave her job satisfaction.</p>

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	<p>Care staff were smart, easily identifiable and all wore name badges.</p> <p>The manager informed us that the high dependency unit has a 1:4 staff to resident ratio, and the remainder of the home has a ratio of 1:6.</p> <p>Simply not trueThe home as two resident cats.</p> <p>During the meeting with the home manager, she halted our discussion to help a resident who was attempting to enter a common room area.</p>
<p>Staff Training:</p>	<p>Staff described that their training included –</p> <p>NVQ Level2; dementia; manual handling; 1st Aid; DOLS; Safe Guarding; English Language.</p> <p>The NVQ training is provided through Westminster Kingsway College.</p> <p>Safeguarding training is completed every two years; the last date was May 2015.</p> <p>Food hygiene training and Kosher observance is completed for all kitchen staff, who are the only staff members who prepare food.</p> <p>Supervision is monthly with the team leader – it was described as about the staff member and the residents – you can ask questions and get information.</p> <p>One care assistant said that they have enough support to do their job, but should more support be needed they can ask at the time and also raise issues at hand-over and/or team meetings.</p> <p>The home manager made available staff files, with training certificates contained therein. New staff undertake the Care Certificate and an Induction, which is unit and competency based.</p> <p>The home manager said that she uses Tutor Care as a training vendor for the home staff training.</p>
<p>Activities:</p>	<p>Two staff described the morning as being busy supporting</p>

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	<p>residents to get up and have breakfast. They both said they had time in the afternoon to spend with residents. Staff also described the weekend as a time for care assistants to do residents’ nails and shaves during the weekend.</p> <p>There was a notice of 3 or 4 organised activities each day. The home has an activities coordinator. We witnessed what seemed to be a residents’ forum where the residents had the chance to comment on things like the food, things getting sorted on request.</p> <p>The manager explained that the home benefits from a range of benefactors who have e.g. gifted a mini-bus and a pianist which increases the options for activities. In the entrance hall/conservatory a mini-grand piano was visible and the home manager said that it is regularly used.</p> <p>It was clear that staff made and took opportunities to interact with residents beyond the scope of basic care duties.</p> <p>A number of residents were reading daily newspapers, and some had care staff support to read.</p> <p>Skype is available for all residents.</p> <p>The home manager was very proud to tell us that she and one of the residents attended the May 2015 Buckingham Palace Garden Party.</p>
<p>Food:</p>	<p>The home runs a strict Kosher kitchen and visitors are requested not to bring non-Kosher food into the home – certainly not into communal areas. Not true about food – this is in regard to TV’s and radio’s being used in individual rooms. Breakfast is served from 9am to 10am, and lunch at 1pm.</p> <p>One care assistant said that there is always support for feeding for all residents that require it.</p>
<p>Engagement with Relatives/Residents/ Carers:</p>	<p>There is a resident’s forum once a month, which is organised by the activities coordinator. The manager did admit that these forums were not a regular as she would like.</p> <p>There is also a relative’s forum twice a year, but most of the</p>

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	<p>interaction with families was intimated to be at the 'Annual BBQ.'</p> <p>Relatives are aware of the new build project and the 2020 plan. This was more an aspirational statement of hope rather than fact.</p> <p>The manager encouraged families and carers to complete our questionnaire about the care given at Edinburgh House –All 4 returned were positive with comments:</p> <ul style="list-style-type: none"> • very well looked after... • living in the best place to meet... needs... provided by specialist cares who understand her requirements... • relative finds living in the home very good/satisfied • a complaint has never been made • if I have as compliant, just ask • activities available... entertainment, music, reading
<p>Compliments / Complaints / Incidents</p>	<p>Questionnaire returned by a relative –</p> <p>Resident unable to answer our questions – carer states the care received is of the highest standard and the family are advised immediately of the rare illnesses that occur.</p> <p>Three staff and a carer stated that they would recommend Edinburgh House to friends and family.</p> <p>One staff said that the home is a very good environment, and could not think of what would make it better.</p> <p>We spoke to a family carer during the visit who considered Edinburgh House to be an excellent choice for her parent. Her other parent already uses and providers' day service; the home is highly recommended by many people in the community; the standards of care and cleanliness are high.</p> <p>A care assistant described the incident book and a reporting mechanism to inform senior staff. This assistant said that issues are responded to.</p> <p>Another care assistant had difficulty in understanding</p>

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	questions about the process to record ‘incidents’ in the incident book.
Conclusions:	This is clearly a well-run and very caring home. The manager has a clear vision and good leadership skills. The staff are long-serving, and passionate about the care they offer. This home could be used as a bench mark for other homes in Brent, certainly regarding using scarce resources to provide a warm, caring and active environment to residents on limited resources.
Recommendations:	<ol style="list-style-type: none"> 1. Formulise dairy commitments for both the Resident’s Forum and Relative’s Forum (in addition to the planned Annual BBQ. 2. Formal succession planning for the home manager/CEO. It was clear that the future plans for the home are partly due to her drive, vision and passion for the home and its future. 3. Be open to sharing the home’s good practice regarding meaningful activities with other care homes, via Healthwatch Brent.
Signed:	Colin Hurst, Healthwatch Brent Enter and View representative
Date:	08/01/15
Comments from the Registered Manager	
Date	