

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 Dzienziurska – Registered Manager
Ms Barbara Jacobson – Service/Area Manager
Chef
Other staff members

Date of visit: 18 May 2016

Healthwatch authorised representatives involved: Stewart Block
Jeremy Gold
Hitesh Parmar
Tina Stanton

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 who are not able to attend on the day of the visit but wish to give their feedback. 6 completed questionnaires were returned on this occasion. The volunteers 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.

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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

Clore Manor is registered to provide residential care to a maximum of 72 older people including people with dementia. It is run by Jewish Care and is strictly Kosher. Residents are made aware of this before or on arrival, all communal and kitchen areas are strictly Kosher but this is not enforced in individual rooms, as the Manager noted “this is their home”. On the day of our visit there were 66 people living in the home, 2 residents were in hospital. The capacity is for 72 people in 70 bedrooms, two of which are double rooms. If rooms are available they also take in emergency clients at short notice. Clore Manor makes clear its policy of not admitting people, apart from emergencies, on the Sabbath or on Jewish Holidays; notwithstanding a resident was discharged from hospital back to care home late on the Friday of the week of the visit, without notice given to the home.

There are three sections to the facility; the older Main unit with 36 rooms, the newer unit known as Shalom, (15 rooms) and the Extension (19 rooms). Only rooms in the newer units are en-suite but we were told that there are plans to convert all rooms to en-suite. There is an emergency pull cord in each room.

Shalom (4 staff) has mainly residents with advanced dementia and challenging behaviours. The Extension (4 staff) is planning to change to less specialised residential care and the Main unit (8 staff) has a mix of residents, some of whom have mild dementia. The waking staff at night comprise 1 Team Leader and six Health Care Assistants. Work is scheduled to take place later this year to refresh the medical room and patio door in main unit.

The Manager notes a trend for people to stay in their own homes for much longer and hence to be less able on admission to Clore Manor.

There is a small garden. The door to the garden is left open, subject to the weather, and we were told that this was the usual practice so that residents could go in and out at will.

We were told that at the time of our visit there were no smokers; any resident smokers could use the garden. The garden was attractively laid out with tables and chairs.

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However there was no lawn - only crazy paving. Wi-Fi is available in all communal rooms and is gradually being extended to all rooms.

Each lounge has a small kitchen area with on-tap hot water where drinks and snacks can be prepared. We were told that residents could help themselves to tea (there was a special hot water urn where they would be less likely to burn themselves) and snacks.

Residents generally come from Barnet with some from Brent, Haringey and Redbridge. Pets, within reason are allowed, though there were none at the time of our visit. The Manager said that she was trying to get a parrot.

The main communal areas are generally bright, cheerful and clean if a little faded. However the lounge within Shalom felt slightly stale and did not have much fresh air coming in.

One of the bedrooms visited with permission had a dirty window – appeared not to have been cleaned recently. Residents have personalized the door signs to their rooms. Chairs in lounges were arranged in groups but, apart from a designated quiet area, the TV was on with loud sound. There is a separate so-called quiet room, but it does not have easy chairs and in practice is used for meetings. A relative made the point that there is really just the one quiet lounge for all residents. We did not notice any other quiet areas, lounges or alcoves.

Although situated on a busy dual carriageway road there did not appear to be significant traffic noise in the building.

The Manager told us that she finds IQICH (Barnet Council's Integrated Quality in Care Homes) events useful.

Care Planning

All potential residents, apart from emergency admissions, are seen by the Manager and a colleague who follow the placement procedures for Jewish Care. A detailed Care Plan is prepared. With a resident's permission we reviewed the Care Plan noting the detail and where the resident had signed it. We were told that staff discuss each resident's needs with them. Care Plans are reviewed monthly or more frequently if required, and where they have capacity the residents sign off any changes, otherwise this is done by a friend or relative as appropriate. The resident, all staff, CQC and family/carer with resident's permission have access to the Care Plan. However of three residents spoken

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to, one knew and had signed the care plan, the other two (who both appeared to have capacity) had no knowledge of the term. We were told by some staff members that it would be helpful to have protected time in order to complete care plans and other reports.

We were told that all residents have a Key Worker.

Residents are assumed to have mental capacity unless otherwise proven. On the day of the visit there were 11 DOLS in place. DoLS authorisations are requested as required and this is an ongoing process.

End-of-life Care is provided under the Gold Standard Framework. As far as possible Residents are supported to end their days at Clore Manor. Residents' wishes regarding End of Life Care are noted in their Care Plan and relatives are consulted. In a Care Plan reviewed with Resident's permission it was noted that this particular Care Plan did not record details of resident's internment wishes.

Management of Residents' Health and Wellbeing

GP services for all residents are provided by The Practice@188, Golders Green. There are weekly GP visits for which Clore Manor pays. As well as seeing residents by request we were told that the GP walks around the communal areas observing. Each resident's health is monitored every two weeks by the visiting GP.

Out-of-hours GP service is provided by Barndoc, currently as a pilot exercise where the care home can call the out-of-hours GP directly, without going through NHS111. We were told that there were no issues with the Barndoc service.

Provision of dental care is an issue. Labelling of false teeth is done using a dentist-supplied marker pen used for labelling false teeth.

Chiropody services are provided by a visiting podiatrist, for which there is an additional charge. Optician services provided by a visiting local optician; deaf aid batteries are regularly checked.

Residents are checked daily for pressure sores. District nurse records are kept in a Red Book.

We were told that regular drinks are provided at least seven times a day to all residents, a jug of water is in each residents' room and that eating is monitored. Two out of two Residents spoken to confirmed that they could get a drink whenever wanted.

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Religious needs are catered for by the regular visits of an Orthodox Lubavitch Rabbi, who sees residents of all denominations, offers spiritual support and is also particularly supportive to residents, relatives and staff around end of life. According to an Activities poster the Rabbi visits every morning. This poster listed daily activities for the next five days including an outing.

Religious Services are held in the Main lounge.

Staff

The Manager is supported by one assistant manager with a second joining soon. Bank and Agency staff are used though Bank Staff are preferred for reasons of continuity. These staff have been trained by Jewish Care. The Manager told us that there had been a relatively low staff turnover in the last six months, a significant improvement over the previous 18 months or so.

We spoke with the Chef who had originally been employed by the then outside caterers but move in-house when catering so moved three years ago. The Chef has been at Clore Manor for fifteen years and appeared to us to be happy in his work.

There is a Whistle Blowing policy in force. We were told of an incident where this was used to protect a Resident and discipline a member of staff.

Staff Training

All staff are given training in Food Hygiene, Mental Health Awareness, Dementia, Moving and Handling, Safeguarding, Fire Safety as well as Infection Control and Care Mapping. Courses are run both by Jewish Care and third parties. Other courses include Mental Capacity and DOLS, Health & Safety, Diabetes and Judaism. The Manager noted that before taking up her post she had been on a course about Judaism including the dietary laws. Each team leader has a Qualifications Credit Framework (QCF formerly NVQ) in Dementia. Staff are monitored and observed by managers, particularly in their interaction with residents. Feedback to staff is given.

One staff member spoken to confirmed training in Health & Safety, Fire, First Aid, Manual Handling, Medication, which had helped in daily work; an NVQ would be started soon.

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Staff have bi-monthly reviews. The Manager's peer group support comes both from monthly Jewish Care Manager's monthly meeting and from her line manager, the Service Manager.

One staff member spoken to said that there was a discussion with the team leader about every two months, had an appraisal at six months and the next would be at twelve months.

A relative said staff tended to respond to the more assertive residents, so those who are more withdrawn may get less attention. The relative also felt it would be better if there was an alternative to the main lounge.

Activities

There is a regular schedule of activities in each of the three lounges as well as religious services on Friday night and Jewish festivals. We understand that relatives and friends can be invited to these services. There is a part-time Social Care Coordinator who has been in post for 15 years and a full-time Activity Coordinator.

We were told that individual needs are met by talking to and understanding the Residents and offering them a choice of activities. Just before lunch there was a singing and movement session in the main lounge in which about half the residents in the lounge participated.

On the afternoon of our visit there was a musical entertainer, part of a regular programme performing in the large lounge of the Main unit to a seemingly appreciative audience.

We were told that staff have built-in time to interact with residents and have training in listening skills. One member of staff noted that they have one-to-one sessions with residents in the afternoon, although the time available for this can vary.

Various activities are available especially for those with dementia; such as holistic therapy, music therapy, gardening, making lavender sachets, painting, drawing, music.

Food

The menu is on display on the dining tables for residents with what appears to us to be a reasonable choice. We were told that Residents are consulted about menu choice with

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alternatives offered. This was confirmed by residents spoken to. Specialist diets are managed via the Dietician.

Residents can take any meals in their rooms as they so wish, again, this was confirmed by Residents.

Residents are encouraged to eat unaided with support offered to those who need it.

We observed that residents did not seem to wash their hand before meals. We were told that clients requiring a pureed diet are served pureed food that has been prepared in special moulds and the shape gives the impression of solid food.

Engagement with Relatives/Residents/ Carers

There is an annual published Residents Survey, a bi-monthly Resident's meeting and quarterly Family Forums.

The Manager also noted that it is important to talk to and listen to Relatives and Carers as well as to Residents.

Compliments/Complaints/Incidents

Residents are informed of the Compliments/Complaints/Incidents when they enter Clore Manor.

We were told that the Manager tries to deal with positive or negative comments at the time but that written complaints are handled by Jewish Care Head Office and investigated by a non-Clore Manor member of staff.

We were surprised that there appears to be no local incident or complaint book kept.

We were given a copy of a report reviewing a complaint by a family member about various issues concerning a parent resident at Clore Manor. It is to the credit of all concerned that this full report was issued only two weeks after the complaint was made. However, various issues were raised. Due to time constraints we were not able to determine if all the principles raised had been dealt with.

Conclusions

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A notably ebullient Resident was, as stated to us, thoroughly resentful at having to live in a care home, but stated “there is none better than Clore Manor, the staff are magnificent.”

A bright, caring atmosphere in which staff and residents engage with one another. The Manager, though not Jewish, is well acquainted and respectful of Jewish traditions and practices. The Manager appeared to us to be attentive to the details of the home and the residents’ needs.

Recommendations

1. Consult Residents on their views about the use of TVs in the lounges.
2. Investigate improved provision for Dental Care.
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.
4. Residents to be encouraged and reminded to wash their hands before meals.
5. Ensure that the Jewish Care Complaints policy booklet is prominently displayed.
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.
7. Consider if all Care Plans should record Residents’ internment wishes and details as appropriate
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.
9. Consider extending relevant specialist training from Team Leaders to include their junior staff

Responses to the Recommendations from the Home Manager

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

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All TVs are turned off during Shabbat, and for those who wish to watch TV on Holy Day they could do so in their own private rooms. This was discussed during our residents and relatives meetings.

2. Investigate improved provision for Dental Care.

This has been completed.

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.

This is now in place.

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

This is individual choice.

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

The Comments, complaints and compliment booklet have been put in the reception area.

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.

This is ongoing.

7. Consider if all Care Plans should record Residents' interment wishes and details as appropriate.

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.

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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.

Quiet Lounge was opened 3 years ago, it is and has been used by residents and families. It is furnished with table and chairs.

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

Some of the junior staff are and have been part of the Team Leader training program and have attended any specialist training.