



Name of establishment:	Rosetrees
Staff met During Visit:	Alison Prior, Registered Manager 5 other members of staff 8 relatives 8 residents
Date of visit:	26 January 2016
Healthwatch authorised representatives involved:	Mrs Tina Stanton Mrs Monica Shackman Ms Helena Pugh Mr Jeremy Gold

## **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. They compile a report reflecting all of 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**

Rosetrees is a purpose built Jewish residential care home, managed by Jewish Care situated on the Betty and Asher Loftus Centre site near Friern Barnet. The Centre includes the Sam Beckman Dementia Day Centre, Kun Mor and George Kiss Home, and Lady Sarah Cohen House (which provides nursing care). There is also a synagogue, shop and hairdressers with a communal garden and separate outside area. Residents of Rosetrees are able to use the facilities of the neighbouring homes and site facilities. The exterior of the premises is well maintained and has recently undergone renovation works, which has caused some disruption. There are parking facilities on site.

There was some sign of wear and tear in some parts such as the toilets and lounges, which would benefit from re-decoration and new furniture, and we were told that work to address this would be starting in March.

The reception area houses a café and shop for both Rosetrees and Lady Sarah Cohen Homes, where there is a signing in book. We did not notice any hand gel available for visitors. We were pleased to see several notices announcing our visit, and there were a stack of Healthwatch questionnaires for relatives to complete on the reception desk.

Rosetrees is spread over three floors, with a lounge/dining room on each floor. The home comprises of three units: one unit on the ground floor which accommodates 13 residents, and the first and second floors each accommodate 20 residents in two wings of 10. The home thus has capacity for 53 residents, and at the time of our visit there were 49 in occupation; all are housed in en-suite rooms containing a wet room and all rooms are equipped with a call system; there is wi-fi throughout the building.

The floors containing the residents' rooms were airy and well lit. The decor was good with pictures on the walls. There was good use of colours on different floors, and flowers on the tables in the dining rooms, which were provided by one of the relatives. There were two lifts, and entry to the other floors by the stairs was accessed through a door with a catch so that it was not easily opened. The door of each resident's room had their name, a photograph and a memory box (unless the resident did not want this). Residents could personalise their rooms and supply their own furniture if they wished to.

Each of the units has its own small kitchen and dining area, which is equipped with sufficient tables for all of the residents to eat at the same time. There is a lounge and television in each unit, but the television is positioned so as not to dominate the room.

Most of the residents on the first and second floors had some form of dementia, while residents on the ground floor are largely physically frail but have mental capacity. If a resident wanted to smoke in their room this would be possible following a risk assessment, or they could smoke outside with adequate supervision; currently there are no smokers in residence. The home had recently acquired two kittens, following a request from residents and also a parrot. A (Pets as Therapy) PAT dog was also brought in on a regular basis.

The Healthwatch team tries to engage with as many relatives as possible when conducting an Enter and View visit. The Managers are sent copies of the 'questions for residents/relatives questionnaires' to distribute to relatives in advance of the visit; stamped addressed envelopes are provided addressed to Healthwatch Barnet, so that these are received directly and not returned to the Home.

We have received 6 completed forms from relatives and their comments along with the interviews held with relatives during the visit are included in this report.

## **Care Planning**

Initial assessments are carried out by Registered Manager/Deputy manager of the home and the local authority adult social care service who speak to the residents (where possible), the family and any relevant outside agencies; they check the medical and social history and look at any previous assessment. Following a Jewish Care panel assessment and discussion with the Jewish Care Placement Team, potential residents can have a guest trial day at the home before deciding if they want to live there. Care plans are reviewed each month, or more often if required. The manager told us that funding for continuing care was sometimes problematic and the home had been waiting since July 2015 for funding for one resident.

One member of staff commented that terminology related to medical issues used in the care plans was difficult to understand.

## **Management of Residents' Health and Wellbeing**

The GP from the local practice attends weekly and more frequently if required; a GP also attends Lady Sarah Cohen House a further three days per week and would call on Rosetrees in an emergency. The home would also use the Rapid Care service attached to Barnet Hospital, where patients would then be followed up for five days.

Residents are weighed once a month and this is recorded. We were told that drinks were always available and that staff encouraged residents to drink.

There are currently 20 DoLs (Deprivation of Liberty Safeguards<sup>1</sup>) in place. There had also been two refusals for DoLs to be issued. Further DoLs needed to be requested from Boroughs other than Barnet.

A chiropodist visits every 6 weeks, an optician every year and the home uses a local Dentist who comes to the home when required. One relative told us that they used their own chiropodist, as they preferred this.

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Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The Manager commented that it was difficult when residents were discharged from hospital if it was late in the day, and residents had been brought back as late as 10.30 – 11.00 pm. This is a trend that we have noticed in other care homes throughout the Borough.

If residents at Rosetrees became ill and needed nursing care, it would often be possible for them to move to Lady Sarah Cohen House which is on the same campus. The home had been registered for four years with the Gold Standards Framework for end of life care with the North London Hospice. They sometimes took residents for end of life care to the home.

A few of the residents, as well as the Manager and staff commented that recently there had been a problem with the laundry, but this was now being addressed.

We were told that residents can choose when to get up and go to bed, and one relative commented that their parent was able to 'get up late'.

One immobile resident was observed being lifted from her armchair into a wheelchair. The operation was carried out very carefully and considerably by two staff using a hoist.

### **Staff**

We were told there were 13 staff on duty each day, three on the ground floor and 5 each on the other two floors. At night there were 6, one on the ground floor supported by Team Leader and two each on the other two floors

There was not a big turnover of staff, but two members of staff had left recently and the home is currently recruiting to replace them. The home has its own Bank staff and sometimes use Agency staff. The home would like to recruit some more volunteers but it was difficult to find them to help with the residents with dementia.

Many of the residents and relatives praised the Managers and staff, and were happy with the care provided. However, most of the staff we spoke to, felt that the home would benefit from additional staff, with particular need for more support at meal times, evenings and weekends.

## **Staff Training**

Staff had recently received training in medication, health and safety, first aid, mental health, food and hygiene, allergies, manual handling and some staff had also undertaken a three day dementia awareness course.

Staff would like to receive training in infection control and the Manager would like to organise a refresher for all staff in the mental capacity act and DoLs.

There was an awareness of safeguarding.

As a general rule supervision took place with all staff every 8 weeks, but appraisals had been sporadic at best, with some staff indicating that they had never had an annual appraisal.

## **Activities**

There was a schedule posted in the lift and other areas denoting the activities. The 'Living Well' programme was in place and includes a variety of activities such as puppetry, classical music, bingo, choir, exercise and the cinema club. Residents could also have their nails manicured.

On the day of our visit one resident was leading a discussion group that afternoon which was attended by residents of the home and from Lady Sarah Cohen House. Residents said that on their birthdays a tea would be provided with homemade cakes and this was much appreciated. Some of the residents had been on trips out.

Religious services are held in the synagogue every Saturday morning and high holy days. There are regular visits from a Rabbi, who provides important and valued pastoral and religious support for residents and their families and staff.

## **Food**

There is a dedicated catering team, with food being cooked in one central kitchen for residents of all the establishments on the site. Each floor has its own dining area as part of the main lounge, with a small kitchen for light refreshments. There were menus on the table, and alternatives such as omelettes and sandwiches are provided if residents did not like what was on the menu that day.

Most residents and relatives told us that the food is very good and that there are choices at every meal. However one of the relative's questionnaires said about the food:

*'it's okay, rather inconsistent at times'* another said:  
*'excellent quality of food'*

During the day a variety of drinks are served; we were told that residents can choose to eat whenever they wanted, and could eat in their room if desired.

We did not observe residents having the opportunity to wash their hands before eating. We saw both relatives and staff assisting with food and talking to residents. Staff sat at tables with the residents at lunch time to eat their own lunch. All of the residents seemed to be eating, and staff were friendly and attentive to the residents.

### **Engagement with Relatives/Residents/ Carers**

The recent building works had disrupted the regular residents' Quality Assurance meetings and relatives' meetings usually held quarterly, but there were notices in the lifts for 5 planned meetings for this year.

The Manager communicates with relatives via email. We spoke to a few residents and relatives, and some relatives completed questionnaires.

An annual residents' survey was undertaken and we saw the results from the previous year, which was overall very satisfactory. The results from a recent relatives' survey are due in March.

### **Compliments/Complaints/Incidents**

We saw the compliments and complaints book; there were no recent complaints and some very nice letters thanking staff for looking after their relatives.

Some of the comments that were received from relatives about what they liked about the home:

*'it's comfortable and she feels well looked after, likes her carers'*  
*'staff friendly'*

*'the staff are patient and kind'*

*'I personally find their patience exceptional'*

*'provide more parking, a major problem particularly for elderly infirm relatives'*

What would improve your relative's experience here?

*One relative, whose mother did not speak English, told us that she would like staff to contact her more often so that she could answer questions and be more involved in her mother's care.*

*'Better laundry service – many articles of clothing have gone missing'*

*'difficult to say – more interaction between the residents to encourage them to talk to each other –more discussion groups'*

Would you recommend this home to a friend/relative needing care?

All of the residents and relatives that we spoke to or who completed questionnaires would recommend the home.

*'Assuredly yes'*

*'Absolutely'*

## **Conclusions**

The team found this home to be clean and bright with a pleasant welcoming atmosphere where the residents appeared to be well looked after. On the day of the visit the team felt that this was seen to be a well-run establishment, taking good person-centred care of those who had placed themselves in its care. The home had publicised our visit well.

## **Recommendations for Rosetrees**

- 1) To review staffing and consider taking on additional staff to ensure better cover over mealtimes, weekends and the busy evenings.
- 2) To review staff appraisal procedures and ensure that staff understand and implement these.
- 3) To follow up the request for training for staff about the Mental Capacity Act and DoLs.

## **Recommendations for Healthwatch Barnet**

1. To investigate the question of late discharge from hospital at this Home and others that have been visited.



Date: February 2016

#### Comments from the Registered Manager

1. First floor corridors and lounge has now been decorated and new tables and dining room chairs are in place.
2. We are reviewing hand gel dispensers organizationally and expect to install suitable dispensers in the near future.
3. Terminology used in care plans will be discussed at the next staff meeting on 14<sup>th</sup> April.
4. Residents are always encouraged to wash their hands after visiting the bathroom.

#### Responses to the Recommendations:

1. Our staffing ratio is higher than the sector generally. Weekends particularly Saturdays as it is Shabbatt, are less busy than during the week. This will be addressed at the next staff meeting as we do not understand this comment. We keep resident dependency under review and adjust staffing as necessary
2. The programme for staff appraisal for 2016 is now in place.
3. Training in DOLS sand Mental Capacity Act will be programmed for 2016.