

Name of establishment:	Nazareth House 162 East End Road, East Finchley, N2 0RU.
Staff met During Visit:	Christine Small – Registered Manager 7 other members of staff 4 relatives (plus 5 questionnaires received) 9 residents
Date of visit:	4 November 2016
Healthwatch authorised representatives involved:	Tina Stanton Ellen Collins Helena Pugh Margaret Peart

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 this information, 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 (Care Quality Commission), 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

Nazareth House is a residential home built in 1979; it is run by a charitable trust connected to the Catholic Church providing accommodation and residential care for residents. There is a community of sisters who live in the convent which is adjacent to the home with an intercommunicating door to the home. The sisters support the staff and residents. The Registered Manager and Deputy Manager have been in post since June 2014. Most of the residents are physically frail; the home does not have the facilities to accept residents with severe dementia, but would look after any residents who develop dementia whilst living in the home.

The home is divided into two units on the ground and lower floors. There is a nursing station on each floor where forthcoming hospital appointments are shown on a board on the wall. There is also a surgery and waiting room, which can be used by the GP, physiotherapists and care staff. The home has its own chapel, where mass is held every day.

There are communal areas, including several small lounges and quiet areas, some with TVs and some without. There is a small shop that sells toiletries and confectionary, and a reminiscence room, which is well decorated with old album covers, a typewriter, radio, old clocks, piano, stereo and a sewing machine. There is also a hobby and art room and a hair salon.

The reception area has a signing in book and hand gel available where the receptionist is on duty from 8am until 7pm each day. On arrival we were pleased to see several notices announcing our visit. There was a life size small 'value tree' near reception where residents could hang labels showing how they would adhere to that month's value which at the time of our visit was 'hospitality'.

The exterior of the premises is well maintained with parking facilities on site. The home has recently undergone extensive renovation works with the last area still to be completed, planned for the end of the month. The home has extensive grounds and they are planning to add a sensory garden and an area for residents in time for next spring.

At the time of our visit there were 63 residents in occupation (approximately 60% of whom are paying for their own care); once the refurbishment is completed, the capacity will be for 84 residents. All rooms have en-suite facilities containing a wet room and are equipped with a call system; the rooms have phones and residents can bring their own TVs and furniture. As well as the en-suite wet rooms there is also an extra-large shower and bathrooms available if more than one person is needed to help residents. Many of the doors of the residents' rooms had their name, a photograph and the name of their key worker on the doors.

There was a dining area on each floor equipped with sufficient tables for all of the residents to eat at the same time. There is a large room used for parties, meetings, training and monthly residents' meetings. Wi-fi is available throughout the building. The Chapel can also be used for activities and meetings.

A new call bell system had been fitted during the refurbishment with a panel on the wall so that staff can see who has called and if they have been responded to; it is also used to set reminders e.g. to turn someone, and for medication and any member of staff can respond. The home appeared to be very clean and well laid out with wide corridors containing hand rails. Currently there are no residents who smoke, but if this was required the home would arrange to facilitate this.

The home is in touch with IQICH (Integrated Quality in Care Homes Team, at Barnet)¹ and attend the study days that are provided.

The Healthwatch team tries to engage with as many residents and 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

¹The Integrated Quality in Care Homes Team at Barnet Council support care homes in maintaining quality at local care homes.

Home. Information from the five forms that were received by post from and comments from interviews held with relatives during the visit, are included in this report.

Care Planning

The Manager and Deputy Manager go to assess potential new residents in their own homes or in hospital. They speak to family members and doctors, nurses, physios and other health professionals before making a decision about their suitability for admission. Once living in the home one of the sisters who is also a nurse helps with the updating of residents' care plans.

The home is presently piloting the 'Significant Seven' training tool, which supports care home staff to escalate concerns about residents to ensure timely care is delivered; the Manager told us that in practice they already carried out the strategies included in this training tool.

The night staff hand over to the day staff and then the senior carers have a daily briefing at 11.00am and inform their teams about any particular requirements for care. The Sister Superior attends the daily briefing. All information about the care plans is inputted via computer, with computer terminals on the nursing stations and in the staff areas.

The Manager told us that some information was also inputted into the daily diary. We saw a hard copy of a care plan, which had recently been updated. We were told that each day there was a 'resident of the day', where staff would contact relatives to discuss the care plan, either face-to-face or by telephone. One of the senior carers told us that care plans are updated every month other staff members mentioned information being inputted into the daily diary and the care plans.

When we asked residents and relatives 'do you understand your relative's care plan – are you regularly involved in planning their care'?

One relative said they did understand their relative's care plan, but were not involved in planning the care. Other comments included:

- 'Yes and yes'
- 'The nurses keep me informed regularly, the nurses discuss my mother's requirements with me'
- 'Yes, it is about to be reviewed – I will meet with the senior carer to update it'

- 'No – but the staff do a good job of it'
- 'No' - 'no'
- 'yes and no, but the staff always ask or telephone me re appointments, medications or any necessary queries'

There appeared to be a lack of knowledge or understanding around the care plans. One resident who had only been in the home for a short time did not appear to have a care plan according to her relative, who had not been consulted. This relative was very disappointed by the lack of communication, they said 'no one seems to know what is going on.' Two other residents told us that they had no input in planning their own care, and one said they were not sure if they had a care plan. One resident told us that her care plan was on the wall in her room.

Mental Capacity

Residents were assessed for mental capacity using a MCA2 form on arrival, and this would be monitored at the daily briefing. There are currently five DoLs (Deprivation of Liberty Safeguards²) in place, and a further four had been applied for.

Discharge from Hospital

The Manager commented that they had had difficulties when residents were discharged from hospital without discharge summaries; one resident had been sent home with a pressure ulcer. The Manager would refuse to receive a resident back from hospital after 7pm, but on occasions this had still happened.

End of Life Care

As the home has its own chapel and Chaplin, they could provide good support for families. The home also gets supports from the Post-acute Care Enablement (PACE) team, the palliative care team and the North London Hospice.

Management of Residents' Health and Wellbeing

A surgery is held every week by two GPs. Every week they would also review one resident, who was not necessarily there to see them. Out of hours, the home would access the rapid response team, 111 or Barndoc. One resident told us that what they like least about the home is that it is often hard to get an appointment with the doctor.

² 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 home has a visiting optician and chiropodist. One resident told us they wished to continue going to a different chiropodist after they had arrived at the home, and after some discussions this happened.

A dentist visits the home and can provide basic care, otherwise residents are taken out as required. Any incidences of pressure sores would be recorded and monitored by the district nurses.

Hearing Aids

We were told that staff manage hearing aids and check that they are working before being used. But one resident with significant hearing problems told us that they were not getting their hearing aids put in, and often when they were, this was without batteries or not switched on, causing extreme frustration. The relative had spoken to her relatives and named carer about this and had and left notes, but said the matter was 'never dealt with' and there had been no improvement.

Another relative said 'make sure hearing aids are in properly and working, resident has been left without hearing! Batteries not in or batteries needed replacing – don't care!!'

Management of weight

We were told that residents are weighed once a month, or weekly if there are any concerns and they are then referred to a dietician.

Two residents told us that they were weighed regularly, and one relative confirmed this; however one relative commented that their family member had not been weighed regularly.

Getting up and going to bed

We were told that the night staff would help to get up residents who needed assistance and liked to get up early before they finished their shift at 8 am; the majority of residents would be assisted by the day staff after 8 am. One who needed a high level of support told us that they often did not get down to breakfast before ten o'clock and then were served lunch at 12.00 which was too early. This resident had spoken to the staff about this, but nothing had been changed. Preparation for getting ready for bed is carried out by the day staff who go off duty at 8.00 pm.

When we asked: **Can you, your relative/friend choose when they get up/get dressed/go to bed**, residents and relatives replied:

- 'Too long in bed, I would prefer to get up earlier'
- 'I don't think so, there's a morning routine for breakfast, but at bedtime, I don't think there's a restriction'
- 'She is woken early for washing, but chooses when to go to bed'
- 'They need more staff at night, after 8 pm three staff on one floor, one senior carer, two carers, not enough when residents need help getting ready for bed'.

One resident told us that they were in bed by 6.30 and felt very lonely. Another said that she'd like to go to bed later but said that she didn't think this was possible because there were so many residents who needed help. It appeared to us that going to bed before 8.00pm was for many of the residents in order to accommodate the staffing rather than the residents' wishes.

Laundry

We were told by some relatives that there were problems with laundry not being returned. The Manager told us that she had put a new system in place some months ago, with named boxes, which had improved things, but two relatives complained about this.

- 'The laundry facilities are chaotic with patients being dressed in clothes that are not theirs and don't always fit. Items are always going missing'.
- 'Laundry system shocking, residents' clothes get lost – system useless, we were told they were getting a machine to label all clothing – they have not done this yet
- 'I would improve the laundry aspect of her clothes'

One relative also commented that the towels needed replacing; the manager told us that the housekeepers replaced them as and when required.

Staff

We were told there are normally two senior staff on the ground floor and six carers; one senior carer on the lower floor and four carers, providing a ratio of one member of staff to four residents.

At night there is one senior and two carers on both floors.

On the day of our visit one Senior was off sick and the Manager was helping out.

Ancillary staff include the chef and kitchen assistants, dining room assistants and domestics. They only use Agency staff in an emergency and had used them the previous week when five staff were off sick,

but this was a rare occasion. Two bank staff were used as and when required. The Manager and Deputy Manager worked five days a week including weekends covering each other.

Staff training

There was a training matrix on the wall showing the training that was provided, including infection control which was underway on the day of our visit; other training included equality and diversity, safeguarding, dignity, first aid, food handling and control of substances hazardous to health and nutrition. Some of the training is done by e-learning and one of the staff told us that she is working towards a level 5 NVQ.

We were told that supervision was carried out every two months with annual appraisals. The home also has a 'policy of the month,' which they discuss in briefings and there is also a 'medication of the month'. Staff that we spoke to appeared to be content and we were told that there were good opportunities for training and furthering their careers.

One resident said she thought the staff were well trained but another questioned their experience and abilities, although she said that they were caring and kind.

When relatives were asked '**if staff had the right skills and experience**', two relatives said that they liked the staff and other comments included:

- 'Senior carers have good training and train other staff; lots of training going on'
- 'Most are untrained professionals' they pick it up as they go along
- 'Understaffed particularly at night, just about reach the minimum standard'
- 'Mostly'
- 'Not enough training to my knowledge'
- 'Management is very weak, there are only four people in the place who know what they are doing' - 'I do not know if it is lack of knowledge or that they just do not care'
- 'Need ongoing training – need to improve, attention to detail - make sure hearing aid are working'

One relative commented that they felt there were serious staffing shortages and was concerned that staff were not open.

When we asked residents and relatives, 'are the staff willing to chat to you'? We were told:

- 'On the whole the Staff are too busy to chat but they are not unfriendly'.
- 'Staff are friendly, sometimes difficult to understand'
- 'Yes the staff are always accessible

Cleanliness around the home

When asked '**what you think about cleanliness around the home**' most relatives were happy:

'It is very clean'

'It's always clean'

'Vacuumed every day; you could sleep on the floor'

One person said on a basis of 5 (very good) I would give 3.

Activities

There is one full time co-ordinator and one half time co-ordinator managing activities. A coffee morning is held on the first and last Thursday of each month. The home arranged outings and there were pictures of a recent outing to Paradise Wildlife Park. There is a planned trip to take residents to see the Christmas lights. There was a schedule on the board showing an activity each day. On the day of our visit this was Bingo; there were only about 10 residents who attended and we noticed several residents were in their rooms watching TV.

When we asked residents and relatives 'which activities are available for you to do here?', we were told:

- 'Bingo, musician with guitar and accordion, outings, minibus only for wheelchair users, hire bus from Barnet for big trips e.g Christmas lights
- 'Activities are not well promoted and not always very well supported'

They were currently doing life stories with the residents, and as a result of gaining this information one resident who had played the piano in church, was also able to do this in the chapel.

Two residents told us that they attend mass regularly and enjoy sitting in the garden. Some residents are able to go out of the home either independently or with support from family, friends or the carers.

One 99 year old resident told us they enjoyed spending their time using their IPAD to read newspapers and contact their family around the world.

When we asked residents and relatives 'are there any other activities that you would like to do'? we were told:

- 'Suggest more music activities – listening to music of their choice'
- 'I think that one-to-one singing would be appreciated'
- One resident who rarely took part in activities told us that she would enjoy a dancing session.

Religious/Spiritual needs

Mass is held in the chapel every day, and when we attended there was a funeral mass taking place for a resident who had recently died. The sisters who live in the convent are part of the governance of the home and help out with pastoral care, communion and rosary groups; they look after the chapel and flowers and chat to residents and take them to hospital appointments. One of the sisters helps as a care assistant and supports the staff and residents.

One relative told us: 'She very much loves to attend services in the Chapel, she even receives communion in her bedroom'.

Food and Drinks

All of the food is provided by the resident chef on site. Both floors have a dining area which can accommodate all residents. There were menus on the table, and alternatives are provided if residents do not like what is on the menu. The kitchen prepares food for special diets. Food is discussed at the residents meeting. They are about to hold a 'resident menu group,' as they are to change to the winter menu. Staff assist residents who need support at meal times. There were jugs of water on the tables as well as other drinks. Each table had a variety of condiments such as ketchup and mustard. One sister does a meal time audit to check residents are eating. There was one of the sisters in the dining room who was helping out with lunch.

Most residents and relatives told us that the food is very good, well cooked and well served. We asked: '**What do you/your relative think of the food here?**'

- 'Delicious and good sized portions'
- 'It's pretty good'

- 'It is varied and appetizing and very suitable for residents requirements'
- 'Chef lovely comes to talk to me – asks me if I want something special'
- 'The food – it's always high standard but not what I want to eat'
- 'She hates it, lives on soup and sandwiches, evening meals are not good, strange combinations'
- 'Food is boring and plain – same repeated menu'
- Improve the food, serve food nicely, its sometimes just not appetizing to look at'

One resident told us that she'd like to have supper a bit later but understood why this was not possible.

One resident told us that their relative often has a meal in her room.

Drinks

We were told that drinks are provided regularly to prevent dehydration, and that staff encourage residents to drink. There are water coolers in the lounge and the water provided in the rooms would be changed each morning.

When we asked relatives: **'Can residents always get access to a drink if they want one?'** The following comments were received:

- 'Yes'
- 'Yes they are served tea and water is always available'
- 'Not always'
- Water in room and supply of hot drinks at 11,2 and 7 as well as with meals
- 'There's a jug of room temperature water that sits there all day'
- 'The water unit in the main residents lounge is disgusting, needs replacing'

Engagement with Relatives/Residents/ Carers

Resident satisfaction is monitored by an annual survey and monthly relative and resident meetings. Their surveys cover all of the Nazareth Homes with the Finchley home being part of this larger survey. We were told that meetings were not well attended by relatives but that the manager would keep in touch with relatives when they visited. Relatives were invited to the Christmas party and to quiz nights.

There is an active group 'Friends of Nazareth House,' run by volunteers and relatives who support the home, fundraise and help to arrange the parties.

When we asked: **'Do you attend residents/relatives meetings regularly and see any follow-up'?** One response was that they were a waste of time because one or two residents talked constantly and others did not get a chance to speak. This resident no longer attended.

- 'Not aware of any meetings, made complaints to manager but they never follow up'

When we asked: **'Do you feel you and your relative have a say in how the home is run day to day'?** Many of the relatives were very satisfied. Two residents told us that they attended the regular resident meetings but did not feel they had a say in how the home is run. One relative said no, but the residents meetings may address the situation, they were not able to attend these meetings but did see details of the follow up actions. Other comments received were:

- 'If I want, and have time, I can easily give my opinion'
- 'Not particularly but there are meetings that family and residents can attend'

Compliments/Complaints/Incidents

A complaints/compliments and suggestions leaflet was available at reception and details were in the booklet for residents, kept in each room. Any incidents or accidents are recorded electronically with a paper version printed and signed off by the Manager.

When we asked: **'Do you/your relative/friend know what to do if you have a complaint'?**

Some residents speak to their care worker while others go to the Manager. We were told that notes left by relatives are frequently ignored.

- 'No, if there is a procedure no, I have telephoned and spoken to Managers but they don't follow up with action taken if any '
- 'Yes, I would discuss this with the Manager'

Some of the comments that were received from relatives about how they found living in the home:

- 'Lovely' said a very active and self-caring resident.
- 'Takes a lot of getting used to and I don't know if I have done the right thing', said a totally dependent resident.

However we were told by one relative that their parent's peace of mind was often disturbed by the bed being left unmade. We were also told that it can take some time for the resident's details to be put on the door making identification difficult for the resident

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

'The chance to go to Mass'

Two residents agreed that 'it is a good place to be' but wish they could be back home. Both said the home was clean and comfortable

- 'The other residents, the staff are friendly'
- 'The staff, the food, the gardens, the hairdresser'
- 'The spiritual aspect, presence of priests and sisters'

When we asked relatives who we spoke to or who completed questionnaires: **'What would improve your relative's experience here'**

- 'The food, sometimes difficult to communicate with staff, not enough towels, takes a long time to get help when call button is used'
- Another said that if their relative was unwell they would use the call button for assistance, 'but this takes a long time, sometimes 30-45 minutes for a response'
- 'New towels'
- 'Quicker response time when call button used'
- 'More staff, e.g. a carer always in the sitting room to oversee residents'
- 'I would improve the laundry and the order in her bedroom/dresser'

Would you recommend this home to a friend/relative needing care? The majority said they would:

- 'Yes, very much so'
- 'Yes'
- 'Yes, I have recommended this home to several people'

Two said they would be happy to recommend the home to a friend, however four residents said they would have to think about that.

Conclusions

The team found this home to be clean and bright with a pleasant welcoming atmosphere. However, after speaking to residents, relatives and staff, we felt there were some changes that would improve life for many residents. It was apparent that residents and relatives would like to be more involved in care planning. It appeared that some residents were unhappy about the timings for getting up and going to bed and this may be improved by reviewing the staffing arrangement.

Recommendations for Nazareth House

- 1) To review the care planning process to ensure that both residents, when able to, and relatives, understand them and are involved in care planning and that their involvement is recorded on the care plan.
- 2) To review the staffing available for getting residents up and putting them to bed, for residents who need support, to enable those who wish to get up earlier and stay up later, to do so.
- 3) To review the process for managing hearing aids (know how/when to change the battery and check regularly).
- 4) To review the arrangements for laundry as this seems to be an ongoing problem.

Recommendations for Healthwatch Barnet

1. To alert Barnet CCG to the comments about the lack of discharge summaries following discharge from hospital at this Home.

Response from the Home Manager

We received the following action plan from the manager at Nazareth House.

<u>Recommendations:</u>	<u>Action Plan</u>
To review the care planning process to ensure that both residents, when able to, and relatives, understand them and are involved in care planning and that their involvement is recorded on the care plan.	We do have Resident of the day scheme implemented purely to involve each resident and their family/friends in care planning. Reviews tend to be on the same day of every month, or as and when needed. We are currently in the process of re-printing all hard copies as that is done

	every 3 months; hence we are contacting friends and families to join us if they wish to be involved in reviewing the Care Plans of their loved ones. This is done with a senior carer and input from their key worker also.
To review the staffing available for getting residents up and putting them to bed, for residents who need support, to enable those who wish to get up earlier and stay up later, to do so.	We will re-evaluate and re-assess residents' preferences of times they wish to get up and go to bed, However a lot of our residents can vocalise and tell us, nevertheless once the above is re-evaluated we will be able to look at staffing proportions. Residents are free to change their minds and tend to, hence every day can be a different day, fluctuation occurs.
To review the process for managing hearing aids (to know how/when to change the battery and check regularly).	We will place guidelines for our staff and discuss it in our next staff meeting.
To review the arrangements for laundry as this seems to be an ongoing problem.	A letter will be sent to all residents/family/friends explaining the new option of buying labels and ensuring that every item is labeled. A notice will be put at laundry.

Response from Barnet Clinical Commissioning Group (Associate Director of Quality (Interim))

As a CCG we are aware that there are issues with discharge summaries from the emergency department (ED) at Barnet Hospital where they sometimes appear blank. We are working with the Royal Free on this and have a discharge summary working group to make improvements to the quality of content of discharge summaries and our initial focus is on ED at Barnet Hospital.

With regard to the timings of discharge back to the care home. Having talked to urgent care colleagues here at the CCG, this is arranged with the patient and care home on a case by case basis. It is accepted that it is not good practice to routinely discharge patients back to their care home after 7pm but there may be occasions when the hospital is

experiencing extreme pressures and where there is a prior arrangement and agreement made with the patient and the care home for discharge back to the care home.