Enter and View – Visit Report

Name of Establishment:	Sonesta Nursing Home Ltd.
Staff Met During Visit:	Mrs.Farzana Chowdhry (Owner & Manager) Administrator/part time activities co-ordinator and several other staff.
Date of Visit:	28th September 2013 11:10 am.
Purpose of Visit:	This is part of Healthwatch Barnet's Enter and View planned strategy which looks at care homes within the borough to obtain a better idea of the quality of care provided. This was an **announced** visit.
Healthwatch Authorised Representatives Involved:	Robin Tausig; Jill Smith; Sarah Banbury; Janice Tausig
Introduction and Methodology:	Sonesta Nursing Home provides personal and nursing care, specifically, we were told, for people coming towards the end of their life. Sonesta deals regularly with Parkinson's, stroke cases, vascular dementia (but is not suitable for people who need specific care in severe cases of dementia), diabetes and those on a peg feed. It caters for up to 32 people of any ethnic origin. The Manager has been in place for the last 13 years. This is an independently run Home. The building is a four storey care home - the result of combining two very large houses together on sloping land. It has mainly single rooms, although a few allow for double occupancy. At the time of visiting, only one was used in this way by a husband and wife. The remainder were either empty or had single occupancy. Mrs. Chowdhry told us that currently there were 4 vacancies. Residents' rooms are personalized to varying degrees, have en suite WC and sink, a call system, basic furniture, and television. A few have a balcony overlooking the garden.

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	Residents are welcome to bring some of their own possessions by agreement with the Manager. We observed and assessed the nature and quality of services and were able to obtain Residents' views through discussion with them and two relatives. This report represents the Team's observations as experienced on the day of the visit, having spoken to the staff, relatives and residents who contributed on that date.**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.***
General Impressions:	The bedrooms and bathrooms look pleasant. Flotex flooring is due for the Residents' own rooms in the near future to give a warmer feel as it is easy to clean and looks smart. The comfortable lounge area in the basement doubles as a dining room. A single lift operates between the basement and top floor. It takes a person in a wheelchair with one or two Carers. There is a narrow and steep staircase to the basement. The top floor appeared rather cut off with all room doors shut even when residents were in them. This may have been preferred by the residents but it appeared there was very little interaction going on. There is a second quiet lounge on the top floor with three or four chairs in a straight line unable to face the television whose remote control remained in its original plastic wrapping. A very old weighing machine had also been left in the room.

	We were told Internet access was available for Residents but did not see anyone engaged in this activity.
Policies & Procedures:	**Care Plans & contents:** Mrs. Chowdhry told us that Care Plans were reviewed monthly or as required. She assured us that when staff saw pressure sores or any other unexpected condition, this and resulting changes were noted immediately. Weight loss was treated in a similar way. Mrs. Chowdhry felt that although the Care Plan was undertaken initially with the Resident or close relative, very often the resident forgot they had a Care Plan and rarely if ever asked to see this again. **Medication:** Only Nurses dispense Medication and if a Resident does not wish to take this, the Multi - Disciplinary team become involved. This involves the GP, family and the Social Worker. Resolutions will depend very much on the individual resident. Medication is kept in the fridge which has been replaced as it was one of the recommendations from the pharmaceutical audit. Boots supplies both the medication and some training and Mrs. Chowdhry is pleased with their level of service. **Safeguarding & Accidents:** The Safeguarding Policy to hand was the 'London Multiagency Policy and Procedures to safeguard'. The Accident Book showed only one accident in the last 9 months. This was in September this year. We were told the Fire Drill is weekly but it was not clear to us how the Residents were involved in this. The expiry date on the extinguishers was not always legible. Some of the corridors had hand rails on one side only. On the staircase leading to the basement

	lounge there were plastic edges to the steps and again handrails on one side only. The rooms which had a balcony overlooking the garden may be difficult to access independently due to the raised ridges that had to be overcome to reach the balcony. We were told none of the Residents had bed sores and that the last case of MRSA was in 2011 as the result of a hospital admission. Building entrances were secure and we were told that locks could go on residents' room if required. **Complaints:** We were told that the Complaints Policy is explained at admission and there was a policy in reception but none of us saw it. Mrs. Chowdhry calls it "an open door policy". Even if it is a verbal concern, it is recorded monthly on record sheets. A complaint would be given to the person on duty and it would then come directly to Mrs. Chowdhry as the owner. Concerns are discussed and then the reply is given in writing. The one complaint received from a Resident arose in September this year and had been dealt with - the complaint had been withdrawn. The same book contained cards thanking the Home for their work. We were told that basic mandatory training in manual handling, H&S, safeguarding, skin care, infection control and food hygiene were undertaken by all staff. Both standing and sling hoists are used and tested every 6 months. We heard the company supplying these was very good; repairs being done very quickly when needed. **Access to Professionals:** As with many Homes the out of hours GP was provided by Barndoc through the 111 Service. We were told that health is monitored by Nurses (although these were also

	referred to as Higher Care Assistants too because of the nature of their training), the GP and the Multidisciplinary Team. As a private arrangement, one resident arranged physiotherapy for her own needs. The Dentist comes in regularly twice a year or as required. As there is only one Dietician for the whole of Barnet, we asked how specialist diets were managed. Mrs. Chowdhry pointed out she had had some dietician training and felt that she and her staff could meet diabetic needs in particular, as well as other cultural and religious requirements. Mrs. Chowdhry had all paperwork to hand and all policies were completed even down to taking the temperature of the water every week. Staff had carried out some audits regarding food eaten at lunchtime because they wished to ensure that residents were eating properly and that no resident had forgotten to come and eat. Mrs. Chowdhry said she wanted to have the very best staff and also spoke about "needing to bring them up to standard" when they first arrived. It appeared considerable planning had gone in to appoint her staff.
Staff:	Care staff are Nurses either in this country or were in their country of origin. If they have come over here to work then they are counted as a GNVQ Level 4 until they are able to study over here and bring their skills into line with British requirements. During our visit we understood there were 4 Care staff at GNVQ level 4 and 2 fully qualified Nurses. Mrs. Chowdhry had employed one of her Nurses to be a qualified trainer. Most training is therefore done in house. We were told that training specific areas like Health and Safety are revisited 3 times

	each year and this is mandatory for all staff. Dementia training is cascaded throughout the staff. Some staff occasionally go for external training. We observed staff in different areas but noted that the top floor had only two staff, on their rest break, in a closed room and therefore, despite being up there for 20 minutes, we saw no-one respond to a Resident calling out for a drink. However, there was another resident who clearly did not want a meal when it was presented, but the Carer's personal response to this situation meant that the Resident did finally eat. In the lounge, we observed a member of staff courteously and professionally acknowledging by name a Relative as he arrived, whilst busy doing what was necessary at the end of a meal. We were very warmly greeted by the Administrator. She had been there for 15 years. The Chef did not speak fluent English but our questions were answered by the assistant who did. All kitchen and Care staff are trained in food hygiene. There are key workers for every resident and each key worker had around 4 people in his/her charge, depending on the severity of their Residents' needs. The Carer/Resident ratio we were told was 1:4 on the day we visited but it could drop to 1:5 at any time during the day. At night it was 1:10. The staff wore uniforms, but these did not very clearly distinguish which staff had which roles, although name badges were in evidence. Some staff although trained as Nurses or Carers would also take on the role of a domestic if needed. We discussed with Mrs. Chowdhry the

	importance of ensuring that if staff did this, they should be supplied with different uniforms and that ideally the two roles should not merge on the same shift. We were told that staff turnover was very low because staff had job satisfaction and in a small home such as this, they were more like a family. Although there is a current vacancy for a Nurse, that was caused by one leaving after 3 or more years. No-one else had left in the last six months according to Mrs. Chowdhry's records. Mrs. Chowdhry is aware of the Gold Standards Framework for End of Life Care but has not yet decided to pursue this. She said she has had the North London Hospice in to give advice on certain Residents but not undertaken any training course with them.
Staff Views:	Our team spoke with various Staff. One staff member, in her first year of working for Sonesta, was very enthusiastic about the training that she had received and the atmosphere of working there. All responded with one voice that they were very happy with their position. Mrs. Chowdhry said she had regular meetings with her staff.
How the home gets residents views	Mrs. Chowdhry told us that she had quality assurance surveys, some of which we saw, took feedback from residents and acted on complaints. She said there were also meetings held with both Relatives and Residents every 2 months. We were unclear whether meetings with Residents were held as a group or individually as we were not shown any Minutes for these meetings nor the outcomes arising from them.

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How the Home Gets Relatives' / Carers' Views:	Food questionnaires occurred 3 times a year. We saw 8 responses from the last survey and were told that these were the only residents who had completed them. Of those sent out to relatives, about a quarter of them were returned.
Privacy and Dignity:	We felt overall that privacy and dignity were generally good. Toilet facilities were ensuite; curtains and blinds were in place for the rooms we saw and no-one was being overlooked. In some cases sounds came through the walls from one resident's room to one adjoining due to what looked like thin partition walls. The residents were clothed completely appropriately and coverings, when necessary were in good condition. We did not see any residents being lifted or handled either manually or with a hoist.
Environment:	A lot of renovation had gone on over the last year. It felt as if the residents had a personalised space in the lounge, either in their wheelchairs or in a chair with a footrest and table The lounge looked comfortable. The interior of individual residents' rooms had ensuite bathrooms, almost all completed to a good standard. Whilst they varied in their homeliness, some public areas of the Home did not always encourage a feeling of warmth. Residents' names were half attached on some doors and on others they were not there at all. Notices were attached to the lounge walls addressing staff and stating that mobiles had to be turned off. Other parts of the home, particularly the top corridors to residents' rooms looked a little bare and the levels of light were low in some areas which created a gloomy feeling. There was a small outside garden though there were slopes without handrails. This could be

	accessed from the lounge. There were some plants in the middle and a shed, but it was mainly paved. The 4 separate shower rooms were well refurbished. We only saw antibacterial gel available at the front door.
Furniture:	Residents' rooms consisted of a bed with a wooden headboard, a dresser/cupboard with drawers, hanging space, mirror, sitting chair and TV. Furniture was clean. The lounge doubled as a dining room and had a medium sized dining table but this would be inaccessible for many of the Residents who were in wheelchairs and it raised the question of how often residents sat down to a meal together.
Food:	Lunch and evening meals are served in the Lounge on individual moveable tables that are placed in front of the Residents. This means they are not required to move -which some Residents may prefer. Lunch is served at 12:30 and the evening meal at 5:30. In between there is tea with cake and/or biscuits. Later in the evening there are "nite bites" available if a resident fancies something before going to bed. A chart in the kitchen outlines all residents' likes/dislikes with one person in the kitchen being well aware of Residents' different needs. Lunch was served on a tray but without napkins. None of the staff were wearing aprons and we did not see any latex gloves anywhere during our visit. There was a good choice of food with a four week - or in some months a 5 week menu. Much of the food we saw had been pureed but the rest looked

	appetising and there was plenty to eat. We were told that relatives were able to see the menus when they came in. If any of the staff spotted food being brought in, they asked why, so that if necessary, they could alter their menu to provide what the resident wanted. Some residents were unable to feed themselves or required help but there were staff available to do this. We were told that there were six Residents in their rooms who would need support with eating. There were 2 Care Staff to do this. We did not see any drinks being served with the meal, but staff who fed patients were very supportive and encouraging during the time we were there. Halal meals are available but not kosher. There is one strictly orthodox Jewish resident and arrangements have been made for their food to be brought in by his community. Everything was cleared away quickly and cleanly and there was a window open which meant that the food smells did not remain in the lounge for the rest of the day.
Activities:	An Activity Provider was in the lounge, engaging Residents in their weekly activity. Mrs. Chowdhry employed them to come in for an hour each week. We were told that their usual day was Friday but they had changed for this week. We did not see many residents in this activity and were told that very few of them would be able to move or sing but they could watch and hear what was going on. We were not shown a weekly planned programme although there was an activities poster on the wall in the lounge. There did not seem to be an Activities Co-ordinator employed by the Home to work full time. It was emphasised to us that the

	residents were too ill to make much use of activities. We were however shown an activity file which contained some photographic evidence and carefully typed up sheets listing residents who had attended some activities. Arts and crafts were also mentioned but unfortunately none of this work appeared to be on display. We discussed the value of having individual activity sheets listing the daily activities undertaken by the Resident. It was agreed that this could be kept in the resident's room and this would enable Carers to talk to the Resident about what he/she had done and relatives would be able to see what had taken place. One resident is accompanied when they want to attend Church, as is another resident when they wish to attend synagogue. We met one very lucid, bedbound person, unable to join in activities as they were downstairs. She said the Administrator had helped her to write some letters. We asked what other activities, apart from Bingo and the occasional quiz, were available but were told that nothing else was really suitable for these residents. We were told that when Staff asked if they wanted to go out they said "Not today" or "No" which made forward planning for an outing difficult.
Feedback from Residents and Relatives/Visitors:	One Resident with whom we spoke commented that the activity we observed on entry was usually scheduled for Fridays! She was surprised it had changed. Another Resident said "I am warm enough because I am wearing a jumper and have this

	scarf round my neck. Yes it is warm enough in here." She said that everything was fine for her but commented that she had come to this Home because a friend of hers was already here. Now however, she hardly saw that person as she stayed in her room most of the time. We spoke with two visitors. One of these said that she liked the atmosphere here and she compared Sonesta favourably to another Home. Another relative said residents didn't seem to talk to each other much and felt that there was no effort to try and encourage this.
Conclusion:	Mrs. Chowdhry clearly wants to run a good Home but as a single private provider she faces challenges not experienced in much larger companies. She would be helpfully supported by Barnet's new Quality in Care Homes Team (IQICH).
Recommendations:	1. Brighter lighting to be made available in the downstairs lounge and corridors to lighten the atmosphere and allow reading in places other than by the window. When it is possible to repaint the lounge and corridors, a brighter or at least lighter colour is recommended for similar reasons. 2. All residents to have their names on their room door or/and a symbol illustrating something important to them, so personalising their space 3. A wider range of regular activities for residents to provide greater stimulation. 4. Individual activity sheets to be placed in residents' rooms so that friends, staff and relatives could see what they had been doing. 5. Staff to wear aprons whilst serving food and at mealtimes.

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	6. To consider leaving doors to bedridden Residents' rooms open unless specifically asked by the Residents to close them, to avoid a feeling of isolation. 7. To ensure training is kept up to date in line with best practice. 8. Contact to be made with Barnet's Integrated Quality in Care Homes (IQICH) initiative to increase Borough contacts and share expertise. 9. Consider recruiting some volunteers to assist with activities. 10. Separate uniforms which are easily differentiated to be available for and used by all staff if they change their role.
Signed:	Jill Smith, Sarah Banbury, Robin Tausig, Janice Tausig.
Date:	26th October 2013

Response received from Care Home:

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We thank you for your visit and helpful comments, enabling us to further improve our services.

The Home has undergone refurbishment, the lounge is planned to be done in February 2014.

We implemented your suggestion on the documentation for activities, and have a form for each service user, rather than an activity file.
The activity co ordinator works 24hours /wk. The Home employs two full time administrators, and the 2nd administrator (20hours/wk for admin work) is also the activity co-ordinator. Two sessions of activities (3hours) provided by external providers. Total activity hours are twenty seven, and the care staff also provide activities by engaging in games, puzzles, news, tea parties etc

All activities are planned according to service users choice & preferences, and the staff encourage all service users to participate.

It is a legal requirement from fire & health & safety, that all doors must be kept closed, some service users may prefer to keep door opened in which case a risk assessment is carried out, risks explained, written consent obtained.

House keeping duties are sometimes allocated to care staff on their off days, Never on the day
when they are doing a care shift. Nurses wear Blue uniform, care staff have a lilac uniform and housekeeping wear green.

The cutlery on the food trays is wrapped in the napkins. Care Staff always wear blue aprons whilst serving meals, the qualified nurses are not directly involved, with meals so they do not wear aprons even if they are in the lounge overseeing the mealtime.

Contact has been made with IQICH.