

**Healthwatch Barnet  
Enter and View Visit Report**

Name of Establishment:	Nightingale Hammerson
Staff Met During Visit:	Andrew Leigh(CEO); Anne Edwards (Interim Head of Care – 3 days per week); Receptionist; various Care and Nursing Staff; Activities Organizer.
Date of Visit:	22 <sup>nd</sup> October 2013
Purpose of Visit:	This is part of Healthwatch Barnet’s 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 Enter & View visit.
Healthwatch Authorised Representatives Involved:	Ganesh Dutt; Allan Jones; Tina Stanton; Janice Tausig
Introduction and Methodology:	<p>Hammerson House is a multi functional Care Home for Jewish Residents wishing to spend the later part of their lives in settings commensurate with the level of care they need. It has been in existence since 1961 but in 2012 merged with Nightingale, another charitable Care Home, also for Jewish Residents, in South London. Both homes now share a common Board of Trustees and are beginning to share staff expertise for the mutual benefit of their Residents. For this report, the building we visited will be referred to as Hammerson, after its original benefactor.</p> <p>Hammerson has 12 sheltered accommodation units within the main building, and also provides Residential and Nursing care. We did not visit sheltered accommodation on this visit but focused our attention on residential and nursing care. The number of</p>

sheltered units is going to be gradually reduced during the extensive renovation taking place over the next few years. In their place a brand new dementia wing will emerge to reflect the changing needs of London's elderly population. Tenants are able to share in the Home's facilities e.g. taking meals if they do not wish to cook their own; joining in activities on offer to Residents. Tenants we spoke to are anxious about how the changes are going to affect them.

The 63 Residents, whether residential or nursing, have their own room with ensuite facilities. There is also a communal dining area for meals with waiter/ess service; a full activities programme is in place and we were told this runs over 7 days a week; a garden and synagogue services at appropriate times for a Reform congregation. A small shop, just off reception, opens mainly in the mornings, with a selection of items. At present, Hammerson is not taking any new, permanent, long term Residents due to the extensive building work.

The current CEO has been in place for 8 years. The Interim Head of Care has been in place for 6 months and will remain there until a permanent Head of Care is recruited. We observed and assessed the nature and quality of services and were able to obtain Staffs', Residents' and Relatives'/Carers' views through discussion with them. Our visit lasted 3 hours. The flyer advertising our visit was displayed inside the Home.

We discussed the running of the Home with the Manager and Staff, using a prepared prompt list of questions designed to discover what life was like for

	<p>Residents using the Home.</p> <p>This report was sent to the Manager for final agreement before being shared and published on this website.</p> <p>This report represents the Team's observations as experienced on the day of the visit, having spoken to staff, relatives and residents who contributed on that or a later date.</p>
<p>General Impressions:</p>	<p>This was a busy Home with a positive atmosphere and a vision for the future. The majority of the Residents we saw were engaged in an activity rather than just left without stimulation.</p> <p>The building work was not particularly intrusive, but there was concern over the current changes in terms of Tenants losing their rooms and Staff losing their jobs. Some relatives refused to speak to us on site in case what they said affected their relatives in the Home.</p> <p>We heard two residents' call bells ringing for 3 minutes or so before they were answered.</p>
<p>Policies &amp; Procedures:</p>	<p>These are thorough and based around the Bradford University project.</p> <p><b>Accidents/Incidents/Complaints:</b></p> <p>There was a Falls Policy and we saw that accidents, incidents and complaints were recorded regularly with their outcomes. Various people had made entries, although it was clear that one person had the task of entering the outcomes of these incidents. We were told that the Policy was to encourage staff to report anything they saw. An example of where a staff member had self reported for causing an accident was pointed out to us. After an appropriate discussion with</p>

the Interim Care Manager, this person was then given further training. This shows the level of transparency about reporting incidents in the home. The Home told us they followed a policy of recording every single incident because they wanted to present an open and transparent culture.

The Complaints Process in reception for tenants, residents and visitors, was clear to understand.

**Safeguarding:** We were told there were Policies for safeguarding vulnerable adults, one specific to the Home and another specific to Barnet. These were in evidence, but it was not felt necessary to review them on this occasion.

**Smoking:** We were told none of the Residents smoked, but the few staff who did, had an outside shelter they could use. Smoking is not allowed in the Home.

**Health and Safety:** We were told there is a Health and Safety Policy and risk assessments are carried out regularly, as are fire drills, during the day and a mock one during the night. There is a fire marshal available on each shift.

**Medication:** There is a Medication Policy and residents are encouraged to be as independent as possible. Those residents that are assessed as able to self medicate are encouraged to do so. There are currently 13 residents who self-medicate. Both Registered Nurses and specifically trained Care Staff distribute medication after supervision and assessment for competency. When medication is refused, Care Staff return a while later to try again, but if it is still refused then it is recorded as such,

disposed of and repeat refusals are referred to the GP and the family.

**GP:** Residents are registered with the local Heathfield Surgery. There is a weekly in house surgery; otherwise Barndoc attends out of hours.

**Dentist:** Residents are referred to the Praz Dental Surgery but some have their own private dentist who visits.

**Chiropodist:** Whilst Hammerson currently have a chiropodist we were told they are currently in the process of arranging a new service level agreement with a new freelance chiropodist. She will visit twice a week and residents will be seen every 6 weeks.

**Home for Life/End of life Care:** Hammerson had offered a 'Home for life', for people over 60 until recently, when building work entailed losing a number of rooms temporarily. Some people have resided here for 30-40 years. Generally, people who deteriorate have the opportunity to move from a tenancy to residential or nursing care and similarly, from residential to nursing if that is required. However, until the new wing is completed, we were told that no new residents will be taken on. There had been two cases where residents' needs became so great that, working with the family, they were transferred to a more suitable Home, in one case, in the same road. In 99% of cases, Hammerson House is a *Home for Life*. It is only very seldom that a resident's needs are such that it is in that **person's** best interests to move to another home.

End of Life Care is a developing area for Hammerson. At present many of the

	<p>residents and some relatives do not wish to discuss this at any length but the Head of Care is working with the GP, the Multi Disciplinary Team and families, to see how best to care for someone as life draws to a close. As the Home completes its building work and begins to take on new residents again, this issue will be introduced around 6 weeks after the resident has settled into the Home.</p> <p>Hammerson House is part of Nightingale Hammerson. Nightingale House in South London has achieved Beacon status within the Gold standards Framework. Hammerson House is actively considering the most appropriate time to embark on the Gold Standard Framework accreditation process.</p>
<p>Staff:</p>	<p>We were told there are 95 staff including ancillary staff. This excludes catering and security staff. We were also told staff turnover is very low. The ratio of care staff to residents is reported at 1:3.7 in the mornings; 1:5.25 in the afternoons and 1:8 overnight. The CEO said there were usually 5.5 staff who look after the 12 nursing residents in the conservatory wing, but we did not see this number. There is always a member of the Care Staff overseeing the conservatory area while the other staff provide care in the residents' rooms.</p> <p>We were told that Hammerson staff are being offered in-depth training in seven modules, currently provided at Nightingale House, in person-centred care, in accordance with Bradford University's Care Project. This is being rolled out in three phases.</p> <p>Nurses are registered with the Nursing</p>

	<p>and Midwifery Council and we were told that most carers have NVQ level 2/3 or the equivalent. Some Care Staff are especially trained up to give medication, supervised, then monitored, before being left to do the round themselves. People also have specialist training in venepuncture and ear syringing. Mental Health Awareness Training is available based on the Mental Capacity Act and Deprivation of Liberty Safeguards. A further module is available for dementia.</p> <p>There is a Staff newsletter.</p> <p>We met one Volunteer in the Shop.</p>
<p>Staff Views:</p>	<p>Staff were spoken to across all levels.</p> <p>The CEO said he had spoken to Staff openly about the changing care needs of residents and the need to ensure that Hammerson House adapted itself to ensure that it could care for the residents of the future, many of whom would have dementia.</p> <p>This means that not only is the nature of the building changing, but the residents' physical and emotional needs too. The Interim Head of Care was very positive about what the Staff have achieved during her tenure without being unrealistic about what still has to be done. A visitor to the building said that if a problem was taken to her, she ensured it was resolved as far as she could.</p>

	<p>The overriding comments from Nurses and Care Staff centered on the lack of time they had to talk with Residents, their increased paper work and job insecurity. Typical quotes were: <i>"This Home has lost its family atmosphere."</i></p> <p><i>"I no longer have time to chat to the Residents."</i></p> <p><i>"There are not enough Staff."</i></p> <p><i>"I cannot recommend the Home as it is now."</i></p> <p>Some felt concerns about their staffing levels had not been sufficiently acknowledged.</p> <p>The idea of being moved to work at Nightingale in the South of London was also a concern. The two positive comments received concerned the availability of training opportunities and that the changes, although difficult, would eventually be for the better.</p>
<p>How the Home gets Residents' views:</p>	<p>The CEO outlined the numerous meetings where Residents, relatives and Carers could put forward their views.</p> <p><u>For Residents</u></p> <ol style="list-style-type: none"> <li>a. Monthly residents meetings with the Head of Care (minutes pinned on noticeboards)</li> <li>b. Quarterly Food Forums</li> <li>c. Ad hoc meetings in connection with the building work. Residents have actively been encouraged to contribute to the decision making e.g colour of wall paint, furniture etc.</li> <li>d. There is a resident who is a member of the House Committee which meets every 6-8 weeks.</li> <li>e. Annual survey</li> </ol>



	<p>We were told the number of meetings has increased due to all the changes.</p> <p>We saw notes from the two last monthly meetings although Minutes were not available to Residents until they asked for them this month.</p> <p>Each resident, we were informed, now has a Key Worker whose role is to build up a close relationship with around 3 residents assigned to his/her care; apart from this, any member of staff can be approached with requests and it is up to that person to resolve these; finally the initial setting up of the Care Plan, reviewed monthly, also informs the Home about residents' views.</p>
<p>How the home gets Relatives'/ Carers' Views:</p>	<p><u>For Relatives and Carers</u></p> <ol style="list-style-type: none"> <li>a. Quarterly relatives (carers) meetings</li> <li>b. Annual survey</li> <li>c. Ad hoc open one to one's as necessary</li> <li>d. There is a Relatives' representative who is a member of the House Committee who engages with relatives to capture their views</li> </ol>
<p>Privacy and Dignity:</p>	<p>This was generally good for residents in terms of toilet facilities, the appropriate curtains, blinds and glass being in place and people being well dressed and covered up where appropriate. Noise levels between rooms were excellent. We did not see any examples of lifting and handling.</p> <p>However, the Minutes of the residents' October meeting suggest that staff were entering rooms without explaining why they were there. This had been brought up previously and although incidents had</p>

	<p>been reduced, this was still occurring. We were also told by residents that whilst Staff knock, they do not wait for a reply before entering. One resident has indicated to Staff that she does not wish them to enter her room at night time, but Staff said that they must, for safety reasons. The resident found accepting this difficult.</p>
Environment:	<p>For a Home undergoing such extensive renovation, this was still good. Considerable trouble had been taken to protect the carpet by using a nonslip plastic covering which, we were told, was removed each night. The Home was generally clean, had a 5 star food hygiene rating (Scores on the Doors), was tidy and in a reasonable state of repair. There were no unpleasant smells in public areas.</p>
Furniture:	<p>Some of this looked a little tired but the dining room was set out immaculately, even to the point of keeping a resident's footstool under her place at the table.</p> <p><i>One resident said "I would like more cupboard space in my room".</i></p> <p>The ensembles we saw needed updating but furniture was clean and not in a poor condition.</p>
Food:	<p>The CEO said "Food is a massive issue!" but did not elaborate further other than to say residents were very vocal about what they wanted; food is kosher and prepared freshly on site by an outside catering company. Management has tried to overcome difficulties by asking dining room staff to check two residents' opinions after each meal and record their comments; by providing a quarterly Food Forum to deal with the number of issues</p>

arising regularly from residents; by Management eating once a week in the dining room to test the food; and by inviting any relative to eat there as a Mystery shopper and report back on the meals. This is however a long standing problem which remains unresolved and Management remain unclear as to why this is.

Breakfast is served in residents' rooms at 8am, although we understood from the CEO that residents could eat their meals whenever it suited them; if they wanted a later breakfast or lunch this was accommodated. One resident said that breakfast always arrived at 8, which was too early and she had not been told that she could have this at a later time.

Lunch is at Noon in the dining room at present. It is also used for Dinner, which tends to be finished around 7pm and to welcome in Shabbat on Fridays.

The most common comment from residents was that not all the choices on the printed Menu were available when the time came to eat. Two people said the food was *"too stodgy"*, others said *"there is not enough"* and one comment made to the Team was that *"As the Home knew you were coming they would have put on a good show."* Another comment was *"I am tired of having just cheddar cheese."* Two further comments: *"It's like school dinners"*; *"Quantity was sufficient, but the quality often uninspired"*.

The food we saw looked interesting; water, fruit juice, coffee and tea were available, but it was a very busy environment so that people who needed

	<p>assistance were not always receiving it in a timely way.</p> <p>Other than at mealtimes, residents said fluid provision was more than adequate with drinks around mid morning and afternoon and fresh water always available in residents' rooms at the start of each day.</p>
<p>Activities:</p>	<p>These are the highlight of Hammerson House. Absolutely excellent! They are varied throughout the week; provide choice for Residents in that several different activities are arranged at the same time and include outings both in the day and in the evening. These outings are not expensive.</p> <p>The ladies occupied in art and handicrafts commented that they had been encouraged to engage in activities unfamiliar to them, which they really enjoyed.</p> <p>One of the residents complained that there was very little in the way of activities on offer over the weekend.</p> <p>We were told the Activities Co-ordinator is receptive to new ideas and saw almost all the activities planned for that day, going on during our visit. Residents were clearly engaged in what was happening.</p> <p>It is clear that with a declining number of both Residents and Staff, trips outside the Home will become more limited – as shown by the Relatives' Minutes meeting in October.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>We were introduced to two Relatives by the Interim Care Manager and later met some others. The feedback from both groups was very varied and in some cases contradictory. There were a</p>

	<p>number of positive comments indicating that people would, even in its current state, recommend the Home.</p> <p>Other positive comments included: <i>"It is very clean here"</i>.</p> <p><i>"Pleasant staff and good activities."</i></p> <p><i>"There is very little I do not like about the Home."</i></p> <p><i>"Some of the staff are really wonderful."</i></p> <p>However we also received comments such as: <i>"There is an unsettled atmosphere here."</i></p> <p><i>"It has been dumbed down a lot."</i></p> <p><i>"Staff always have their heads down in paperwork."</i></p> <p><i>"It is not sufficiently Orthodox for some people."</i> – But the Website states that it is a Reform home, not Orthodox.</p> <p><i>"I am not saying anything to you. I have a relative there."</i> Two Relatives made a similar comment.</p> <p>Efforts have clearly been made to alleviate some issues arising from the merger, but clearly people continue to fear the future in a Home that was promised them for life.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1. Management needs to understand the fear and uncertainty currently stopping genuine communication between residents, relatives, staff and management. There appears to be a high level of stress and not everyone has the courage to speak out. Some relatives also felt reluctant to talk to us due to fear of reprisals.</li> <li>2. Establish why food has become such an intractable problem.</li> </ol>

	<p>3. Ensure that Residents are aware that they can have their meals outside of 'normal' eating times.</p> <p>4. Ensure all bells are answered in an agreed time, acceptable to Residents and Relatives.</p> <p>5. Give Residents a bigger voice in running the Home whilst they are still able. This should not just be voicing complaints but also involve having some responsibility for sorting out difficulties. This will be a learning experience for everyone.</p> <p>6. Maintain and adapt for the future, your superb Activities programme, to involve all residents.</p>
<p>Conclusion:</p>	<p>Hammerson is a Care Home with a vision for the future, good training opportunities, some dedicated long term staff and currently an enviable Activities programme. However, difficulties arise in sharing that vision with some of the workforce, Tenants, Residents and Relatives. Management is therefore not allaying people's often understandable fears. This may impact on the quality of care and atmosphere created. The Managers need to reconsider the effectiveness of their communications with everyone one working in or using the Home regarding the changes, whilst continuing to ask for people's feedback and involvement. We note that several did not want to talk to us, nor be seen in our presence, and would recommend that the Home engages with everyone so that they are genuinely reassured that the Home welcomes feedback and there would be no reprisals when this was given.</p>

Signed: Ganesh Dutt, Allan Jones, Tina Stanton, Janice Tausig.
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Date: 29 <sup>th</sup> October 2013
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### Manager's Response to Hammerson House Enter and View Report

The following responses were received from the Chief Executive of the Home.

#### General Impressions:

Call bells: Reference is made to 2 residents' bells ringing for 3 minutes or so before they were answered. All bells sound in all locations throughout the home and continue to ring until answered. It could have been several bells ringing simultaneously and that individual bells were responded to in a quicker period than the stated 3 minutes.

#### Staff Views:

Staff numbers have been reduced in line with the reduction of residents. Staffing levels are still generous by comparison with other organisations.

The introduction of the Bradford University Person Centred Care programme in the New Year (2014) will enable staff to spend more time chatting to residents.

#### Food:

Contrary to the residents perception that the Home was trying to "put on a good show", this is simply not true. The food served on the day of the visit is typical fare served daily.

"People who needed assistance were not always receiving it in a timely way". There are 3 waiters in the Dining Room to serve food and 3 care staff are allocated to the dining room to assist the 3 or 4 residents who have been assessed as needing assistance with eating.

#### Recommendations:

*Management need to understand the fear and uncertainty currently stopping genuine communication between residents, relatives staff and management.*

Response: Management has always offered one-to-one conversations with residents, relatives or staff to discuss the concerns. As an alternative, members of the House Committee and Trustee's of the charity have offered themselves to discuss matters with those who have such feelings. Certainly a number of people have held such conversations. We will continue with this strategy.

*Establish why food has become such an intractable problem*

Response: This is an unfair judgment. There will never be a time when food won't be an issue. The responsibility of the home is to provide an opportunity for residents to voice their views and to be listened to. So many views amongst residents are contradictory that it is impossible to "tick" this issue and say that it is "done". We continue to give residents ample opportunity to voice their opinions. Moreover we have other mechanisms in place such as relatives joining residents to eat with them and monitor responses from our "mystery shopper".

*Ensure that residents are aware that they can have meals outside the "normal" eating times.*

Response: We will highlight this at forthcoming residents meetings and relatives meetings.

*Ensure all bells are answered in an agreed time acceptable to Residents and Relatives.*

Response: We will continue to conduct bell call audits as this will provide a better indication of the issue rather than a one off visit.

*Give Residents a bigger voice in running the Home.*

Response: In addition to the other ways mentioned above, there is also a resident who is a full member of the House Committee. This committee oversees the day to day operation of the home. As such, we feel that residents do have every opportunity to influence decision making at the highest level.

*Maintain and adapt for the future the Activities Programme*

Response: The Activities team are mindful of the changing needs and abilities of residents and are spending increased amounts of time on one-to-one activities as residents are frailer and less willing to join in larger group activities.



