Name of establishment:	Lady Sarah Cohen House
Staff met During Visit:	Ms Denise Cooper – Interim Manager 9 other members of staff – including the visiting Rabbi 8 relatives (plus 12 questionnaires received) 7 residents
Date of visit:	4 May 2016
Healthwatch authorised representatives involved:	Mrs Tina Stanton Mr Jeremy Gold Ms Marion Kafetz Mr Derek Norman

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 (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

Lady Sarah Cohen House is a purpose built Jewish residential care home managed by Jewish Care providing nursing care situated on the Betty and Asher Loftus Centre site near Friern Barnet. The Centre also includes Rosetrees, The Sam Beckman Dementia Day Centre, Kun Mor and George Kiss Home. The site also contains a synagogue, shop and hairdressers with a communal garden and separate outside area. Residents of Lady Sarah Cohen House 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. There are parking facilities on site.

The reception area houses a café and shop for both Lady Sarah Cohen Home and Rosetrees; there is a signing in book and hand gel available for visitors. We were pleased to see several notices announcing our visit.

Lady Sarah Cohen House is spread over three floors each with its own manager and dedicated staff team. Every floor has a communal lounge, dining room and activity area. The first floor has 40 rooms, 8 of which are currently undergoing refurbishment. The second and third floors also each have 40 rooms. This home has capacity for 120 residents, but only 112 whilst the refurbishment takes place; there were 101 in occupation at the time of our visit. All rooms have en-suite facilities containing a wet room and are equipped with a call system; there is wi-fi throughout the building. The home appeared to be very clean and well laid out with wide corridors. We were told that

there were four lifts, and saw that entry to the other floors by the stairs was accessed through a door with a catch, so that residents could not accidentally open them. We observed one of the lifts to be out of order while we were visiting.

Some of the residents on the first floor have a diagnosis of dementia, but not all severe, whilst residents on the second and third floors are largely physically frail but have mental capacity, although some would also have dementia, which may have developed whilst they were at the home. If residents wanted to smoke they could smoke outside with adequate supervision; currently there are no smokers in residence.

On the first floor 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. On the second and third floors rooms often had a photograph outside, unless the residents did not want this. The majority of bedrooms have small refrigerators, TVs, and residents own furniture, once checked for safety can be brought in.

Each of the units has its own small kitchen and dining area, equipped with sufficient tables for all of the residents to eat at the same time. There is a lounge and television in each unit; we noticed that the televisions were all on at the time of our visit, with not particularly interesting or appropriate programmes on. In one lounge the TV was on (with sound off), with music playing at the same time.

One of the relatives commented: 'There is almost constant use of the tv, and sometimes it is left on a channel that the carers want. Residents can't possibly follow or like some of the stuff that's left on. They need lively things they can relate to such as cookery, quizzes or music; why not play DVDs more often instead?'

At the time of our visit there was an interim manager in place and she was deputising for the previous interim manager who had to take leave for personal reasons. The home is in touch with IQICH (Integrated Quality in Care Homes Team, at Barnet)[1] and are proposing to go on a study day on pressure ulcer prevention.

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

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 Home. Information from the 12 forms that were received from residents/relatives and comments from interviews held with relatives during the visit, are included in this report.

Care Planning

On application for a place at the home, Jewish Care will ask for certain paperwork to be completed. Whilst this is being done the family and / or potential resident, are invited to visit the home. If the family / potential resident are happy, then the individual is assessed, either by the Home Manager, the clinical Nurse manager or a Care Manager.

All new residents have a six week period to see if they are happy living at the home before the formalities are put into place for them to move in.

All care plans identify a named nurse for each resident, and the use of 'champions' has been introduced to help staff write the care plans in a more person centred way as it was previously felt that the plans had been too task oriented; care plans would now be more person-centered and would be reviewed every 4 weeks. We were told that residents, care staff, visiting professionals and family members would have access to care plans if the residents with capacity were agreeable. (or the person with Lasting Power of Attorney if they do not have capacity)

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

- 'I am kept in touch and informed of my mothers' condition and welfare by the home'
- 'Staff do not ask me to look at the care plan regularly, no regular review is taken with relatives; I would have to ask to read it - and then comment'.
- 'I am only involved with care planning if I ask'
- 'Initially I was involved re a care plan, but not recently'

- 'When I requested a meeting to go through it, I felt that staff were defensive – it was a matter of trying to impress on us how well she is looked after rather than sharing specifics with us'
- 'If I have concerns I have to find someone and make a point – it feels like I'm complaining, so this feels very awkward'
- 'I would like to be involved, my requests are not always followed e.g. dress them according to the weather, i.e. no warm clothes during a heatwave etc.'
- 'Not regularly'
- 'yes, because we ask, and visit daily'
- Two relatives said: 'yes,yes'
- One relative said 'We were told that it's not normal for the care plan to be looked at', another resident said that they were not sure what a Care Plan was.

We would therefore recommend that there is a review on the use of care plans to ensure that both residents, when able to, and relatives understand them and are involved in care planning as far as possible.

Management of Residents' Health and Wellbeing

The GP visits on three separate occasions each week to conduct a surgery once on each floor, he will also visit residents on the other two floors to see if there are any concerns.
Any resident with a pressure ulcer would be seen at least weekly by the clinical nurse manager and would have a 'wound care' plan in place. If necessary this will be more often and the individual will be referred to a tissue viability nurse if needed. The home would access the rapid response team or if they do not have a nurse prescriber on duty will contact 111.

We were told by some that the residents and relatives found the resident GP lacking in empathy and unapproachable. One relative reported that if a resident's name was not on the list it was very difficult to get the GP to see them. One relative commented that staff did not always respond if their relative said they were feeling unwell.

The home has a visiting optician and chiropodist; where possible residents visit their dentist and the home is negotiating with a dentist to provide a regular surgery. We were told that staff are instructed on how to clean hearing aids and check they are working before being used by a resident. But one relative commented that:

‘it would improve their relatives experience if more attention was paid to the use of hearing aids. (Know how/when to change the battery and check regularly)’. Another relative told us they had found the optician unhelpful.

We were told that residents are weighed once a month, or weekly if there are any concerns. One relative commented that the family had not been informed when their parent had lost a significant amount of weight in a few weeks, and no action had been taken.

We were told that residents can choose when to get up and go to bed, and one relative commented that their parent would sometimes like to go to bed a bit later. Other relatives commented that this was not the case, but it also would depend on the residents’ condition. One relative said that the usual response to their loved one feeling unwell was to put them to bed.

One person said their relative was kept in bed because staff said they feared pressure sores if left sitting up. The staff turned the relative every two hours, but the visitor felt that medical advice from the hospital was that this could be managed equally well by being allowed to sit in a chair. For the same reason the resident was rarely taken to activities such as discussion groups and therefore missed the stimulation which these provide. The relative felt that the real difficulty was that staff were under too much pressure and that keeping people in bed was an easy solution.

Two relatives said that no use was made of the garden unless a relative takes a resident out there. This was reflected by our observations on our visit, which was a lovely day but the garden was hardly used.

A member of staff said that the “Living Well” team who support all the facilities on the site were available to take residents to the garden, but a relative said this might be what is supposed to happen but it does not in practice.

Relatives also commented that the lifts are slow and it was very time consuming to take residents down for activities. This added to the pressure under which staff had to work and reduced their availability to attend to residents' urgent needs. However the lifts are traction controlled lifts which are the fastest approved ones, with a ‘door dwell’

time (ie the time that the door remains open) that can accommodate the needs of the client group.

Mental Capacity
Residents were assessed for mental capacity by use of a 'mental capacity assessment form', if the resident was found not to have capacity a 'best interest form' would be completed with a family member. There are currently 34 DoLs (Deprivation of Liberty Safeguards[2]) in place. There had also been 4 refusals for DoLs to be issued. The Interim Manager told us that there were some concerns when a resident died who had a DOLS, as informing all of the agencies about the death could delay the homes procedures following this circumstance.

The Manager commented that they had difficulties when residents were discharged from hospital without their prescribed medication. On one occasion the nurse then had to phone the hospital to ask for the medication to be sent to the home. This was then sent by taxi to the home with instructions on the medication and the transfer letter, rather than the resident and manager having the information explained to them in person.

End of Life Care
The home works closely with the Kings Fund and North London Hospice to ensure that staff have the necessary skills to carry out end of life care. They also liaise with the palliative care team. The GP sees residents and families with regards to advanced care planning needs. The Rabbi may be asked to visit if the family wishes so that he is known to them before a resident's condition deteriorates; the family would be encouraged to stay with the resident at the end of life.

Staff

We were told that the staff to resident ratio was 1:4 but the Manager told us that where residents require a 1:1 care package, or if a floor has residents whose needs are particularly demanding, the staffing level would be increased; currently the third floor has two extra staff from 0900 – 1600 for this reason.

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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.

We were told that there are always 2 nurses on each floor day and night. For 40 residents there would be a minimum of 4 care staff at night and 8 during the day. At night the norm is 2 nurses plus 4 care assistants, plus 1:1 as required. There are some families who supply their own carers for their family member so that they have 1:1 care. The Interim Manager told us that were still a couple of staff vacancies needing to be filled, but the situation was much improved.

Agency staff are used if they cannot cover a shift with their own or bank staff and following the recent CQC report which mention concerns about the induction and orientation of staff; the Interim Manager said that a new induction and orientation programme had been implemented following this inspection.

Several comments from both residents and relatives cited lack of staff as a serious problem and that the recent increase was insufficient. Things were worse when agency staff were used; their contribution was limited by their lack of knowledge of the residents and regular staff had to take time to help them.

Staff pointed out the high dependency needs of many of the residents. Two staff were needed for hoists in conjunction with wheelchairs, which meant that movements around the home for group activities, including meals, were very slow and left residents waiting around for a long time. A staff member said "When I started half the residents could walk on their own or with a frame – now it is three out of forty." Likewise, they said that the number of residents with dementia had increased; most could not articulate their thoughts so it was more difficult – and therefore took more time – to work out their needs.

Another said "We are getting residents who are very ill with high needs. To take people to their room after meals, attend to their needs and get them settled can take thirty minutes, so others have to wait." Other staff, and many relatives, spoke in similar terms.

Staff training

All staff receive an induction training week held at the head office of Jewish Care which includes training in the Jewish culture, specialist training, (such as in care of people with Huntingtons) and the use of specialised mattresses. Nurses are supported in their requirements for revalidation. There was an awareness of safeguarding.

We were told that supervision was carried out every two months although they were aiming for monthly. Staff had not been receiving

appraisals, and the appraisal system was currently being reviewed by the Jewish Care Board and would be implemented once received.

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

We were told that staff are encouraged to sit with residents and talk to them as much as possible, though we were told by one member of staff that in practice this was not possible due to the work load.

When relatives were asked **if staff had the right skills and experience** all said that staff were caring and doing their best, but comments included:

- 'They seem to be very caring, there is nursing staff at all times as well as carers'
- 'The floor management need supervision, and to be more alert in recognising symptoms of a resident being unwell'
- 'The family are more aware of the subtle signs and symptoms indicating illness than some of the care staff'
- 'Only the long serving members of staff'
- 'Staff lack courtesy and compassion and are demoralised by not being supported by management'
- 'Yes but agency staff can be problematic'
- 'Although some staff have the right skills and experience there are not enough of the right kind of staff, and they are not provided with direction by the management'. (This relative believed that another 3 or 4 full time carers would improve the situation on the 2nd floor)
- One relative felt management 'need to show leadership and interact with residents and families - never available – always doing paperwork'

- One resident said the home is understaffed leading to long waits to be helped eating, toileting, washing (sometimes up to 1 hour), drinks not always available, and clothes going astray.

- 'My family member had to wait a long time for assistance, but likes the carers once they arrive' - this relative said that there

were two few carers and it was unacceptable to wait for 40 minutes to be taken to the toilet.

- ‘She does not like having to wait to be taken to the toilet’
- 'He would be all the time in bed if I did not prevent it'
- 'No-one comes to you if you are bed-bound'

Some of the residents’ key workers worked at nights so it was not always possible for relatives to be in regular contact with them.

One relative informed us that the issue of leaving clients without regular toilet trips was raised at the recent relatives meeting; from their observation, this does not seem to have been addressed.

Another relative said that only the permanent staff had the right skills and experience; this relative was very concerned about the number of agency staff, especially at the weekends; they commented that the temporary staff then depended on the permanent staff to direct them. It was difficult to judge the abilities of temporary staff, and it was very important to residents’ wellbeing to get to know the staff.

One relative said that although the staff were willing to chat, it was difficult as they had a very heavy workload and it was sometimes difficult to speak to the Nurse or Manager as they were very busy.

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

- ‘Very good indeed’
- ‘Generally speaking very good, the rooms are cleaned daily, bedding changed daily’
- ‘Adequate’

One relative said ‘only visible parts are clean, behind the bed is filthy’

Activities

There was a schedule posted in the lift and elsewhere showing the activities. The living well team, led by the living well manager are responsible for managing the activities within the home. We were told that there is a team of 6 full-time and 2 part-time members of staff including a holistic and speech therapist. Residents are involved in developing the programme of activities by suggesting things which

they would like to take part in. There are poetry groups, discussion groups, classical music sessions and exercise sessions based on suggestions from residents; one resident who was previously in the RAF had requested in outing to the RAF Museum. This was arranged and several of the ex-service residents attended.
The Synagogue is also used for activities including music and films.

On our visit we observed a couple of discussion groups taking place. We were told that for residents with advanced dementia there was a focus on small group and 1-1 work, including reminiscent work, creative writing and storytelling as well as music movement, puppetry, animation and entertainment. External facilitators and volunteers also provide sessions including ceramics, gardening and visual arts.

One relative said that the activity programme was not being delivered they would like some classical music and more variety of films. Another resident said that the activities were OK – the reminiscence session and the classical music in the Pavilion was good. They would like some more creative activities – art/ sculpture. One relative commented that it would be good if more outings could be arranged.

Our observation of two activity sessions (on floors 1 and 2) was that they looked well organised and interesting – engaging the interest of all participants.

Religious/Spiritual needs

Religious services are held in the synagogue every Saturday morning and High Holy days are run by the volunteers. We were told that residents are encouraged to stay in touch with their local synagogue communities, with outings to the local synagogues and by inviting Rabbis into the home to meet residents and to be involved in festivals. There are regular visits from the Rabbi, who provides important and valued pastoral and religious support for residents and their families and staff.

The Rabbi was visiting when we were there. He said he visits the home several times a week and sees himself as a bridge between families, staff and residents. He feels that he can provide important end of life support to families – regardless of religious affiliation. He seemed to have a good rapport with the residents, one of whom stopped him as we walked through the dining room and asked him to perform a

blessing – which seemed to be conducted with good humour and was enjoyed by all at the table.

A relative said that the practical difficulties of taking residents around the building meant that the number of people who were able to attend the synagogue was limited.

Food and Drinks

There is a dedicated catering team, with food being cooked in one central kitchen for residents for all the establishments on the site. Each floor has its own dining area with a small kitchen for light refreshments. There were menus on the table, and alternatives are provided if residents did not like what was on the menu that day. The kitchen is informed of any special diets and there are lists in the staff office.

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 saw both relatives and staff assisting with food and talking to residents. We were told that more staff than usual were assisting residents with their food on the day of our visit.
Most residents and relatives told us that the food is very good and that there are choices at every meal.

We asked: **What do you/your relative think of the food here?**

- 'pureed food well presented, weight gained since residing here
- 'the food and quality is excellent'
- 'adequate'
- 'fine – could be a bit more imaginative'
- 'she enjoys it and thinks it is very good indeed'
- 'bad'
- 'half the time specially requested foods are not delivered'

One relative commented that it would be helpful if the café also catered for residents dietary needs, particularly for conditions such as diabetes so that they could also benefit from going to the café.

We were told that drinks were always available with staff encouraging residents to drink. There was regular monitoring of fluid intake with fluid intake charts completed if a resident appears to be at risk.

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

- 4 respondents said - 'Yes'
- 2 said - 'No.'

Other comments received:

- 'My mother sometimes has to wait until lunchtime to get a drink of water'.
- 'Insufficient attention to fluid intake'.
- 'Residents do not always ask for drinks, and staff do not suggest drinking enough; residents should always be provided with hot drinks after meals'.
- 'My mother cannot ask for anything so if it isn't offered she cannot get it. Consequently she is getting drinks only at set times. Whenever I visit I get her a drink as she always wants one. I have seen less impaired residents who can ask for a drink be given one'.

Engagement with Relatives/Residents/ Carers

We were told that resident satisfaction was monitored by an annual survey and regular relative and resident meetings, the last meeting being held a couple of weeks previously. Records are kept and action plans followed through; a recent discussion had been around updating the 'Reminisce room' which would be updated and residents and relatives would have a say in choosing colour and curtains. The interim manager told us that she had an open door policy and that senior staff should be a visible presence on the floors.

We were told that there were regular review meetings, phone calls and face to face discussions, any changes or concerns being noted.

When we asked: **Do you attend residents/relatives meetings regularly and see any follow-up?**

- 'Yes'
- 'No personal problems are allowed to be aired, they are a waste of time'
- 'The invite is usually emailed out with only a short notice period and it is not enough time to organise myself'
- It is difficult to attend the relatives meeting when they are held at night, actions are not followed through

- I get the impression the priority is to protect the carers
- Yes, little follow up actions
- 'We are not allowed to complain'

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

- 'I feel there is an openness to share information'
- 'there has been no need to question the running of the home'
- 'They would take note and if practical carry it out'

Other comments received were:

- 'No there is a fixed rigid routine'.
- 'Comments are always welcomed but little is then implemented and feedback is not received to any suggestions'.
- 'No despite considerable attempts to make suggestions to the management'.
- 'No'.

Compliments/Complaints/Incidents

The complaints procedure was on each notice board opposite the staff office, residents and their families are informed of the compliments/ complaints/incidents process when they go through the admissions procedure. Any incidents or accidents would be recorded on each floor and then transferred to a central database. A new form was being developed for this purpose.

Do you/your relative/friend know what to do if you have a complaint?

- 'Not particularly – I would like to know more of a process of what to do'
- 'Complainants are either placed with empty assurance or stonewalled'
- 'No feedback given to relatives for verbal and non-verbal complaints as to action taken with regards to the complaint'

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

- 'She is as happy as she can be'

- ‘My mum particularly enjoys that everything is taken care of to quote her own words! She doesn’t have to worry about anything’
- ‘There are always a lot of people around, staff, volunteers and they like the interaction’
- ‘My mother is treated well and with dignity and respect’
- ‘Nothing could better what my Mother receives from the staff at the home’
- ‘Generally enjoy it very much’
- ‘She likes the food, she feels safe’

What would improve your relative’s experience here?

- ‘Nothing could better what my mother receives from the staff at the home’
- Unfortunately I feel that the manager on the floor is not receptive and not a good manager’
- ‘She seems contented but would sometimes like to go to bed a bit later’.
- ‘Getting a new wheelchair, Barnet wheelchair referral is very slow’
- ‘More permanent staff and additional people for caring, transporting to activities and just chatting!’
- ‘Increase the number of carers, increase staff at mealtimes, prompt toileting’.
- ‘Better communication by management – often feel that we are being ignored if we complain’
- ‘More staff time, fewer agency staff, staff simply rush though their allocated tasks often cutting corners’
- ‘A bit more overview of her care and attention to her personal cleanliness. It is upsetting to see her wet herself or sit covered in the remains of her dinner’.
- ‘Better care at night and first thing in the morning, cleaner’.

When we asked relatives who we spoke to or who completed questionnaires:

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

- ‘Yes, very much so’
- ‘Yes because they are very kind, I feel any shortcomings spring from understaffing rather than a lack of will to do their best’

- 'Yes, with comments, on the whole they are caring, especially the nursing staff'

However others said:

- 'Never'
- 'With many reservations, standards have visibly declined in the years that I have been visiting this home'
- 'Not sure'

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 was a definite need to review the staffing**.** It was apparent that residents and relatives would like to be more involved in care planning. Resident/relatives meetings should be reviewed as well as any feedback received to ensure that they have more of a say in how the home is run.

Recommendations for Lady Sarah Cohen

1) To review staffing and consider taking on additional permanent staff in light of the needs of the current residents who are mainly high dependency.
2) To review staff appraisal procedures and ensure that staff understand and implement these.
3) To review the use of care plans to ensure that both residents, when able to, and relatives, understand them and are involved in care planning
4) To give feedback to residents and relatives regarding any queries and concerns.
5) To review the use of the television, perhaps surveying residents and relatives for their views.
6) To review the relationship with the visiting GP to address concerns of the residents and relatives.
7) Pay more attention to the use of hearing aids (know how/when to change the battery and check regularly).
8) Where residents are unable to get themselves a drink for themselves, for staff to monitor and assess on an individual basis, and to record in the care plan at what time intervals to offer a drink.

9) To publicise that the interim manager has an open door policy where relatives have the opportunity to pop in to see her if they so wish.

Recommendations for Healthwatch Barnet

1. To alert Barnet CCG to the comments about the lack of medication following discharge from hospital at this Home.
2. To alert Barnet's IQICH team about supporting the home when someone with DoLS dies.

Response from Manager

Thank you for sending me the Enter & View report that was generated by the visit on the 4th May 2016. You have already given me the opportunity to correct any factual errors, and I have sent these to you separately.

I am pleased to say that I have been offered and have accepted the permanent position of Manager at Lady Sarah Cohen House. At the time of the visit I was the interim Manager and am now pleased to be in the position to use the recommendations of the report as part of my development plan for the home.

Thank you for the opportunity to comment on your recommendations. I know that the volunteers spoke with both residents and family members on the day and that other family members completed questionnaires.

I will address each recommendation in turn.

To review staffing and consider taking on additional permanent staff in light of the needs of the current residents who are mainly high dependency.

Jewish Care staffing ratios are higher than industry standards and we take account of dependency levels when we are assessing residents for admission. We are challenged by the growing dependency needs and the fact that the fees we receive from local authorities and CCGs fail to cover the actual cost of care. We are monitoring the challenges we are facing, and are trying to use staff and volunteers more effectively at times of the day when there is greater need.

This is an ongoing issue for all care and nursing homes: the current financial strictures on social care mean that we need to engage with you to be able to put pressure on the statutory authorities to help us deal with the increasing levels of dependency of people who come to live at Jewish Care.

Meanwhile we are trialling a new dependency tool, which will demonstrate the high levels of dependency we are currently facing. This tool will give us evidence of the serious underfunding to present to the statutory authorities to make our case even more forcefully.

To review staff appraisal procedures and ensure that staff have implemented these.
As explained in the interview, appraisals for the year have commenced and supervisions are being conducted according to Jewish Care Policy, with every member of staff having a supervision at least every two months.

To review the use of care plans to ensure that both residents, when able to, and relatives, understand them and are involved in care planning
We take the care of all of our residents very seriously. We are writing to family members inviting them in to review the Care Plans, if this is appropriate. All our Care Plans are being thoroughly reviewed to become more person centred and therefore more pertinent to the resident as an individual.

To give feedback to residents and relatives regarding any queries and concerns.
I personally meet with as many people as possible when they raise a concern or query, or I will answer them by letter or e-mail. I ensure my senior staff do the same. There is a programme of residents' and relatives' meetings which I attend together with senior members of my team.

To review the use of the television, perhaps surveying residents and relatives for their views.
Staff are reminded to ensure that the TV and radio are on at only appropriate times and according to the wishes of the residents. The use of TV during meal times is closely monitored and, unless a resident particularly wants it on (for example if they do not wish to sit

in the dining area and eat), it is turned off. We will put this on the agenda for the next round of residents' and relatives' meetings.

To review the relationship with the visiting GP to address concerns of the residents and relatives.

As discussed at our meeting, the demands on the GPs' time are many and their priority has to be to see ill residents. The GPs, although they allocate a certain time for each visit, will see any resident who needs to see them. They do not always have time to see relatives, however they will call or meet with relatives if there is a need for urgent discussion.

We will ensure that this is put this on the agenda for the next round of residents' and relatives' meetings.

The issue of GP support in nursing homes is major point of discussion/concern in the sector generally and in the borough. It is something which we think Healthwatch Barnet could assist us in dealing with by bringing to the fore with the relevant health authorities.

Pay more attention to the use of hearing aids (know how/when to change the battery and check regularly).

Training has been accessed by Jewish Care and is being cascaded to all of the care staff.

Where residents are unable to get themselves a drink for themselves, for staff to monitor and assess on an individual basis, and to record in the care plan at what time intervals to offer a drink.

Our procedure is that the healthcare assistant who is responsible for the lounge must always monitor a resident's fluid intake and ensure that all residents are offered adequate fluids.

Where a resident is in their room or away from the floor, all staff are aware that they must check regularly that the resident has had a drink. Where a resident is reluctant to drink, the refusal must be documented and another drink offered a short while later. Where there is concern for a person's fluid intake, the resident is monitored by the use of a fluid balance chart.

To publicise that the interim manager has an open door policy where relatives have the opportunity to pop in to see her if they so wish.

As noted above I have accepted the role on a permanent basis.
I have put the notice below on each floor and will aim to meet with any family member who wishes to see me, either to "say hello" or to hear their concerns.

LADY SARAH COHEN HOUSE

Hello,

My name is Denise Cooper and I am the Manager of Lady Sarah Cohen House.

My office is on the ground floor, immediately opposite the main lift (once you come through the automatic doors) and I invite you to please feel free to come and say hello.

(However, if the blind is down, I request that you come back a little later as this is my "do not disturb" sign.

Should you wish to make an appointment please ring 020 8920 4400.

I look forward to meeting with you

Regards

Denise

I hope that this has provided an answer to your recommendations, but if I can be of any further assistance, please do not hesitate to contact me.

Report Date: July 2016