

# Enter and View Report

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(Virtual Visit)

## Clairleigh Nursing Home

104 Plaistow Lane, Bromley BR1 3AS



Healthwatch Bromley

30<sup>th</sup> September 2020

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## Visit Information

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Service visited:	Clairleigh Nursing Home
Address:	104 Plaistow Lane, Bromley BR1 3AS
Care Home Deputy Manager:	Mr Terry O'Connor
General Manager:	Mrs Oxana Nesterenco
Date and time of visit:	Wednesday, 30 <sup>th</sup> September 2020, 10.00 14.00
Status of visit:	Announced
Healthwatch Bromley Enter and View Authorised Representatives:	Mina Kakaiya, Carol Ellis, Nisha Devani, Aastha Kamboj and Fatima Abdi
Lead Authorised Representative:	Mina Kakaiya
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Healthwatch Bromley (HWB) has the power to Enter and View services in the London Borough of Bromley. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

## Purpose of the visit

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The Health and Social Care Act allows Healthwatch Bromley Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. Visits can happen if people tell us of concerns, but equally when services have a good reputation. We can therefore learn from sharing examples of what organisations are doing well from the perspective of the people who experience the service first hand.

Enter and View visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit, they are reported in accordance with the Healthwatch Bromley Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform the lead Authorised Representative who will then end the visit. If any member of staff in the observed organisation wishes to raise a safeguarding issue, they will be directed to the Care Quality Commission (CQC) and Bromley Council's Safeguarding

Team.

Due to the government restrictions in place during the pandemic, Enter and View visits have had to take place virtually and we acknowledge that there are limitations to this. We have had to adapt the questionnaires and interviews to this new way of working to be able to get a better sense of the service, albeit from afar.

Healthwatch Bromley has liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme.

On this occasion, a total of five Enter and View Authorised Representatives in two groups undertook the virtual visit. One group spoke to the management team and then using a mobile phone (see below) were shown around the premises. The other group interviewed staff, residents and family members by telephone or video conference. Recommendations have been made on how to improve the service and good practice has been highlighted.

## **Methodology**

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The revised 'virtual' methodology was used to talk with:

- Residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence, including the ability to make choices about their daily lives
- Residents about staffing levels and whether they feel safe with the level of the care provided
- Relatives, if available, to ask if they are happy with the care provided and whether they are aware of and feel able to report any concerns/complaints
- Staff about training, turnover, support and staffing levels

and observe interaction at all levels between residents, staff, management, and visitors.

## **Acknowledgements**

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**Enter and View Authorised Representatives:** Mina Kakaiya, Carol Ellis, Nisha Devani, Aastha Kamboj and Fatima Abdi.

Healthwatch Bromley would like to express their thanks to the Care Home management team Terry O'Connor and Oxana Nesterenco for coordinating the visit and the staff for their hospitality during the visit, and to thank the staff, residents and visitors who completed our questionnaires and provided valuable feedback.

## **Virtual Visit Constraints**

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The management and staff were very helpful and supportive of our visit. Due to technical difficulties experienced with the home's i-Pad the virtual tour had to be conducted on a mobile phone, though the quality of the phone camera meant that this did not impact on the image being viewed by Enter & View representatives. There were some losses of connection during the tour due to weaker reception in some areas in and around the home. This was only the second virtual Enter & View visit conducted by Healthwatch Bromley and is part of a pilot programme. These constraints will be monitored during the remainder of the pilot visits.

## **Completed Healthwatch Questionnaires**

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During the Healthwatch visit, we received 14 completed feedback forms, comprising:

- 9 Family & friends questionnaires
- 2 Residents' questionnaires
- 3 Staff questionnaires.

## **Care Home Staffing**

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The Deputy Manager provided Healthwatch with a staff, resident and relative list with their consent prior to the visit. At the time of the visit, there were twenty-one members of staff on duty.

- 3 managers (Duty Manager, General Manager and Clinical Manager)
- 2 nursing staff (1 on each floor)
- 8 Care Assistants
- 2 Domestic Assistants
- 1 laundry staff
- 2 catering staff
- 2 Activities Coordinators
- 1 Administrator

Current total number of staff is **49**. The home has recently recruited additional staff who are waiting to start.

## **Background**

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Clairleigh is a privately owned, purpose-built care home, fully refurbished in 2018. The home offers nursing, respite and residential care for people over the age of sixty-five and was accredited with the Gold Standard Beacon for its palliative care in 2015. Care can be provided for up to 50 residents. The

home has 44 single and 4 shared rooms, all with en-suite wet room facilities. On the day of the visit there were 39 people living in the home. The home has lounge facilities on each floor and on the ground floor there is a TV lounge, dining room and conservatory.

The home is within walking distance of Bromley town centre and is situated on Plaistow Lane, a pleasant but moderately busy suburban road with buses within a few minutes' walk of, and roughly equidistant between, Bromley North, Bickley and Sundridge Park railway stations.

*The last CQC inspection was conducted on 27<sup>th</sup> August 2020 and the service was rated as Good. This report was published on 13<sup>th</sup> October, after the date of our visit.*

## **Resident acceptance**

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At the time of our visit, home viewings were still taking place but with full Personal Protective Equipment (PPE) and everyone escorted by the manager. There are pre-admission assessments, then a further needs assessment when the resident is admitted, ensuring that the needs of the resident can be met.

## **Accessibility**

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The main entrance to the residential home is located on a busy road. The nearest railway stations are Bickley and Sundridge Park. There are 15 visitors parking bays and free roadside parking for relatives and staff. There were many free parking spaces on the day of our virtual visit, though some relatives reported problems with parking. The front door has keypads for entry and exit. Wheelchair and stretcher access is via a side entrance. Prior to COVID-19, residents (without dementia) could go for an accompanied walk away from the home. Residents can walk in the rear garden but not in the car park because of the proximity of the busy road.

At the time of the visit, no relatives were allowed inside the home as the government's COVID-19 social distancing restrictions were observed. Instead, pre-booked garden visits could be arranged for one person per resident, once per fortnight. Up to six garden visits could be made each day, with the resident sitting inside the arbour in the rear garden. For relatives unable to visit there was the option of video calling (Face-time) and up to twelve such meetings could be conducted each day. Some residents have their own landline or mobile phone in their room.

One relative would be allowed access for an end of life visit, wearing full PPE. Visitors allowed access to the home must observe specific safety measures. They are asked to wash their hands in the basin in the toilet situated by the front door, at reception there is a PPE station and the visitor's temperature

is taken via a no-contact digital thermometer, they are asked to wear a mask, apron and gloves (all provided) and complete a COVID-19 related medical questionnaire (kept by the home for 28 days).

Access to the garden at the rear of the building is via a door, kept closed (depending upon weather) but unlocked so that residents can access the garden easily. The garden is pleasant and well-kept and includes a herb garden which residents can cultivate, if they wish. In the summer months residents spend a great deal of time in the garden (where there is a hydration station). We were informed that side gates are kept locked.

## **Environment within the home**

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Although our view (on a mobile phone) was limited, the environment appeared to be clean, comfortable, safe, well decorated and well furnished, having been completely refurbished in 2018.

Communal areas appeared pleasant and uncluttered with modern, appropriate furniture. For example, the armchairs were only partly upholstered, with wipe clean seats and arms.

All floors, including the basement, are accessible via lifts, all of which had keypads. It was observed that code numbers were placed above the keypads. Residents can use the lifts unaccompanied but, apparently, do not choose to do so.

All bedrooms have en-suite wet rooms with automatic lighting and an alarm system. Rooms are large enough to house a double bed but there are only a few shared rooms, which are for use by couples. All rooms are fully furnished with modern furniture, and residents have the option to bring in their own furniture and electrical equipment if they wish. This is safety checked by the maintenance staff. Residents are encouraged to bring along personal possessions to help them to feel more comfortable and at home.

There were paintings on the walls in the communal areas. We also observed various notice boards including an activities noticeboard with pictures, the size of which were rather small. Near the main entrance there was a 'You Said, We Did' board which is updated monthly with comments on outcomes from residents' meetings.

## **Facilities**

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A range of facilities is provided within the home. These include a laundry where COVID-19 protocols are followed, e.g. an 'in and out' system to avoid cross contamination; cinema in which a film is shown weekly; hairdressing salon which the hairdresser usually visits weekly, but during COVID-19 staff have been doing the residents' hair. There is also a library and a prayer room, but the Manager reported

that during the pandemic, these rooms were only used 'every now and again'.

## **Activities**

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The manager reported that the two Activities Co-ordinators tried to enable residents to live their lives as they did before they moved into the home. One Activities Co-ordinator focusses on one-to-one activity and the other on group activities. There is an activity room containing a static bike. Our observations suggested that activities were somewhat limited, including playing cards, quizzes and dominoes. There was no mention of creative or social activities. There had been visits from external entertainers before COVID-19 but no details were provided and currently there are no such visits. Residents' participation in daily activities is shared on the home's Facebook page. As noted above, prior to COVID-19, residents without dementia could go for an accompanied walk away from the home. Residents can walk in the rear garden but not in the car park because of the proximity of a busy road. During the first lockdown (from March 2020) residents largely remained in their rooms.

## **Support for residents with dementia**

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The manager reported that the home has only recently started admitting residents with dementia. They operate an integrated care policy i.e. dementia sufferers are not separated from other residents. No Sensory Room is yet provided for dementia sufferers.

## **Care provision and medication**

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Each resident's room contains a locked medicine cabinet (with built in thermometer). In the nurses' room there is a fridge (checked daily) for medicine storage and a locked medication cupboard for storing controlled drugs. The nurses check the medication and request online repeat prescriptions. The Clinical Manager assesses the competence of the nurses after they have undergone medication training with a local pharmacy. There is a PRN policy (for medication given as needed) and in every MAR (Medication Administration Records) folder there are drugs error forms to be completed if an error is made. All medication given is noted in each resident's MAR chart. Controlled drugs require additional monitoring. All residents have a medical care plan. Relatives are notified if a resident has been seen by a GP or other medical professional and each resident is appointed as 'Resident of the Day' once a month. This involves a full review of all aspects of that individual's care including the care plan, views of the resident and their relatives, their involvement in activities and their diet and food intake.



All wounds and pressure ulcers are photographed and recorded. If a pressure ulcer is assessed as Grade 3 or above, the CQC is informed. Residents are assessed before admission to the home and reassessed when they first arrive. An appropriate care plan and progress chart are established. To assess and monitor residents, the home relies heavily on daily meetings with Heads of Departments, in which any changes in the previous 24 hours are noted.

If a resident needs a sling or slide sheet, these are kept in the resident's room. A full range of hoists, banana slides etc. is kept in the home. Equipment is visually checked daily and physically checked monthly.

### **Experience of COVID-19 within the Home**

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Initially, PPE supplies were difficult to access and, at one point, supplies ceased completely. The Manager believed this to be because all supplies were being directed towards the NHS. The situation improved in July when the local authority began to oversee supplies of PPE and, at the time of the visit, they had plentiful supplies.

Full COVID-19 testing of staff started in early May and was then conducted monthly, in June and July. At the time of our visit staff were being tested weekly. Testing of residents also started in early May and, at the time of our visit, was taking place every four weeks. The process of testing all residents takes two days to complete.

Residents remained in their rooms during the first lockdown. Staff work with both COVID-19 and non-COVID-19 residents. Those who were in quarantine at the time of our visit, had a PPE station immediately outside their rooms.

The home has found that the Bromley GP hub service for care homes responds quickly when contacted; weekly video ward rounds have been established. Doctors attend in person when necessary.

### **Residents' meals and dietary needs**

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A new chef has recently been appointed. Residents have a significant say in the menus, which are currently under review. Although residents are asked to make their food choices a day in advance, they are asked again on the day and can change their mind at any time. They are provided with three meals per day plus a teatime snack and drink. Additional snacks and drinks are available 24/7. Residents can order salads and sandwiches not on the menu. A photographic menu did not appear to

be available to the residents with dementia. Chefs are aware of the dietary requirements of every resident and a vegetarian option is always available. Alcohol is available from the small bar in the dining room, some residents regularly have a glass of wine with their meal. Although during the first lockdown residents ate in their rooms, from June 2020 residents were allowed to eat their meals in the dining room, socially distanced. We observed residents eating their meals on separate tables, set apart from each other.

## **Fire safety**

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The Manager reported that the most recent, documented, fire drill took place on 30<sup>th</sup> June 2020. Fire drills are conducted every six months and whenever a new member of staff joins. There is a weekly fire alarm test.

All staff are trained via e-learning and during induction by the maintenance person and four fire marshals have been appointed.

In the event of a fire, compartmental, horizontal evacuation would be conducted. All doors are fire doors (giving half an hour of protection) and are automatically released when the fire alarm rings. There are fire chairs for those well enough to use them, others will remain in their rooms for further assistance. There is an assembly point in the car park.

## **Feedback from residents**

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Total number of residents giving feedback: **2**

Two residents were interviewed during the visit. Both reported feeling happy, safe and secure within the home, felt the staff listened to their wishes and concerns, that they were involved in decisions about their care and were treated with dignity and respect. Though not having an allocated keyworker they were generally satisfied with the level of care provided by staff. One felt the quality of care provided by agency staff was unsatisfactory and had reported their concerns to the staff. One did not feel that staff encouraged the residents or that there were enough activities, though the other did feel encouraged by staff to get involved with activities. Both felt the home was generally tidy and clutter free, and rated the home 'very satisfactory' in terms of getting in and moving around the building, cleanliness, visiting arrangements, the gardens and outside space. Residents' comments included:

*"Staff do not leave me alone and I am well looked after, for example, I press the bell in my room and a member of staff arrives immediately."*

*“The staff are very person-centred. The night nurse is excellent. She is very efficient and alert.”*

*“Overall, I am satisfied with the staff. The agency staff were not great; however, I did mention this to the staff.”*

*“I am very satisfied with the level of care. I feel very lucky.*

*“Staff do not encourage me to take part, but do let me know about the activities.”*

*“There are a lot of activities going on at the home. Staff are doing a good job. My favourite activity is chess.”*

### **Residents’ feedback relating to COVID-19 protocols**

There were mixed responses on how well informed the residents felt on COVID-19 changes. One of the residents said the right amount of infection control measures to prevent the spread of the virus were in place. Both felt their level of care had not changed and that they were able to have regular telephone contact with their family and friends during the pandemic.

*“Not really. In terms of family visits, they keep us informed about family/visiting arrangements. It has been difficult and inconvenient.”*

*“Yes. They have done a good job and it’s a ‘no win situation’”*

*“Contact family via phone.”*

### **Care home staff general feedback**

Total number of those giving feedback: **3**

General staff: **3**

Management staff: **0**

Two out of the three staff members had been working at the home less a year and all staff generally felt positive and satisfied with their role. All three felt supported throughout their induction process which varied between 2 and 4 days. The two new staff members, who joined over seven months ago, had limited mandatory training in fire safety and safeguarding. All three felt they were given adequate break times and had met the needs of their residents.

*“Positive so far. I am from a restaurant background. I have done catering for 26 years in care homes. I am planning to bring changes to the menu”.*

*“It is completely different. I enjoy my job”.*

*“I ensure the home is clean to a high standard. If a resident needs assistance with personal care, I would step in and help them.”*

The staff identified ways in which they support and encourage residents to be more involved. They monitor residents’ progress by receiving regular resident feedback, and support residents’ mental and physical well-being through various activities.

*“We receive feedback from residents and find out their likes and dislikes by adapting to their needs. For example, we had a ‘murder mystery’ activity session last month and it was a learning curve for us, to see what worked and what did not.”*

*“We support the residents on a physical and mental level. For example, we have a variety of sessions for residents. We have special exercise equipment for hand and feet movement. A list of activities we do: quizzes, dancing, exercise and music.”*

*“We fill in a ‘resident of the day’ form. We include information such as feeding, personal care, toilets not being flushed. I step in when needed and required.”*

*“Meet every month. I am working on autumn / winter menu. Residents are involved in deciding menu.”*

*“We encourage residents by trying different avenues. For example, if a resident is not too keen to get involved, we bring the activity up to their room. Another example is I dress up in a suit and start a conversation with the resident.”*

All three staff reported they felt well supported by the management team and were able to participate in regular staff meetings. Two stated that they referred residents to appropriate community health and social services (this question was not applicable to the third staff member). Staff also supported family and friends with phone and face time /video calling.

*“No. We would refer residents to the relevant service. Example: a resident has a hearing problem and cannot get syringed. This has made her feel depressed and upset. It is an urgent procedure and has been passed onto management. She also has had an expensive hearing aid and it isn’t very good.”*

*“Yes, we run a family Facebook page (118 family members whilst living abroad). Example: Speak over the phone and face time”.*

Two of the three staff were aware of the process of how to raise a safeguarding alert but were not clear on accessing safeguarding information at work. A verbal handover is regularly conducted by staff in a caring role; they felt the residents were aware of how to provide feedback to the home.

### **Staff feedback relating to COVID-19 protocols**

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One staff member felt that during lockdown there had been a generally limited level of access to services and particularly the podiatry service.

*“Yes. During this lockdown, there have been limited healthcare services. Also, the Podiatrist (who normally comes to visit) hasn’t, due to COVID-19”*

One of the three staff felt the care home had not implemented effective infection control measures to prevent the spreading of Coronavirus.

*“At the beginning of the pandemic, no. Care homes didn’t know what was going to hit them. However, now I do feel the care home has implemented effective measures.”*

One of the staff felt safe working during the early stages of the coronavirus pandemic, another did not, due to the lack of adequate supplies of PPE and lack of testing for both staff and residents in the early stages. There is now an adequate supply of PPE. Two of the three felt safe working during the early stages of the pandemic and that they received adequate additional support training and guidance then. They felt there were adequate opportunities for themselves and residents to be tested earlier in the pandemic.

*“Yes, I felt safe and it didn’t worry me.”*

*“During the beginning of the pandemic, we didn’t have PPE. We tried our hardest to follow the government guidelines. Currently, we have PPE.”*

*“No, I didn’t feel safe at the beginning of the pandemic. However, now I do feel safe as we have PPE supplies.”*

*“However, I would like to mention we would pick urgent supplies from Bromley council during the beginning. Now - we top up supplies which last for a month and pick up from normal suppliers.”*

The type of support provided by staff to help residents speak to/see their family and friends

included encouragement to use the telephone. Staff supported each other by holding a 'heroes day' twice a month by dressing up as hero (e.g. Batman) and giving chocolates, ice cream and sweets to the member of staff; residents were offered cakes and scones on a trolley.

The biggest challenges the staff said they experienced working in the home during the pandemic were staff mental health, continuing to come into work, and managing residents' isolation.

*"The biggest challenge was everybody's mentality".*

*"In my opinion, one of the main challenges was continuing to come into work. However, we have all as a team kept positive during these tough times."*

*"Residents are isolated and locked away during the pandemic. It has been challenging for family and friends not being able to visit residents."*

*"Very difficult. Losing their dignity and sanity."*

One staff member reported that the home had improved the quality and nutritional value of the food for residents. Overall, the staff felt they worked well as a team.

*"A lot of improvement, and the pandemic has helped in some ways. We have started cooking proper nutritional soups for the home."*

*"Overall, it is a great home. We all work together as a team."*

### **Family and friends' (F&F) general feedback**

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Total number of those giving feedback: **9**

Feedback from residents' family and friends showed the residents' length of stay at the home varied from five weeks to between two and four years. Seven of the nine reported they were happy overall with the level of care provided by the home.

*"Yes, very caring in every way and has lovely family atmosphere."*

*"Yes, the home seems to be looking after my wife very well. But not being allowed in the home it's*

*hard to judge”.*

*“Yes, very difficult to comment due to COVID restrictions, but all appears to be good.”*

*“It's OK but it requires improvement to reflect the cost and the needs of the residents.”*

Seven felt they were listened to and able to express their wishes or concerns to staff.

*“Yes, the staff are great, especially the activities managers.”*

*“We would request a weekly update, we have to chase the information, would be nice if they took more initiative.”*

*“Sometimes. It depends on the member of the staff; some staff are very helpful and listen and some don't. The real question is, do things change and remain improved – not often.”*

Five of the nine felt the staff involved them with the decision-making on behalf of the resident. However, two felt they were not involved in residents' care and two did not answer the question.

*“No, I don't remember being consulted. Visits after C-19 lock down with current restrictions have been organised on the phone. But we were not consulted on plans/decisions before they were made, only informed.”*

The way staff have demonstrated F&F involvement includes encouraging relatives to accompany the residents for appointments. The staff inform F&F of residents' changes in treatment, medication, care, support and clothing needs. Three F&F felt staff had not consulted them over residents' care.

*“If and when she has a fall, needs to see the GP or has had to visit hospital, they call to see if I can accompany her, which is good for my mum “.*

*“There is excellent communication and this has continued throughout the lockdown. A recent example has been advice about clothes as no-one has been able to visit to assess what was needed.”*

*“She's been poorly recently. They've notified me about medications and how she's doing. The staff have asked me what I can do to assist her. Condition - dementia and bed bound.”*

*“Yes, sometimes”.*

*“Yes, Difficult to speak to clinical manager. We would like some services to improve. We are relatively new. We have no personal experience of what goes on in a home. We had a carer going into my mother’s home, and now, not being able to see her is devastating. With four of us, having to designate one person has not been easy. If it’s one person every fortnight, it’s very hard.”*

The majority of the F&F felt their family member/friend had been treated with dignity and respect by the staff. They reported they had been invited to residents’ meetings. Some felt that their relative had not been treated with dignity and respect; F&F had not been able to attend residents’ meetings since the start of the pandemic because they are now conducted on Facebook’.

*“Yes, plus my dad is very good with technology so he messages me regularly.”*

*“Yes, most definitely. This has been evident throughout lockdown. I would certainly know from visits if this were otherwise.”*

Since COVID-19 the regular residents’ meetings had been stopped; some F&F were able to continue attending these meetings via Facebook. However, some F&F reported that they have not been involved.

*“Yes, pre COVID we used to meet in person regularly, but now we can FaceTime. They have also joined Facebook which is amazing as they post pictures of the residents regularly.”*

*“I am invited when they come up, I have been to a few evening gatherings with other residents, family/ friends. There hasn’t been a meeting since Mum has been in the home. Because of COVID19 there are no meetings.”*

*“There hasn’t been a meeting since Mum has been in the home.”*

*“There may have been regular meetings for relatives before she moved in which are now unable to take place.”*

*“My mother always speaks up at meetings and when something goes wrong or is not done correctly. However, I think she is one of the only residents to speak up. And in this, she feels isolated and as if she is considered a troublemaker.”*



Overall, the majority of the family and friends felt they had been treated politely and respectfully by the staff, However, language barriers with some staff members and the attitude of the care home owner were identified as requiring improvement when communicating with F&F.

*“Yes - they are lovely and friendly”.*

*“Yes, absolutely.”*

*“Yes, very respectful. There is sometimes an issue with the language barrier. A lot of the nurses don't have English as their first language, it becomes difficult to understand them. Sometimes, important information can be missed. This has a negative impact on my mother. It should be improved, and it will help. Room for improvement.”*

*“Yes, however when I spoke with the owner, he was less than polite. I would describe the conversation as cagey, defensive and unhelpful. He was not even plausible. Although the tone of his follow up email improved but lacked real information.”*

The majority of the F&F felt they were given the opportunity share their views and opinions on how things are done in the home. However, some F&F members did not feel were given the opportunity to share their opinions regarding the home.

*“Yes, the manager's door is always open. Sue was the previous manager, and now its Oksana, who I haven't met personally. She was responsive and accessible.”*

*“My mum has regular residents meetings where they are encouraged to voice their opinions.”*

*“Tried to speak to the clinical manager yesterday and not had a response.”*

Overall, with regards to additional staff comments, most F&F felt the staff were helpful, friendly and caring with particular praise for the two activity coordinators. Areas of improvement identified by F&F were around the long time taken to answer phone calls, staff turnover, the feeling that the staff's twelve hour shifts were too long and the apparent lack of care and professionalism.

*“The staff get to know family and friends so that we feel part of the Clairleigh community.”*

*“There are two members of staff who have many 'hats' including organising entertainment for the*

*residents- Geoff and Nova. They are brilliant. A real asset to the home.”*

*“The staff are mainly very helpful but trying to call the home on the phone can take a long time.”*

*“There are not enough members of staff. I believe 12 hour shifts are too long, and they are probably not paid well. Therefore, staff turnover is quick, and too many agency staff are needed and used - who don't know the residents or the care home. Also, they often appear to lack care and professionalism.”*

The F&F felt there was a sufficient number and range of activities within the home for the residents to participate.

*“Yes, they do loads. They have crazy golf, foot piano, they organise events, like yesterday they did Macmillan coffee morning and raised £400. They asked for raffle prizes as donations and everyone gets involved.”*

*“There appears to be a good variety.”*

*“There are two members of staff who do this and I believe they work hard, try and care very much. However, I think if the carers chipped in a bit more, it would be good for everyone.”*

The majority of F&F felt the home had relatively good accessibility to public transport, however some felt the visitor parking facilities could be improved.

*“Not really sure as I drive, but the parking could be a bit bigger.”*

*“I have had a parking ticket when on pavement opposite. Details of surrounding area parking would help”.*

*“Parking can be tricky, but I rarely have to resort to the road.”*

*“Car parking is good but buses are only a short walk away.”*

With regards to suggestions on how to improve services within this care home. Some F&F were generally satisfied with the care home. Some raised concerns around the need to increase staffing levels, working conditions, training and wages.

*“No. They have their own nurse, GP comes weekly, it’s clean and they even serve wine at lunch!”*

*“No - they do a great job in my opinion.”*

*“Try and improve the visiting experience and get away from sitting in a corridor.”*

*“Probably as I have mentioned above, improving staffing in most areas. More staff. Improved wages, working conditions, training, commitment (from both sides), professionalism and standards. Regulation and legislation in this industry is falling short of what is required.”*

*“More staff, they are always the resource to invest in.”*

### **Family and friends (F&F) feedback on the service during COVID-19**

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F&F were asked about how well the care home had kept them informed about the well-being of their family member/friend since the start of the pandemic. Most felt had they had been kept well informed through Facebook, phone and video calling. One felt the home staff could improve their communication as they themselves had to contact the home regularly for updates.

*“I was able to ring my mum when I wanted, as she has a mobile phone. They did arrange video calls regularly, so I could see my mum.”*

*“They have kept us informed but they had cases of COVID. They kept that information to themselves and isolated the patients.”*

*“No, when my mum went the home was COVID free. Haven’t been informed.”*

*“It is and has been less than adequate. The care home has been at times more concerned with informing us how much it is liked and what it means to the local community. Describing deliveries of gifts rather than explaining the facts, good and or bad.”*

F&F were asked how the home had kept them informed about measures taken to prevent COVID-19 infection and about the spread of COVID-19 within the home. The F&F reported the information they received was adequate, particularly around the provision of PPE and the arrangements for

garden visits, having adapted the garden area.

*“Yes, they have introduced PPE.”*

*“I was explained the procedures when Mum came into the home.”*

*“No visitors during the beginning of the pandemic. Garden visits can commence, and F&F are required to wear masks, gloves and aprons. I was told we can do indoor visits but must wear full PPE. Residents are tested regularly.”*

*“Have been told about visiting but not what happens in the home.”*

F&F were asked if they had felt reassured about the safety of their relative/friend in the care home during lockdown and more recently. The majority of F&F felt the home had reassured them about the safety of their relatives during lockdown. Some felt less reassured around regular staff testing and the feedback of test results. Some also expressed concerns around the news reports on care homes.

*“Yes, they ensured all residents were not allowed to leave their rooms. Lounge was closed to residents. Anyone with symptoms was asked to self-isolate for up to 4 weeks.”*

*“Yes. My grandmother is well-looked after and kept safe.”*

*“I cannot go into the home I do not know happens, so I have to rely on what they tell me.”*

*“Not really. We have little information on how regularly staff, are tested and what extra precautions are being taken.”*

*“To my knowledge the residents have been tested three maybe four times. From what I remember I haven’t always received the results.”*

F&F were asked to share their feedback on the contact arrangements made by the home for visiting their relatives and on the social distancing and PPE measures. Most of the F&F stated they were offered a variety of contact arrangements including access to digital video (FaceTime), phone calls, Facebook and face to face access in the garden area with social distancing and PPE provision in place.

*“They did arrange video calls when everyone was in lockdown. During the summer they have been allowing garden visits, which has been lovely.”*

*“The visit was conducted outside, 2 metres apart. I had to sanitise my hands and wear a mask.”*

*“I saw my mum in the garden. I had a mask on, an apron and gloves and was over 2 metres away from her, plus my temperature was checked on arrival.”*

*“I meet them via FaceTime regularly. Facebook posts also help as I see them having a nice time even during the difficult times.”*

*“They have also introduced one person per table setting. My parents have one of the only rooms at the front of the building, so I can wave to them from the window. I have also been able to drop stuff outside.”*

F&F were also asked to share the impact of the changes in the home on their family member/friend since the start of the pandemic, and their general experience of the care home since lockdown. All F&F extended their gratitude to the staff in providing good quality care to their relatives during these difficult times, including those whose relatives had contracted COVID-19 and those that had passed away as a result.

*“Unfortunately, my dad had COVID, but he has fought it. I am aware they have lost quite a few residents to COVID.”*

*“I am very grateful to Clairleigh. They really look after my parents well.”*

*“Just my enormous gratitude to all the carers who look after my mum so amazingly.”*

*“Visits have been booked ahead, very well organised and kept very safe. There are photographs and videos available which are very reassuring for family and friends and means we are kept well informed.”*

*“I can only comment on visiting times, they seem to cope well with my wife for the visit.”*

*"I think quite badly as her dementia is not sufficiently advanced for her not to be missing family and friends. However, this has been greatly alleviated by the wonderful staff who keep her occupied and happy."*

F&F were asked to suggest any improvements that could be made to the home. The main areas highlighted for improvement were the visitor experience and visitor information in the care home's newsletter, follow up calls to F&F and keeping F&F fully informed about the well-being of residents.

*"The home could try and improve the visiting experience. It would help to keep the residents calmer and take away the stress from them and visitors."*

*"In regard to the newsletter, it includes only when staff/management have changed. No information on when to see residents. It would be useful to have more information on other aspects."*

*"Also, the home informed me they would give a call to say how my grandma's doing once month, but I have received no phone call."*

*"I'm the only family my nan has got, keeping the next of kin informed is crucial."*

*"The home isn't cheap, but my father worked his entire life to have comfort in his old age and I feel it's justified. The staff are great and are always welcoming. Their activity coordinators, Nora and Geoff are simply amazing. They go out of their way to make my parents' stay comfortable and provide love and care like we would at home. I am so grateful, especially during these difficult times, that my mum and dad are together and being cared for so well. Thank you."*

*"The care home is fulfilling the processes. The home came highly recommended. But overall, in general they are a good home. My brother has power of attorney and I want to be a contact for my mother. They have informed me about catch on her leg. Upfront about anything wrong, they phone and tell you straightaway, as my mother is quite frail."*

**Clairleigh - general care home rating from family & friends**  
**Some of views are pre COVID-19**

Total responses: **9**

Please tick (✓)	Attributes	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
i.	Access by public transport	1	3	2		1	2
ii.	Parking facilities	3	4	1			1
iii.	Getting in and moving around the building	2	3		1	1	2
iv.	Cleanliness	3	3				3
v.	Helpfulness of staff	6	3				
vi.	Visiting arrangements	3	2			2	2
vii.	Support from staff regarding your health	4	2				3
viii.	Gardens/ Outside Space	7		1			1
ix.	COVID – 19 compliance	6	2				1

**Recommendations**

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Based on our observations and feedback, we would like to recommend the following:

1. During our virtual visit we observed code numbers were placed above the door keypads. Unless there is a specific reason for placing the code numbers above the keypads, this should be reviewed given that you may have some residents who have dementia.

**Response from Clairleigh Nursing Home:**

*Codes are displayed only for the doors inside the home. The residents do move freely around the home. No door leading outside has the codes displayed.*

2. There is only one telephone line into the home (with multiple extensions). However, an HWB

staff member and some family and friends found that it took an extremely long time for the telephone to be answered. We would suggest this issue be addressed.

### Response from Clairleigh Nursing Home:

*Although there is only one telephone number, the line can accept up to three incoming calls at any one time. However, due to current visits restrictions, the number of calls has been increased almost threefold, with several calls coming in at the same time and at the busiest times of the day (administration of medication and mealtimes). If three staff are already speaking with callers, then the next call from outside will not be answered immediately. The handsets at the nursing stations are portable and the staff carry them around the home to answer the calls as soon as they come in. We are reminding everyone daily to answer the calls as much as practicable. We are, however, looking at other ways to address the issue.*

3. There appear to be few, if any, facilities specifically for those with dementia. We would suggest that this issue be addressed and that, in addition, dementia friendly signage and large font signage and photo menus be introduced. We additionally suggest future provision of a sensory room, and appropriate sensory activities in the interim.

### Response from Clairleigh Nursing Home:

*The picture menus are being collated and due on the tables shortly. Sensory activities have been happening and are ongoing. We have now selected a room which we plan to transform into a sensory room for people with dementia.*

4. In future outbreaks of COVID-19 we would suggest, if at all possible, that residents suffering from the virus should be moved to a separate part of the home and that those caring for residents with COVID-19 should not be caring for non-COVID-19 residents at the same time. We suggest better communication with families over testing, diagnosis and action being taken.

### Response from Clairleigh Nursing Home:

*The rooms residents live in are their homes. They cannot be moved any time they have an infection. Instead, all our staff had been trained and supervised in principles of outbreak management and correct wearing of PPE. We have been COVID-free for seven months due to effective policies introduced, staff training, effective monitoring and regular staff and residents testing for COVID-19.*

*Moreover, every room is a safe isolation pod. Moving infected residents throughout the home carry a greater risk of spreading the infection than isolating them in their own rooms.*

*In the event of an outbreak (of any aetiology), a risk assessment would be immediately*



*completed to determine further actions regarding effective mobilisation of staff and resources. A lesson from the first wave had been learned.*

5. Staff feedback highlighted the lack of staff awareness on how to access safeguarding information within the workplace. The staff identified not feeling safe coming to work and the impact on their mental health. We would suggest these issues be addressed with consideration given to counselling and support needs to help staff maintain their mental wellbeing.

#### **Response from Clairleigh Nursing Home:**

*The safeguarding policies are at the main reception, in the staff room and on the nurses' computers' desktops. Safeguarding incidents are discussed at staff meetings (adhering to the GDPR). We will continue to discuss the safeguarding processes at general staff meetings and supervisions.*

*No staff member has expressed concerns to us regarding their mental health. They are supported through meetings and supervisions. We will advise staff at the next staff meeting to approach the managers with any issue, including personal, they may have and need help with. As part of the home's Quality Assurance framework, Staff Surveys will be sent to all staff in January 2021. We look forward to receiving the forms back.*

6. During lockdown there had been limited access to the podiatry service. The home should review access to podiatry service provision in future lockdown scenarios.

#### **Response from Clairleigh Nursing Home:**

*During the first wave, referrals to the podiatrists were still being made. However, and understandably, due to lack of COVID-19 testing and other logistics, the response was not timely or great. We currently have sufficient and various supplies of PPE, therefore we can facilitate safe visits for other professionals in the event of another outbreak.*

7. Feedback from family and friends highlights several areas that required improvement. Particularly, some inconsistencies in ensuring all family and friends are fully encouraged to participate in the residents' meetings to share their opinions regarding the home. Additionally, also in the consultation and decision-making process or care on behalf of the resident's care. We would suggest achieving wider family and friends' participation in residents' meetings through Zoom rather than Facebook as some family and friends may not use social media platforms.

#### **Response from Clairleigh Nursing Home:**

*Before the pandemic, there were regular Relatives Meetings held quarterly. With the introduction of a nationwide lockdown, these had to be stopped. The home continues to communicate with families and friends through letters sent via e-mails and telephone calls updating them on the latest visiting policies and other related and current issues (e.g. consultation regarding flu vaccines).*

*With some families we also had Zoom meetings to discuss the care of their loved ones. However, some relatives and friends might feel left out because they are not the first or second point of contact. In these instances, we advise the immediate next of kin to extend the information to the rest of the family as they feel appropriate.*

*The residents have their own monthly meetings, where they voice any concerns or compliments, which are immediately addressed and fed back to them. They feel comfortable and at ease with these meetings, where they themselves are in charge. It is their meeting. We will ask them if they would like friends and relatives to join them, although not sure how the residents without close friends or relatives would feel.*

*Neither the relatives', nor the residents' meetings are used to discuss individual care. Routinely, the families are contacted once a month (during the Residents of the Day) for care review. Some families are also contacting us directly with any issue they may have.*

8. Some family and friends highlighted the need for improved communication. This includes areas such as the visitor experience, follow up calls with updates on residents' well-being and the care home's newsletter which should include additional information including visitor information.

### **Response from Clairleigh Nursing Home:**

*As above.*

*We are downsizing the newsletter as it was over 10 pages and, currently, challenging to write. The relatives should be receiving the next issue shortly.*

9. The visitor parking facilities could be improved. We suggest these issue to be addressed.

### **Response from Clairleigh Nursin Home**

*Unlike many other care homes, we are privileged to have a car park, that has 15 large parking bays. Even when full, there is still enough space for ambulances and delivery trucks to manoeuvre.*

*The issue with the car park was resolved when after expanding the home staff were asked to use the free roadside parking. There have been no concerns raised since.*

*When the visits resume, we will monitor the situation and act accordingly.*

10. Some friends and family also raised concerns around the need to increase staffing levels, working conditions, training and wages, and lack of professionalism from some staff and the care home owner. This included comments about too many agency staff and their attitude. Some family and friends are not aware of residents having a key worker. We suggest these issues to be addressed.

### **Response from Clairleigh Nursin Home:**

*We understand the family and friends' concerns regarding the use of agency staff, which was mainly due to staff going on furlough or leaving the care industry due to pandemic. We have accelerated our recruitment process and are pleased to say that the only agency carers we might use are to cover the odd sickness or other absence at a very short notice.*

*The nurses' recruitment is still in process. The nationwide shortage of 40,000 nurses has affected Clairleigh too. We are in the process of recruiting a high calibre team of nurses.*

*With regards to the staffing levels, not only they have been maintained safe, but at times we even work overstaffed, as the occupancy decreases, but the staff still need to be given their contracted hours. The staffing levels are titrated according to the residents' dependencies, which are reviewed monthly. Staffing levels are monitored and recorded daily.*

*There had been no concerns raised by staff regarding their working condition since the beginning of the pandemic, when the PPE supplies were all diverted to NHS services.*

*With regards to the training, we recently migrated to a new e-learning platform and the staff have been instructed to complete all training by end of January. The weekly training monitoring shows substantial progress.*

*The issue with the key worker had already been addressed.*

11. Whilst there was lots of praise for two of the activity coordinators, activity provision was felt to be lacking in general and greater encouragement to participate could elicit more positive responses from residents. The home should review their provision and approach to activities in light of the changed and changing circumstances to ensure they have a full and rich programme adaptable to the variety of tiers and lockdown situations which may be put in place from time to time. This should include staff attending the Local Authorities Activities Forum.

### **Response from Clairleigh Nursing Home:**

*Comprehensive and rich weekly activities plans are reviewed regularly and given to all residents at the beginning of the week. The plans are adapted to every circumstance.*

*The residents are praising the activities coordinators, so are their friends and families.*

*The activities coordinators will attend activities forums as provided by the local authority.*

12. Ensure the home has appropriate quality IT equipment and sufficient wi-fi access throughout the premises to enable improved virtual visit access by various parties (Commissioners, CQC, Healthwatch etc) and that residents can communicate effectively with friends and family through use of online platforms such as zoom, Facetime or Whats App video calls etc.

### **Response from Clairleigh Nursing Home:**

*There was an activities iPad, which was successfully being used for virtual visits by relatives. In November 2021 the home acquired three more iPads, which are routinely used for doctor's rounds, CCG reviews/assessments and other meetings and activities requiring virtual visiting. The home has a good wi-fi throughout the home.*

Healthwatch Bromely shared the report with the London Borough of Bromley (LBB) who fully endorse the provider and further support the provider's response in relation to the report recommendations.

LBB acknowledge the context in which the Enter & View visit took place and that the home was operating under national COVID 19 restrictions and had adapted their operations according to appropriate Public Health England guidance. LBB note that in this context, it is worth taking into account the challenges the home has faced and had to overcome. In addition, LBB has responded that 15 parking spaces is considered to be good, is in line with local provision, and compares favourably with other homes across SEL.'

## **Conclusion**

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The staff and residents we spoke to were very accommodating and forthcoming, we felt all our questions were answered candidly and with confidence. The Care Home General Manager and Deputy Manager seemed comfortable disclosing non-confidential information.

We received both positive feedback and feedback suggesting some areas for improvement from family and friends and staff members. Staff commented that the management team was supportive of their work and that the atmosphere within the home was good. Our impression on the day was of a well-run service that supports its residents holistically.

The report will be published on the Healthwatch Bromley website –

[www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

and will be disseminated to the provider, commissioners and the public.

The Healthwatch Bromley Enter and View Team would like to thank the visitors, staff and residents at Clairleigh Nursing Home for their courtesy, patience and openness during our visit.

***Disclaimer***

*This report is a representative sample of the views of the visitor and staff members that Healthwatch Bromley spoke to within the timeframe. This does not represent the views of all the relatives and staff members*