

Enter and View Report

Bridgewood House, March 2022



A report by Healthwatch Enfield

“I’ve never seen mum’s hair look so nice. She has her nails and hair done - a member of staff does it.

She has podiatry which I pay for.

Staff use the hoist to move mum and she is always dressed immaculately.”

Relative

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Visit Details	
Service Visited	Bridgewood House, 1 Old Road, Enfield, Middlesex, EN3 5XX
Manager	Bibi Codabaccus
Date & Time of Visits	16 th March 2022: 10.00am - 2.00pm 20 th March 2022: 12-4pm
Status of Visits	Announced
Authorised Representatives	16 th March 2022: Darren Morgan, Janice Nunn, Janina Knowles, Jas Gosai, Margaret Brand, Liz Crosthwait 20 th March 2022: Caroline Frayne, Pauline Hooper
Lead Representative	16 th March 2022: Darren Morgan 20 th March 2022: Pauline Hooper

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake ‘Enter and View’ visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated, and being experienced.

Following the visits, our official ‘Enter and View Report’, shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes

anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3 Acknowledgements

Healthwatch Enfield would like to thank the service provider, service users, families and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, 8 Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Bridgewood House

On 16th and 20th March 2022 we visited Bridgewood House, a nursing and residential care home in Enfield.

The home provides personal and nursing care to older people and younger adults, with specialist care available for Dementia, Learning Disability, Physical Disability, Sensory Impairment and Mental Health.

Up to 70 people may be accommodated, at the time of the visits 66 were in residence. The home has 25 staff, including full, part-time and where necessary agency.

2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Bridgewood House was last inspected by the CQC in February 2021. The inspection [report](#) gave a rating of 'Good' - in all areas.

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback - the average rating given is 8.7 out of 10.

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Enfield to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report.

3. Summary of Findings

During the visit of Wednesday 16th March 2022, we spoke with 10 residents, 7 staff members and the Deputy Operation Manager. Additionally, 2 staff members completed a questionnaire.

On Sunday 20th March we engaged with 2 family members and 1 resident.

The Authorised Representatives made the following notes and observations:

- On arrival, all relevant checks and requirements were conducted - this includes hand washing on entry, showing proof of both a negative Covid-19 lateral flow test and double vaccination, signing a health disclaimer & signing in as visitors.
- All staff were polite and helpful throughout the visits.
- We were able to access all areas, and engage with residents, visitors and staff as appropriate.
- The Enter and View visit posters were clearly displayed.
- At the end of the visits, we were asked to sign out.

Entry and General Accessibility

Notes

- The home has two entrances, one along the main road (for pedestrians) and another at the rear (for drivers).

What has worked well?

- There is ample room for parking.
- The home is secure, requiring a buzzer press at either entrance.

- Handrails are installed along the stair cases and corridors.
- Corridors are wide and we observed no obstructions.
- Dementia friendly signage is installed throughout the home, with frequent use of images on signs.
- 'Sensory stations' with bric-a-brac to touch and feel are sited along corridors.

What could be improved?

- While the reception is signposted from the road, some Authorised Representatives did not see the sign and had difficulty in finding the entrance.
- Internal doors have a side push-button for entry and exit, however we were able to pass through many without a press (we are unsure if this is intentional, or due to faults).
- On the ground floor, a bathroom door containing an 'out of order' notice was unlocked.

Covid-19 and Visiting

Notes

- Visits can take place without the need to pre-book.
- On arrival, visitors are required to demonstrate a negative lateral flow test, plus proof of double vaccination.

What has worked well?

- Covid-19 training, protocols and implementation are regarded as highly successful, by all staff members.
- The visiting protocol was strictly implemented during our visits.
- Hand sanitiser stations are present throughout the home.

What could be improved?

- We have found no potential areas for improvement.

General Environment

Notes

- The home has 3 floors. The ground floor is generally intended for lower dependency residents. The first floor specialises in nursing care and learning disability support, and the second floor largely accommodates lower dependency residents and those with dementia. While this is the general configuration, we observed that all floors contain a mix of lower and higher dependency residents.
- Resident's rooms have ensuite facilities.
- The third floor is currently closed and utilised for storage.
- There is a large garden situated alongside the car park.

What has worked well?

- During the visits, the home appeared to be clean and tidy.
- Attractive and colourful artwork is installed throughout the home, this includes pictures with an inspirational or reminiscent theme.

What could be improved?

- While the lounges are intended to be comfortable, some are dimly lit (with drawn blinds) and have a clinical, rather than homely feel.
- We note the home lacks adequate storage facilities. Boxes were observed in lounges and garden seating areas (enclosed glass pods). One bathroom had a 'please don't dump equipment here' notice on the door.
- Several improvements are suggested for the garden - a designated smoking area, a tap so that residents can help to water plants, and protection from weather conditions (the garden is often windy and has a lack of shade).
- According to staff, equipment such as floor cleaners need upgrading or replacing.
- Some shower and bathroom facilities are out of order.

Care and Clinical Needs

Notes

- We are told that Community Health nurses attend 3 times a week, and a GP visits weekly. Dentists, Chiropodists and other health professionals also visit - with some services charged for.
- Staff have access to care plans, which include needs, preferences and life history.
- Shift handover is usually for around 30 minutes, with information shared & reviewed.

What has worked well?

- A broad majority of residents find staff to be empathetic, polite and caring. While staff are observed to be busy, it is commented that support is usually forthcoming.
- Most residents are confident that clinical appointments can be arranged if required.
- A relative is pleased with continuity of carers.
- Hygiene and personal care is complimented by one relative.
- We hear that staff check with residents about their personal preferences, such as cleaning or organising their room in a particular way.
- It is said that staff refresher courses on clinical needs are 'continuous' and this has given confidence.

What could be improved?

- A common topic is showering - although residents may shower daily, some would like more assistance in washing their backs in particular.
- A relative says there is no regular washing of hair.
- Some residents would like opportunity to give feedback following sessions, such as physiotherapy.
- When we mentioned care planning, very few residents responded. One relative participated in the initial care planning but is not aware of involvement in any subsequent care plan review.

- While residents have control over core routines, such as when to shower, or to a certain extent what to eat, staff say that choice on wider routine may be difficult to support, due to time constraints.
- It is suggested that agency staff are less likely to review care plans.
- Some residents have ailments such as deteriorating eyesight or a swollen ankle, and although staff are aware of these conditions, apparently there has been no formal medical intervention. Dental treatment is required in some cases.
- Daily nursing care - such as to administer eye-drops following an operation has been unavailable for one person.
- On medication, care staff are said to assist, however some residents have limited knowledge about their medicine and why they are receiving it.

Activities

Notes

- An Activities Coordinator is in post, supported by an Assistant (who is currently off sick).
- There is an activity room on the first floor, which may accommodate around 10 people. At the time of the first visit, the Activities Coordinator was preparing a session.
- Popular activities include music, painting, shopping, cooking and gardening, there is also a desire for eating out, cards and dominos, and knitting and sewing.

What has worked well?

- During the first visit, a professional entertainer hosted a sing-a-long event in the ground floor activity room. We note the session was of good quality, and well-attended. The event date and time was posted on the door.
- The first floor activity room caters for a wide range of interests, including games, music, cooking, indoor planting and arts and crafts. We note it is well-stocked, with the room itself tidy, vibrant and colourful.
- Noticeboards are very well considered and presented. Activities are clearly listed, there is information on feedback and complaints, and an innovative 'bored board' provides crossword and word-search handouts.

What could be improved?

- Loneliness is commonly expressed. One resident has 'just one other person' in the unit to socialise with regularly. During our first visit, we found one resident alone in a lounge - visibly lonely.
- While a range of activities is available, many staff feel the offer is limited and repetitive, resulting in boredom and a level of disinterest. We are told that outside activities, such as garden walks or visits to the shopping centre have been curtailed, and those requiring external providers - such as chair based exercise have not yet been reinstated.
- A lack of opportunities to socialise outside, or do gardening are a cause of frustration.
- Exclusion is also cited - we hear that those with limited mobility are not always supported to attend events. One resident, able to walk with a frame complains of being discounted for shopping trips.

- Residents also note that some suggested activities - such as a pub lunch have not taken place.
- It is noted that activities, including the entertainment event during our first visit are not advertised effectively, or proactively.
- Staff say the Activities Coordinator has insufficient time and resource, and could use assistance (volunteers were available prior to the pandemic). Residents who need one-to-one support are visited once a week.
- We understand that the gym/exercise facility is being used as a storage room, with access limited to one treadmill.

Diet and Nutrition

Notes

- Typically, breakfast is served at 8am, lunch around 12pm - 1.30pm and tea between 5pm - 6pm. Snacks, tea, coffee and juice are available outside of mealtimes.
- There are two choices of main meal for lunch, plus a dessert. Menus are rotated on a bi-weekly basis.
- One resident says second helpings are not available, this may be inconsistent within the home as a resident during our first visit was 'on the second plate'.
- Residents may take meals in their rooms, the dining rooms or lounges.
- We were told that mealtime support is provided as required, and special dietary needs accommodated.

What has worked well?

- Menus are in large font and contain images.
- As a whole, resident feedback about the food is positive and roast dinners in particular are popular (although these are reportedly not served often).

What could be improved?

- While the residents are generally complimentary about the food, staff and management indicate that fresh food - particularly fruit and vegetables need to be served more often.
- The set menus are also said to 'change little'. Alternatives are provided, and specific needs catered for, however choice is said to be restrictive.
- Christmas Dinner arrangements are commented to have been inadequate, and disappointing.
- It is reported that on occasions tea has been made using the sink (not the kettle) and beverages have been served 'warm'.
- Dining room space is limited - it can be difficult for residents and staff to get in, or out.
- It is noted that cooking, as an activity has not yet resumed.

Personal, Cultural and Lifestyle Needs

Notes

- For those who do not speak English, family members are said to assist in developing vocabularies.
- On spiritual needs, we are told that a 'multi-faith' priest will be visiting weekly.

What has worked well?

- All the residents we spoke with express freedom in being able to go to bed, and get up in the morning as they wish. One resident receives cups of tea, while in bed.
- Similarly, residents are able to choose their clothing and are supported with dressing. We hear that staff have accompanied many on shopping trips to buy clothes.
- Few people comment negatively on their rooms.
- There are no complaints about visiting arrangements.

What could be improved?

- Hairdressing is cited as an issue, currently a care staff member cuts hair, we believe at an intermediate level - those wanting something more substantial (such as a perm) have not been accommodated. On our second visit, we observed the salon was being used for storage (as a temporary measure).
- A resident who is Hindu believes that a visit to a temple 'would not be allowed'. According to staff, volunteers should be able to support visits to Mosques or Temples.

Feedback and Complaints

Notes

- The home has a complaints policy, with notices on display and a complaints box near reception.
- The relatives meeting is expected to resume soon.
- We hear that residents and families are provided with feedback, after inspections.

What has worked well?

- During our visits we observed the complaints policy on display - with a good level of prominence and detail.

What could be improved?

- One resident, who asked a carer to pass a message on to management doubts that this was done.
- When asking if personal opinions are heard and valued, some say they have not had the opportunity, encouragement or initiative to feed back.
- Resident meetings have been held, such as on menu planning, however it is suggested that these are infrequent.

Staffing and Training

Notes

- The home has 25 staff, including full, part-time and where necessary agency.

- We receive mixed feedback on staffing levels - we are told there are no shortages of nursing staff, however it is also reported that shortages, due to sickness and lack of recruitment are widespread across categories.
- New staff members are inducted by the manager, then shadow senior staff for around a week - with team leaders taking responsibility.
- Training is said to be available, with courses attended including Medication, Dementia Awareness, Diabetes, Moving and Handling, First Aid, and Management. Most of the training is online.

What has worked well?

- Staff have generally found the training to be beneficial in their work.

What could be improved?

- We hear that better staffing levels would improve quality of care and cleaning - staff also tell us that working across floors reduces continuity of care.
- Staff say that pay is poor, there are insufficient breaks, and rotas are not conducive to a healthy work-life balance.
- One person says that permanent staff should be 'more amenable' to their agency staffing colleagues.
- We hear that inductions have been good, however it is also suggested that time constraints may impact on overall quality.
- There is some dissatisfaction about having to complete training during days off.
- We also hear that staff have been 'denied access' to certain courses, and there is not always encouragement to upskill.

Management

Notes

- The home has a Manager, Deputy Operation Manager and Team Leaders.
- Feedback about the management varies greatly - some have found managers to be approachable and supportive, while others say that requests - such as emails sent have been ignored.
- Staff supervision appears to be frequent, with appraisal less so.

What has worked well?

- The central office appears to be very organised and efficient, with use of innovative software and devices - to plan, monitor, facilitate and evidence care.

What could be improved?

- We hear that the manager has been supportive, and proactive in addressing resident's issues, however many feel that management are not largely visible in their units - this includes a resident who has been unable to secure a meeting, despite requests.
- A number of residents say they have never seen the management and some are not familiar with their names.
- A relative says there is no ongoing/regular communication with or from management.
- There is a suggestion of staff 'favouritism' and some staff members clearly feel at a disadvantage compared with others.

- A lack of staff meetings and ‘frequent’ changes of management are common causes of frustration.
- Apparently, there is currently no clinical lead in place.

Based on findings, we have made several recommendations (see section 6).

4. Resident and Relative Feedback

During the visits of 16th and 20th March 2022 we spoke with 11 residents, on various floors.

Questions were asked around staffing, medical and clinical needs, activities, diet and nutrition, cultural needs, feedback and complaints, and management.

To uphold confidentiality, responses have been placed randomly for each question.

4.1 Staffing

A broad majority of residents find staff to be empathetic, polite and caring. While staff are observed to be busy, it is commented that support is usually forthcoming, as required. On interaction, some residents say there is ‘time to talk’ and equally others feel there is not.

A common topic is showering - although residents may shower daily, some would like more assistance in washing their backs in particular. One person, receiving physiotherapy would like to give more input following sessions.

Some residents find staff to be ‘bossy’ and a transfer request to another unit has been denied (we are not sure if this is for medical or nursing care reasons). For one person, the inability to have a dog, or to see pets generally is a cause of frustration and anxiety.

When we mentioned care planning, very few people responded.

Selected Feedback

Do the staff treat you well?

“Very much so.”

“Yes, mostly. They’re polite.”

“They’re alright, there’s time to talk.”

“Good and bad, they look after me well in general.”

“I don’t like the staff, they boss other residents about.”

"Yes. But I don't like one of them - she's 'like Hitler'. Works in the evenings, she's bossy and gets on my nerves."

What do you like most about the staff?

"They're friendly and caring."

"Most are lovely."

"I like some more than others."

"Staff are busy. They help with getting me washed and dressed, staff are not always helpful, especially with washing my back."

Is there anything that makes you feel unsure or uncomfortable about staff?

"Not really."

"They treat me alright."

"Staff don't always help when I'm showering."

"I have asked to be on another ward but nurses stopped a transfer."

Do you think staff have enough time to do their job?

"Yes, they don't rush me."

"Yes they're professional as well."

"They're busy. I get a shower every day. I like my back washed but don't really do it without asking, I wish they did it more often."

"They're very busy, but come when I call them."

"Staff are very busy and there's not much time to chat."

"There had been staffing issues in the past but there are agency staff to cover shifts."

Do staff know what you like and what you don't like?

"Yes they do."

"They know that I don't eat pasta."

"Most are alright."

Do staff understand your needs?

“They know most of my family members, as they live nearby. They are busy. At Christmas they bring presents.”

“They help me to choose my clothes.”

“I had 2 physiotherapy sessions and was given an exercise sheet, but I would like to have more input.”

Do staff ask your opinion about your health and wellbeing plan?

“I have creams that I manage myself.”

“Not really.”

Is there anything you would like to see improved?

“I’m treated well. Football on Saturday.”

“I would like to go out.”

“I miss my little dog (I don’t have a picture). Not having my dog is very distressing.”

“I need staff to help me with the shower.”

4.2 Medical and Clinical Needs

We hear that community nurses and a GP visit the home. Most residents are confident that appointments can be arranged if required, however one person who needs an eye test does not know who to contact.

Some residents have ailments such as deteriorating eyesight or a swollen ankle, and although staff are aware of these conditions, apparently there has been no formal medical intervention.

Nursing care - such as to administer eye-drops following an operation has been unavailable for one person. A resident is also in need of dentistry as missing front teeth are a cause of ‘great concern’.

On medication, care staff are said to assist, however some residents have limited knowledge about their medicine and why they are receiving it.

Selected Feedback

How often do you see the GP and district nurse?

“Staff will arrange for me to see a GP, the doctor also visits.”

“Don’t know who he is. I can get a doctor if I need one.”

“Last week a nurse checked me over.”

“I’ve had a scan - came back all clear.”

“I have my eyes checked once a year but I can’t see. I want to know why I can’t stand.”

How often do you see the dentist?

“I haven’t seen a dentist. A chiroprapist comes.”

“Local? Not been for a while.”

“No but I wish I had. I’ve lost some of my front teeth and have no dentures or bridge (it concerns me greatly).”

What do you do if you need to see any health professional?

“I speak to staff and wait for the visit.”

“I don’t know who to call. I need an eye test.”

“I’ve never asked, but I suppose I can.”

“I’m waiting for an operation - currently bed bound.”

Do you feel involved in decisions about your medication?

“Staff help daily with my medication.”

“Yes, if I don’t want it I won’t take it.”

“No nurse so a carer is giving medication. Some days not.”

“Yes I take tablets - not sure what they are for.”

Is there anything you would like to see improved?

“My right foot is killing me - it looks swollen. I’ve told the staff, they gave me a tablet and no one has asked if it has helped.”

“I had an operation on my eye - the home said the nurse would give me drops - no nurse. No nurse last night and this is frequent. The deputy manager had to put drops in my eyes today.”

4.3 Activities

Feedback about activities is mixed - some residents, perhaps the most enthusiastic are happy to attend a broad range, while others, including one person who spends time in a corridor comment on feeling bored. Loneliness is commonly expressed.

It is suggested that activities, including the entertainment event during our first visit are not advertised effectively, or proactively. Added to that, we hear that those with limited mobility are not always supported to attend. It is also commented that the Activities Coordinator does, wherever possible encourage residents to participate.

Popular activities include music, painting, shopping, cooking and gardening, there is also a desire for eating out, cards and dominos, and knitting and sewing.

A lack of opportunities to socialise outside, do gardening or to sew are a cause of frustration. A resident with limited mobility, but able to walk with a frame complains of being discounted for shopping trips. It is also noted that some suggested activities - such as a pub lunch have not taken place.

Selected Feedback

Do you enjoy the activities the home offers?

"Yes I do."

"Music downstairs. Today St Patrick's Day, tomorrow staff will let me know."

"Yes I generally go for all of them. Staff will take me down."

"I get bored, there isn't enough to do here."

"I didn't know about today's event until this morning. There are very little activities - I went to one, they gave me a bit of wood and sand paper and told me to sand it?"

"I just sit in the corridor or watch TV."

Do staff encourage you to participate in the activities?

"Sometimes staff let me know but not often. I go shopping with staff to buy shampoo."

"Yes, I go to the activities room."

"Yes and like to participate."

"The Activity Coordinator asked me to join in, but I wasn't feeling up to it."

Do you feel lonely and isolated?

"Sometimes I feel lonely. Staff talk to me sometimes but usually they're too busy."

"No I watch telly. My family rarely visits."

"I feel lonely. My family sometimes visit."

"Yes I feel lonely. I have a TV and mobile."

Which activities do you like most?

"I'll try anything!"

"I like music. There's a jukebox on wheels and I can choose what music I like. Bingo as well but it's not often."

"Painting, I go shopping (to ASDA) with staff."

"Word search and colouring."

"Cooking and making cakes."

"Gardening from my wheelchair."

"Not much to do."

Are there any activities you would like to see more?

"I would like to eat out in cafes. I get fed up as I'm stuck in the day room."

"I'd like to go out. I never go out and can't remember when I last did so."

"I used to knit, but not any more."

"Dominos and cards."

"I used to do tailoring, I love sewing."

"Gardening - I love it out there. It was such a mess, I spoke to the manager and offered to pay for new plants and trees. No response (that was a year ago)."

Is there anything you would like to see improved?

"I'm reasonably happy here. One of the staff helps me to put nail varnish on, I enjoy it."

"I'd like to sit in the garden. We had a barbeque once, I'd like more to do. I really like gardening, would like to do some activities. I would like to grow vegetables as I did with my dad - potatoes, beetroot, greens, runner beans, peas, parsnips. I used to have a garden. Painting the word 'beans' was helpful and of some use."

"I'd like more to do. I used to use a sewing machine (at college) and I'd like to be able to make things. I'd also like to do some cooking."

"More activities as I like to meet more people who are able to talk and understand me."

“We were told we were going out to a pub lunch, but it never happened. Some went to see Christmas Lights but I wasn’t told, so couldn’t go.”

“I don’t go shopping with the others. I can walk with my zimmer frame.”

“I’d like to have a tablet that I can see properly.”

4.4 Diet and Nutrition

As a whole, feedback about the food is positive and roast dinners in particular are popular (although these are reportedly not served often). One resident says second helpings are not available, this may be inconsistent within the home as a resident during our first visit was ‘on the second plate’. Christmas Dinner arrangements are said to have been inadequate, and disappointing.

The set mealtimes are agreeable with most, and there is flexibility to eat meals in rooms, the dining rooms or lounges. One resident notes that dining room space is limited and it can be difficult to get in, or out.

Tea, coffee, water and biscuits are said to be freely available throughout the day. However it is reported that on occasions tea has been made using the sink (not the kettle) and beverages have been served ‘warm’.

Selected Feedback

Do you like the food?

“I like pretty much anything - especially sausages.”

“I like the lamb, the meat is nice and soft. I usually have porridge for breakfast - it wasn’t that nice today but usually it’s alright.”

“Yes, sweet and sour chicken and rice.”

“Yes, but I don’t like the spaghetti bolognese.”

“I get my own food, bread, fish and chips. Beautiful!”

“The food is 9 out of 10. My friend brings me fresh fruit.”

“I like some of the food, but some of it isn’t very nice.”

“Horrible - no second helping. Roast is the best but it’s not often. Fish and chips - even this is not nice, the fish is often too hard to eat.”

“I hate the food. Christmas Dinner was 1 slice of chicken, 2 black potatoes and 1 carrot. No pudding. Yesterday I asked for boiled potatoes as there’s usually no veg. Food is horrible.”

Do you have the flexibility to choose your mealtimes?

"I eat with everyone else."

"We have to have it at the time set, but sometimes save it if I have gone somewhere. Breakfast 8am, dinner 12pm, tea 5/6pm."

"The times are fine."

Can you choose where you eat your meals?

"Yes, Sometimes I eat in my room, other times in the dining room."

"I eat in the dining room which is very small, not good for people with limited mobility."

"I eat downstairs."

Do you have enough tea, coffee and juice during the day?

"I get biscuits with a cup of tea 3 times a day."

"Yes, coffee and water is present."

"I can ask for a cup of tea whenever I want."

"I drink tea in the morning and lots of water."

"I had a row as I caught them making coffee out of hot water from the sink. I told them to use a kettle. Drinks are often warm so I refuse."

If you ask staff to eat something outside the mealtimes, will it be given to you?

"If I am hungry I have to stick with the 3 mealtimes. Sometimes sandwich is dinner."

"Sometimes have a sandwich."

"I can't go to get snacks."

Is there anything you would like to see improved?

"I'd like to have some jellied eels - my son bought me some."

"It's okay. We like rice and curry."

4.5 Personal, Cultural and Lifestyle Needs

All the residents we spoke with express freedom in being able to go to bed, and get up in the morning as they wish. Staff appear to be accommodating - such as bringing cups of tea to those in bed, or assisting those who have chosen to 'lie in'.

Similarly, residents are able to choose their clothing and we hear that staff have accompanied many on shopping trips to buy clothes. Hairdressing is cited as an issue, currently a care staff member cuts hair, we believe at an intermediate level - those wanting something more substantial (such as a perm) have not been accommodated.

Few people comment negatively on their rooms - one resident would like a change of colour and another requests a duvet. There are no complaints about visiting arrangements.

On religious needs, some feel accommodated and others do not - a resident who is Hindu believes that a visit to a temple 'would not be allowed'.

Selected Feedback

Can you choose when you get up and when you go to bed?

"Of course, when you feel tired you go to bed."

"Any time, I decide myself. Staff bring me tea in bed."

"Yes I can lie in if I want (10am - 10.30am). They need to help me."

"Please yourself but if I am offered a shower I will have it rather than miss it!"

Can you choose what you will wear?

"Yes I choose my own clothes. I got some new ones - pyjamas, jeans etc in Enfield Town. Staff took us out."

"Yes, staff help with this and support workers take me shopping for clothes (Enfield Town and Wood Green)."

"I can choose my own clothes and the carer dresses me."

"Yes I get help from one of the lovely carers."

Do you like your room?

"It's alright. Not my own bedding, all the same. I have a TV but watch it in the communal rooms as I get lonely and find it difficult to work the remote."

"Yes, I have a photo of my brother."

"I like my room, I have photos and other personal things."

"It's comfortable."

"All of my things are at my friend's house."

Do you have everything you need in it?

"Toilet, shower. It's kept nice and clean. I have a few snacks. Cleaners are friendly and chatty."

"No duvet."

"Yes, I have everything I need."

Are you happy with the visiting hours?

"Friends visit me. Times are okay."

"My sisters arrange when to visit with the staff."

Do you get to watch what you want on the television, or listen to the radio shows you like?

"I watch my own television. Anything."

"I have a TV in my room - I like to watch soaps."

Do you feel your personal and religious needs are met?

"Yes, but I'd like to go home."

"I'm not religious but when services are held here I attend."

"I am Hindu, no one is going to come - you need to go there. I don't think I would be allowed to go."

"No."

Is there anything you would like to see improved?

"I'd like to have different colours in my room."

"I usually have a hairdresser, but since Covid a care worker cuts hair. I'd like a perm."

4.6 Feedback and Complaints

Some residents feel confident in making a complaint, or voicing a concern, while others are more cautious or reticent to do so. One person, who asked a carer to pass a message on to management doubts that this was done.

When asking if personal opinions are heard and valued, some say they have not had the opportunity, or encouragement to feed back. Resident meetings have been held, such as on menu planning, however it is suggested that these are infrequent.

In giving feedback to this question, one person says that just one other resident in the unit has the capacity for companionship, and another complains that there is no designated smoking area outside.

Selected Feedback

Are you aware of how to make a complaint?

"I can tell the staff here if I'm not happy about something."

"Yes I know who to complain to."

"Don't know. If staff were rude I would just put up with it."

"Keep it to myself."

"I have asked a carer to tell the manager I want to see her, but I feel nothing was said."

Do you feel safe to speak if you don't like something?

"Yes we are like a family."

"I feel safe to speak with the staff I'm close to."

"Not sure, I may not be treated well."

Do you feel your opinion is heard?

"Yes."

"Sometimes."

"Not asked so I don't know."

"Never done that."

Do you have a residents meeting?

"Yes they do."

“Very rarely.”

“Yes 6 months ago about the food you like to eat.”

“I’ve never been to a meeting - I know about them but choose not to go.”

“No.”

Is there anything you would like to see improved?

“I speak to only 1 resident who has the capacity. Others swear and spit at you. I don’t feel it’s right to be with people who shout and swear.”

“It’s difficult to smoke outside, I got told off.”

“My health.”

4.7 Management

We hear that the manager has been supportive, and proactive in addressing issues, however many feel that management are not largely visible in their units - this includes a resident who has been unable to secure a meeting, despite many requests. A number say they have never seen the management and some are not familiar with their names.

Selected Feedback

What is your opinion about the manager?

“I see her from time to time, she’s a nice lady. She checks that everything is okay.”

“I have met the manager, she comes around sometimes. I would like to see her more often.”

“Don’t know who they are.”

“Never seen one.”

“The ‘man’ manager - I don’t see him and I don’t know his name.”

“I don’t know who the manager is. But the deputy manager dressed as Father Christmas and brought me slippers and socks.”

Can you see the manager any time you need?

“I don’t go to her office as she comes to me, especially after my clothes went missing - it was sorted out.”

“Yes if I ask the nurse.”

“No.”

In your opinion, do you think the manager is visible within the home?

“Yes I asked for specific food.”

“Don’t know who they are.”

“They never come and have a chat.”

“I have asked to see the manager so many times but she never comes. I want to see her as there is no nurse available.”

4.8 Relative Interviews

During the visit of Sunday 20th March 2022 we spoke with 2 relatives.

Relative 1 - Summary points from discussion:

- There is a lack of fresh vegetables at meal times (the vegetables are frozen). No fresh fruit available.
- There is no ongoing or regular communication with or from the manager.
- There are no regular updates on medication (in the past the relative was always aware of medicines prescribed).
- The relative does not know how often her mother showers or if she needs shampoo.
- There is no regular washing of hair.
- The relative is pleased that regular carers look after her mother.

Discussion with Relative 1

During Covid-19

“Staff would take mum outside but I felt she would not have gone downhill so much if she had visits. Mum had Covid-19. Staff were good and tried to help with video contact but it was difficult.”

Activities

“Not sure, but I know mum had listened to music on St Patricks Day.”

Diet and Nutrition

“Mum is able to feed herself but her ability to do so varies each day. There’s usually a lot of frozen veg, did not see any fruit around. It would be nice to see more fresh vegetables such as broccoli. Mum likes sweet desserts such as chocolate and puddings.”

Relationship with Staff

“Staff keep me aware if they need to, they know mum very well. They have a good knowledge of her likes and dislikes. Mum had her nails and hair done recently but did not

like the colour of the nail varnish. Staff do make sure they get her out of bed and they have explained it is better to be out of bed and to sit out.”

Relationship with Manager

“I don’t see the manager very often.”

Medication

“I had past concerns about mum taking medication, but I now feel staff consider how to administer medication and are aware of the need to take it.”

Assurance of Care

“I would say on the whole I am happy - I feel they look after mum. I was advised by staff to get stress balls for hand exercises. Unsure if she has a shower every day.”

Raising a Concern

“I’d speak to the deputy manager in reception with any concerns. Mum has a DOLs (Deprivation of Liberty Safeguards) in place and I have signed it.”

Care Plan

“I don’t recall participating in any care planning process or in any meeting to discuss a plan of care with mum, but I would like to. I know about the library trolley and jolly trolley.”

Future Care Needs

“There is a DNR (Do Not Resuscitate) order in place and I had a previous conversation with mum about it. I’m fully aware that mum has expressed a wish to be with her husband and the family are supportive of the plan.”

Managing Health Concerns

“I’ve had contact with the doctor to discuss a recent health concern. I feel involved in decisions.”

Relative 2 - Summary points from discussion:

- The relative is not present at meal times, so unable to comment on what happens and if her mum goes to the dining room.
- Positive feedback - ‘I can’t praise the home and care high enough’.
- The relative feels her mum receives good care and attention to personal hygiene needs.
- The relative participated in the initial care plan but is not aware of involvement in any subsequent care plan review.

Discussion with Relative 2

Activities

“Mum is unable to say what goes on in the care home. There are activities - a whole sheet every day. She went to see the lights but not sure where.”

Diet and Nutrition

“There is good housekeeping. There is a list of breakfast and daily food also in the lift. They measure how much mum drinks. I’m not present at mealtimes”

Health

“Mum was unwell last year and the staff arranged for her to have her favourite chicken soup.”

Environment

“The home is homely enough. Mum has pictures, no carpets, clothes are laundered lovely and put away’. It’s always clean.”

Relationship with Manager

“I’m happy with the care mum receives. I would speak to the manager if I had any concerns. Staff are friendly and nice.”

Assurance of Care

“Again happy with mum’s care. I’m kept informed as the staff ring one day, I visit the next and so on. Mum would let me know if she had any problems. I cannot praise the care home enough.”

Personal Care

“I’ve never seen her hair look so nice. Has her nails and hair done - a member of staff does it. She has podiatry which I pay for. Staff use the hoist to move mum and she is always dressed immaculately.”

Toiletries

“Staff inform me when mum needs additional toiletries.”

Care Plan

“I saw a care plan when admitted but not since.”

5. Staff Feedback

During the visit of Wednesday 16th March 2022 we interviewed 7 staff members, of varying roles and experience. In addition, 2 staff members completed a questionnaire.

Questions were asked around involvement and support, medical and clinical needs, activities, diet and nutrition, cultural needs, feedback and complaints, staff training and skills, and management.

To uphold confidentiality, responses have been placed randomly for each question.

5.1 Involvement and Support

Staff tell us they research the care plans, which detail backgrounds as well as needs, and a ‘Life History’ document compiled by the Activities Coordinator is regarded as

'very good and clear'. We hear that staff check with residents about preferences, such as cleaning or organising their room in a particular way.

On preferences and ongoing changes, it is suggested that care plans are updated, a 'communication book' is utilised and monthly reviews are held. While residents have control over core routines, such as when to shower, or to a certain extent what to eat, we were told that choice on wider activity may be difficult to support, due to time constraints. It is acknowledged that residents should be encouraged to do 'a bit more' however in some cases this may be a challenge, or impractical.

The needs and preferences of non-verbal residents are outlined in care plans and personal risk assessments, reportedly with input from families. Staff also gauge facial expressions and reactions, and senior staff will be notified of any concerns, we understand. It is suggested that agency staff are less likely to review care plans.

Handover is usually for around 30 minutes, with information shared and reviewed. One person says that handover is more of an 'informal', rather than an official process.

When asking about possible improvements, staff say that residents do need more flexibility in their routines, and the importance of communication is underscored.

Selected Responses

How do you find out about a resident's history, likes and dislikes?

"Likes and dislikes are very important. A care plan and life history gives their background - it's good and very clear."

"A 'life story' is completed by the Activities Coordinator. Care plans are reviewed and updated."

"I get to know the residents well. A form with food preferences is in the kitchen."

"I check with residents if they want their rooms cleaned or organised in a particular way."

How do staff communicate about residents' needs and preferences and any changes they observe?

"We update care plans and use the communication book. Also mentioned at handover."

"Monthly reviews are held."

"I'm aware of safeguarding and would report any concerns to a team leader."

Are residents able to make choices about their daily routines?

"Menu - the chef will meet new residents to check what they like to eat. There is lots of choice."

“Yes, they can choose when to shower, what to eat from the menu, what activities they’d like to do.”

“A lot of staff are looking to finish their work quickly, so no real choices about routines.”

Are residents encouraged to do as many things for themselves as they can?

“Yes, but some could be encouraged to do a bit more.”

“Sometimes it’s hard to do.”

How do staff know about the needs and preferences of residents who cannot communicate verbally?

“Risk assessments and care plans are written with input from families. We also observe facial expressions.”

“I learn how they react and how to manage situations, it’s recorded in the care plan.”

“Will report to a senior.”

“Need to know your staff. Agency staff do not know them when they come, do not look at care plans.”

How do staff communicate and handover between shifts?

“Handover is usually 30 minutes, we get all the information about the residents.”

“There’s a daily handover sheet kept in the dining room. Information is in the diary and on the system.”

“There’s no handover process, but staff do this informally.”

Would you like to see any improvements?

“There should be more flexibility, and an understanding that residents don’t always need to stick to routines.”

“Communication training should be given.”

5.2 Medical and Clinical Needs

We hear that the Community Health Team visits 3 times a week, there is also a weekly visit from the GP. Medical appointments may be arranged additionally by staff. It is said that staff refresher courses on clinical needs are ‘continuous’ and this has given confidence.

Selected Responses

How are residents' concerns/queries about their medication managed?

"Nurses deal with medication queries. The Community Health Team also visit 3 times a week."

Does each resident have a GP?

"Yes. Most are with Freezywater Practice."

What happens if a resident needs to see other health professionals?

"The GP visits every Tuesday, and the Community Health Team visits 3 times a week. Also the matron is available for visits and advice."

"We can arrange appointments."

Would you like to see any improvements?

"No, there are continuous refresher courses."

5.3 Activities

While a range of activities is available, many staff feel the offer is limited and repetitive, resulting in boredom and a level of disinterest. We are told that outside activities, such as garden walks or visits to the shopping centre have been curtailed, and those requiring external providers - such as chair based exercise have not yet been reinstated.

It is suggested that the Activities Coordinator has insufficient time and resource, and that an additional role would be helpful.

Selected Responses

Is there a programme of activities?

"There is a daily programme of activities."

"The Activities Coordinator organises arts, crafts, singing and music. Programmes are posted on noticeboards and one-to-one activities are available."

"I think we need more activities - there's very little on offer and it's always the same thing. Residents are bored."

“The Activities Coordinator does not have enough time to encourage. She comes and talks about activities, but a lot of residents prefer to stay in their room, so can’t take part.”

Are residents offered physical activities?

“Care staff help with physiotherapy and exercises, and provide massage.”

“Pre Covid there were outside activities such as walks in the garden and visits to the shopping centre.”

“Care staff do short walks in the garden or to the shops. There used to be chair based exercises but not now.”

“On this unit not really, due to the nature of the residents. They used to play dominos in a group.”

Do residents regularly use any local facilities, such as parks, pubs, cafes and shops?

“They visit the home garden or café. Activities haven’t restarted since Covid. They can go for a drive in the minibus.”

How are residents encouraged to take part in activities?

“We tell them, and give encouragement.”

How do staff assess if activities are successful and if residents have enjoyed them?

“We take feedback from residents and relatives and see how keen they are to join in again.”

Would you like to see any improvements?

“We need more activities, residents are bored.”

“Another Activities Coordinator.”

5.4 Diet and Nutrition

Staff say that meal options are limited, with ‘traditional English food’ lacking in particular. We are told that the set menu does not change often. Alternatives are provided, and specific needs catered for, however choice is reportedly restrictive.

We hear that residents may eat where they choose, get access to drinks and snacks, and receive one-to-one support as required. It is noted that cooking, as an activity has not yet resumed.

Selected Responses

Do residents have a choice of food and drink?

“Yes they get a daily menu. They can also have sandwiches or salad.”

“Quite a few residents don’t like the food. They want more traditional English food (Toad in the Hole, Crumbles, Bacon Sandwiches). The menu is limited because of staff shortages.”

How does the home meet different dietary needs?

“We cater for Muslims and residents with Diabetes.”

“Specific diets are catered for but there is very limited choice.”

How often is the menu changed?

“Week 1 and Week 2, it’s seasonal.”

“The menu is always the same. Always cake for pudding.”

Can residents choose where to eat their meals?

“Yes. Their rooms, the dining room, lounge, and if weather permits the garden,”

Can residents prepare their own drinks or snacks?

“In some areas they can do this if they want to, there is access to a kettle.”

“I encourage one resident to make her own snack.”

“Used to do cooking in the activities.”

What help is offered to residents who need support at mealtimes?

“One-to-one support from staff, as needed. We will sit with them.”

Would you like to see any improvements?

“A more varied menu and more choice.”

“Offer ‘live’ choices and more and different snacks.”

5.5 Personal, Cultural and Lifestyle Needs

On the whole, we are told that residents are able to go to bed, get up, dress and receive visitors as they wish. For those who do not speak English, family members are said to assist in developing vocabularies.

Religious services are about to resume. The on-site provision is largely for Christians, however we understand that residents can be taken to visit mosques or temples, by volunteers.

When asking about improvements, staff would like to see more music-based activity, and reinstatement of a professional hairdresser.

Selected Responses

Can residents choose when they get up, and when they go to bed?

“Yes, but within the timescales as work needs to be finished.”

Do residents choose what they are going to wear?

“Yes, residents are supported with this.”

Is there any restriction on when visitors can come in and how many there are?

“Visitors can come at any time (open visiting) up until 10pm.”

What happens if residents do not speak English? Are there members of staff who can speak different languages?

“Members of staff will assist.”

“Families will help and provide a vocabulary for carers to use.”

How are residents’ religious and cultural needs met?

“Food is appropriate (such as Halal). We are about to resume Church services.”

“They can be taken to a temple or mosque by a volunteer.”

“There are services for Christians, there is limited space for Hindus (prayer room). We used to have a wellbeing room, but it’s been re-used.”

Would you like to see any improvements?

“We haven’t got a hairdresser at the moment, one of the care staff will cut resident’s hair - but this leaves her team short staffed. There used to be 2 dedicated hairdressers.”

“More music would be beneficial.”

5.6 Feedback and Complaints

The home has a complaints policy, with notices on display and a complaints box near reception, however it is uncertain whether complaints are responded to methodically.

The relatives meeting is expected to resume soon. When asking about the residents meeting, staff are unsure if these take place, or not.

Some staff members feel that contact with families is ‘regular and open’ while others say that communication could be improved.

We hear that residents and families are provided with feedback, following inspections.

Selected Responses

Is information about how to make a complaint easily available?

“There is a complaints box at the entrance plus a notice about the complaints policy. Anyone can see the manager.”

“Not sure if complaints get dealt with.”

Are residents and relatives encouraged to give feedback?

“Yes, complaints leaflets.”

“Family meetings will restart. We also speak with family members on the phone.”

“Communication is very bad from managers.”

Is there a residents/relatives meeting?

“It stopped because of Covid but will restart.”

“Residents meetings, no relative meetings.”

How does the management communicate with residents and relatives?

“There are regular meetings. The manager will come and talk to residents and give feedback to relatives. Communication is good.”

“We used to have a relatives meeting. I’m not aware of residents having a meeting.”

Are residents and relatives provided with information about the home?

“Leaflets are available and they can get information from Enfield Council.”

Are residents and relatives provided with information about external inspections and audits and copies of any reports?

“Yes they get feedback after inspections.”

Would you like to see any improvements?

“No. I feel that contact with families is regular and open. Families are kept informed about everything to do with their relative. Those without family/friends have a social worker/advocate.”

“There always needs to be improvement in communication, systems are in place but they don’t always work.”

5.7 Staff Training and Skills

It is reported that new staff members are inducted by the manager, then shadow senior staff for around a week - with team leaders taking responsibility. We hear that inductions have been good, however it is also suggested that time constraints may impact on overall quality.

Training is commented to be available, with courses attended including Medication, Dementia Awareness, Diabetes, Moving and Handling, First Aid, and Management. Staff have generally found the training to be beneficial in their work.

There is some dissatisfaction about having to complete training during days off, we also hear that staff have been ‘denied access’ to certain courses, and there is not always encouragement to upskill.

Selected Responses

What induction do staff receive?

“New staff are inducted by the manager.”

“A form is completed. There are daily expectations, health and safety, we work with more senior staff in different parts of the home.”

“It was a good induction, I had it when starting.”

“I did receive an induction but there’s less time to give new staff a proper induction. It depends on colleagues rather than the manager and team leaders take responsibility.”

Are you happy with the training you receive? Do you think it is enough and helps to do the work?

“Lots of training is available, sometimes in work time and sometimes during time off. It’s really helpful with the work.”

“Recent training includes Medication, Dementia Awareness, Diabetes, Moving and Handling, First Aid.”

“I’d like to do nursing but have been denied access to the training, I think it’s favouritism and other staff feel the same. I’ve had to do mandatory training on my day off - apparently it’s council policy to attend.”

“Domestics are not encouraged to consider becoming carers.”

Do you have the help you need to gain skills?

“Yes, for example in feeding the residents.”

Would you like to see any improvements?

“Mandatory training during working days (not days off). Also more opportunities to complete training and move upwards.”

5.8 Management and Staff Supervision

Feedback about the management varies greatly - some have found managers to be approachable and supportive, while others say that requests - such as emails sent have been ignored. There is a suggestion of ‘favouritism’ and some staff members clearly feel at a disadvantage compared with others.

A lack of staff meetings and ‘frequent’ changes of management are common causes of frustration. Supervision appears to be frequent, with appraisal less so.

We receive mixed feedback on staffing levels - we are told there are no shortages of nursing staff, however it is also reported that shortages, due to sickness and lack of recruitment are widespread across categories. Apparently, there is currently no clinical lead in place.

Covid-19 training, protocols and implementation are regarded as highly successful, by all staff members.

On potential improvements generally, we hear that better staffing levels would improve quality of care and cleaning - staff also tell us that working across floors reduces continuity of care. Ideally, equipment such as floor cleaners need upgrading or replacing, and utilities including a shower that’s been out of action ‘for over a year’ should be maintained.

Staff also say that pay is poor, there are insufficient breaks, and rotas are not conducive to a healthy work-life balance. One person says that permanent staff should be 'more amenable' to their agency staffing colleagues.

Selected Responses

What is your opinion about the management?

"They are approachable, supportive and open to suggestions."

"They are not supportive. The Housekeeping Manager is off sick, we are very short staffed but do the best we can. The pay is very low."

"They talk to staff any way they want. Everyone is fed up and I've submitted many grievances."

"Staff morale is low and communication is poor, emails to management are generally ignored. I've witnessed some bullying (I've also heard shouting in the office, and have had to console upset staff). We have gone through 6 clinical leads and there's currently nobody in post. During inspections, staff have not had an opportunity to speak with the CQC."

"In my time there have been 3 different managers, all with different ideas. You have to get used to it (can be frustrating)."

"There have been changes but the management are generally supportive."

What kind of support do you receive from the management?

"They are very approachable but very busy."

"We have team leaders, but apparently off sick, so we manage."

"When the manager is around we do get support. We can go to her, but they don't have staff meetings and we're not included in the 'care meeting'. No meetings for support staff."

"Management aren't visible up here - I only see them when I go downstairs. Staff meetings aren't happening, there's not a lot of listening."

How does the management team deal with any staffing issues?

"There has been a recruitment drive and lots of new staff have joined. There are no shortages of nursing care staff."

"Use agency to cover. Today there are 3 agency staff and there is some continuity."

"We are very short staffed. Permanent positions are supposed to be available but nothing has happened 5 months after completing an application form. Currently we are short by 2 people, also with sickness and days off it can be difficult to cover."

“Because of sickness we are short staffed. 2 people are doing the job of 3 or 4, this reduces the quality of work and time spent with the residents.”

“There is favouritism. Staff are fed up and calling in sick. There are insufficient staff on shifts and two nurses have resigned because of the attitude.”

How often do you have supervision and appraisal?

“Supervision is every 6 weeks but we can ask any time for a discussion and support. Appraisal is annually.”

“Supervision is every 3 months. Not had an appraisal.”

“I’ve had supervision recently, and have had a few now. Appraisals are not regular and not frequent enough - the manager is very busy herself.”

“One in the past year - a telephone supervision in my break.”

How does management deal with infection control and PPE (Personal Protective Equipment).

“They are very strict and there are cameras everywhere. Staff are very responsible (hand washing etc.) and there is plenty of PPE. Covid has been very difficult for everyone but we worked together as a team.”

“This has been very good. We’ve had infection control training recently and PPE is adequate.”

“Some changes have taken place, they’re more strict about footwear change before going home. I think the uniform is good as it’s also more professional.”

Would you like to see any improvements?

“Nothing in particular as we can regularly see the manager. Maybe a monthly meeting.”

“Better communication. There’s always room for improvement.”

“Need more staff, we’ve having to cut corners which is difficult. Having to cover extra rooms means there’s only time for a light clean, there’s not much time for deep cleans. Also staff are exhausted.”

“We need to have more regular staff and with it continuity, so the residents can better relate to us. At present we’re sent to all floors.”

“Better equipment such as the floor scrubber - told it is too expensive.”

“Maintenance - one shower has been out of action since October 2020.”

“Agency staff are not treated well by contracted staff - they should be more helpful.”

“There are insufficient breaks. Also I’d rather work 12 hour shifts and then have rest days - I feel burned out. Other places do ‘rolling rotas’. I’d also like to be listened to by management.”

“Residents are not getting their money’s worth.”

5.9 Interview with Deputy Operation Manager

We also interviewed the Deputy Operation Manager, who has been in post for 9 months.

Staffing levels are considered to be ‘very much adequate’ however more support staff are desired, so staff can be rotated more often, and extra safeguards provided in the event of staff sickness.

Most training is conducted online and it is suggested that staff are encouraged to undertake courses - both to enhance their effectiveness and to further their career development. Quarterly appraisals are aimed for.

On care planning, sophisticated technology is utilised. Spreadsheets and checklists ensure that all residents’ clinical needs and personal preferences may be viewed, updated and actioned efficiently. The home has 28 hand-held devices - similar in size to a mobile phone, that detail care plans, offer instruction and advice, and evidence - in real-time, any care given. Information is automatically transferred from the devices to the central system.

Activities are available in group format and one-to-one support, such as chatting or watching TV with a resident in their room is provided. Meals may be taken in rooms, dining rooms or lounges and there is a plan to knock dining rooms and lounges into single open-planned spaces. It is acknowledged that menu choice could be improved, with greater provision of fresh food - especially vegetables an aim. Faith services are about to be restored in the near future, a multi-faith pastor will be making regular visits. Hair dressing is currently conducted by a care staff member.

We hear that all complaints are recorded and investigated within 5 working days. Typically the home receives 1 complaint a month. The complaints policy is displayed in public areas and a complaints box is on reception.

Summary of Discussion

Staffing

- The home has 25 staff, including full, part-time and where necessary agency. The staffing compliment includes an Activities Coordinator and Maintenance Operator.
- Staffing levels are ‘very much adequate’ and based on previous experience very good.
- If staff are sick, they are encouraged to call as soon as possible. As most permanent staff are local, it is less likely that agency staff will be required to cover absences.

- Agency staff tend to be regulars.
- Rotas are 'flexible', such as for parent carers.
- For handover, all shifts have an hour's overlap which is a 'pattern that works'. Team leaders will liaise at reception.
- All staff are vaccinated for Covid-19, except for 2 with medical exemptions.

Induction, Training and Supervision

- Induction is typically for 1 week, but can be for longer if required.
- Training is generally conducted online, this includes safeguarding and dementia awareness. Infection prevention and control is delivered in-person by the council.
- Mandatory training has to be completed within the probationary period.
- Specialist training is encouraged - this helps to 'enhance the capability of staff'. Examples include nursing, phlebotomy and catheter management, epilepsy and diabetes care, pain relief and end of life care.
- External training is preferred and the home collaborates with Middlesex University.
- A 'training tracker' enables management to see all training at a glance.
- The home is aiming for quarterly appraisals - to 'fill in the gaps'.
- Group supervision and discussion is also encouraged, as peer sessions stimulate participation and feedback.

Resident Care

- The home would like to recruit more support workers, so staff can be rotated more often, and extra safeguards provided in the event of staff sickness.
- All new residents are initially assessed by the deputy manager, with main categories covered including cognition, psychology, social, physical and end of life (each has around 12 sub-categories).
- Care plans, accessible to all care and nursing staff include sections on communication, diet, medication and pressure sores. Plans are updated monthly and as necessary.
- Hand-held devices, similar in size to mobile phones are used to co-ordinate and evidence person centred care. 28 of these devices are available.
- This technology includes a 'planned care day' prompt, for example when to cut nails and care delivered is recorded in real-time (dates and times cannot be altered). An 'About Me' section details the care plan, initial assessment, likes and dislikes.
- Where appropriate, relatives and advocates are able access care plans, and able to give input.
- Each resident has a clinical risk assessment [we were shown this on screen]. Attributes such as weight are closely monitored and diets adjusted accordingly.
- For non-verbal residents, face recognition software is utilised giving a diagnosis (for example when pain relief needs to be administered).
- A district nurse, GP and community matron comes weekly. Dentists, opticians and chiropodists also attend however residents will be charged for some services.

Activities, Meals, Cultural and Daily Needs

- The Activities Coordinator has a book detailing preferences. Feedback is sought.
- One-to-one activities are provided as required, for example staff can chat, watch TV or take their meal with a resident in their room.

- Residents can take breakfast at any time, while lunchtime is generally between 12.00pm - 1.30pm. Tea and coffee is available at any time, and residents where appropriate can help themselves. A 'hot trolley' enables residents to eat in their rooms if they wish.
- On the menu, there is an admission that more seasonal options, plus fresh vegetables are needed. All residents are catered for, with Halal given as an example.
- Residents can request alternatives to the set menu - however this needs to be done in advance. Salads are generally available and residents can get takeaways.
- Currently the lounges and dining rooms are separate - there is a plan to knock them into single 'lounge/diners'.
- Hair dressing is currently conducted by a care staff member.
- Most of the laundry is processed in-house (a facility on the second floor). Some non-infectious items such as towels are processed externally.
- In the near future, a multi-faith pastor will be making regular visits.
- It is suggested that the staff 'get on well' with the residents and their families.

Feedback and Complaints

- All complaints are recorded and investigated within 5 working days. Typically the home receives 1 complaint a month.
- The complaints policy is displayed in public areas and a complaints box is on reception.

6. Recommendations

The Authorised Representatives would like to express thanks for the arrangements to visit the service.

Based on the analysis of all feedback obtained, Healthwatch Enfield would like to make the following recommendations.

We make 1 recommendation on general accessibility.

6.1 General Accessibility

On the ground floor, a bathroom door containing an 'out of order' notice was unlocked.

6.1.1 Facilities that are not fully operational or maintained may present a health and safety risk, we therefore recommend that any 'out of order' rooms are securely rendered 'off limits' to residents and visitors.

We make 5 recommendations on the general environment.

6.2 General Environment

We note the home lacks adequate storage facilities. Boxes were observed, in some cases piled quite high, in lounges and other communal areas.

6.2.1 We understand that this is being addressed - we urge that the home establishes suitable storage facilities as soon as possible, as the current arrangements are inefficient and present a fire and trip risk. Additionally, inappropriate storage diminishes the appeal of, and access to rooms and facilities.

Several improvements are suggested for the garden - a designated smoking area, a tap so that residents can help to water plants, and protection from weather conditions (the garden is often windy and has a lack of shade).

6.2.2 We feel that a designated smoking area should already exist - to protect other residents, staff and visitors, and to reduce the discomfort of any smokers.

6.2.3 Installation of an outside tap would certainly be practical and open up gardening opportunities (residents commonly cite gardening as a favourite pastime).

6.2.4 There may be creative solutions to protect from the elements. The planting of hedges or trees may ease the wind, while at the same time provide some shade, plus privacy from the road. We urge that residents are encouraged to participate in any solution, in both planning and implementation.

Some shower and bathroom facilities are out of order - we hear that one shower room has been out of commission since October 2020.

6.2.5 We feel that washing and toileting facilities should be freely accessible at all times, and hope that a resolution is found as soon as possible.

We make 5 recommendations on care and clinical needs.

6.3 Care and Clinical Needs

Some residents would like an opportunity to give feedback following treatment and care, such as physiotherapy sessions.

6.3.1 We know that treatment and care is recorded and evidenced through the hand-held devices. If practical, we would urge inclusion of a 'feedback' section - to confirm that residents have been satisfied, and enabled to ask questions or make suggestions.

It is suggested that agency staff are less likely to review care plans.

6.3.2 While this is unsubstantiated, any indication that staff have delivered care without first reviewing essential information should be looked into.

Some residents have ailments such as deteriorating eyesight or a swollen ankle, and although staff are aware of these conditions, apparently there has been no formal medical intervention. Dental treatment is required in some cases.

6.3.3 While not making judgement on clinical treatment or nursing care, we know that these residents are uncomfortable with the conditions highlighted, and some 'greatly concerned'. The home should ensure that residents have maximum opportunity to access health professionals, and that any health related concerns are documented, along with actions taken.

Daily nursing care - such as to administer eye-drops following an operation has been unavailable for one resident.

6.3.4 In this instance, we would urge the home to look at nursing staff ratios and rotas.

On medication, care staff are said to assist, however some residents have limited knowledge about their medicine and why they are receiving it.

6.3.5 Where practical, residents should have (at least) a basic knowledge of any prescribed medicines. We suggest that as part of induction and training for care staff, the importance of involving and informing is underscored.

We make 3 recommendations on activities.

6.4 Activities

Loneliness is commonly expressed. One resident has 'just one other person' in the unit to socialise with regularly. During our first visit, we found one resident alone in a lounge - visibly lonely.

6.4.1 We note that units have a mix of lower and higher dependency residents, this means that generally, a large proportion will be in bed, or have limited capacity to use communal areas. While not commenting on resident placement, we wonder if residents from different units can be given opportunity to mix and socialise more often. The two residents in question were observed to be extremely isolated.

While a range of activities is available, many staff feel the offer is limited and repetitive, resulting in boredom and a level of disinterest. We are told that outside activities, such as garden walks or visits to the shopping centre have been curtailed, and those requiring external providers - such as chair based exercise have not yet been reinstated. We also understand that activities provision is currently understaffed.

6.4.2 Gardening, cooking, sewing/knitting, music, exercise and especially outside trips are desired by the residents we spoke with. We would urge the home to review its provision and develop a 'stepped-plan' for reintroducing activities that are clearly popular - and (we would suggest) greatly needed for the residents' welfare.

Exclusion is cited - we hear that those with limited mobility are not always supported to attend events. One resident, able to walk with a frame complains of being discounted for shopping trips.

6.4.3 It should absolutely be the case that residents of all abilities are supported, wherever possible, to attend activities and to do the things they enjoy. Nobody should be overlooked. If staffing is an issue, perhaps greater use of volunteers may help to ensure inclusion.

We make 2 recommendations on diet and nutrition.

6.5 Diet and Nutrition

While the residents are generally complimentary about the food, relatives, staff and management indicate that fresh food - particularly fruit and vegetables need to be served more often. The set menus are also said to 'change little'.

6.5.1 We know that salad is typically available, however the home needs to increase its offer of fresh fruit and vegetables, and ensure that menus rotate within a reasonable timeframe (seasonally at the very least). It is likely that residents' diets are not as healthy as they could be.

It is reported that on occasions tea has been made using the sink (not the kettle) and beverages have been served 'warm'.

6.5.2 This should never be the case - perhaps staff could be reminded of the importance of food hygiene.

We make 2 recommendations on personal, cultural and lifestyle needs.

6.6 Personal, Cultural and Lifestyle Needs

Hairdressing is cited as an issue - currently a care staff member cuts hair, we believe at an intermediate level. On our second visit, we observed the salon was being used for storage.

6.6.1 Lack of a professional hairdresser not only limits competency and choice, we hear that the care staff member's team is left short-staffed, while she is on

hairdressing duty. It should be possible to reinstate a professional service - we urge that the home undertakes to do so, at the earliest opportunity.

A resident who is Hindu believes that a visit to a temple 'would not be allowed'.

6.6.2 According to staff, volunteers should be able to support visits to Mosques or Temples. We would like to understand if this remains the case.

We make 1 recommendation on feedback and complaints.

6.7 Feedback and Complaints

When asking if personal opinions are heard and valued, some say they have not had the opportunity, encouragement or initiative to feed back. Resident meetings have been held, such as on menu planning, however it is suggested that these are infrequent.

6.7.1 We recommend a quarterly feedback survey, to engage with residents and relatives, and to ask for their views - on matters across the home. We feel that all residents, relatives and visitors should be able to contribute to the running of the service, and feel valued when doing so.

We make 2 recommendations on staffing.

6.8 Staffing

We are told that better staffing levels would improve quality of care and cleaning - staff also tell us that working across floors reduces continuity of care. On working conditions generally, it is commented that pay is poor, there are insufficient breaks, and rotas are not conducive to a healthy work-life balance.

6.8.1 We entirely understand that staffing is a challenge throughout the care sector, however we also hope that working conditions and staff morale are at the best possible levels. While not commenting on staffing policy, we hope that all staff have opportunities to raise any concerns openly, and that wider trends in particular - such as on shift patterns are addressed. We note that working conditions have resulted in poor morale, increased sickness and lower retention.

There is some dissatisfaction about having to complete training during days off.

6.8.2 While this may be necessary to comply with mandatory qualifications, it should be mitigated to the home's best ability.

We make 4 recommendations on management.

6.9 Management

We hear that the manager has been supportive, and proactive in addressing resident's issues, however many feel that management are not largely visible in their units - this includes a resident who has been unable to secure a meeting, despite requests. A number of residents say they have never seen the management and some are not familiar with their names.

6.9.1 We recommend that management, where possible conduct a 'unit round', advertised prominently in advance, to sit and talk with residents and relatives. Establishing relationships, and receiving feedback first-hand may actually save time and resource in the longer term.

There is a suggestion of staff 'favouritism' and some staff members clearly feel at a disadvantage compared with others.

6.9.2 While claims of 'favouritism' are unsubstantiated, it is certainly perceived by a significant number of staff. Dialogue is needed, we therefore encourage staff and management to liaise regularly on a formal basis - this could include minuted meetings, attended where appropriate by impartial representatives.

A lack of staff meetings is a common cause of frustration.

6.9.3 We urge that meetings as appropriate are conducted, and those feeling 'left out' have opportunity to participate, at various levels.

We are told that the home currently has no Clinical Lead.

6.9.4 We would be interested to learn about the recruitment status for this post, and what measures have been introduced in the interim.

We make 1 additional recommendation.

6.10 Additional Recommendation

We recognise that the Covid-19 pandemic has caused major disruption - creating significant challenges and barriers for services, and those who use and rely on them.

6.10.1 As the pandemic recedes, and in line with loosening restrictions and legal requirements, it is anticipated that social care and other services will return to a more 'normal' operating situation. We therefore aim to revisit this service in September 2022, to gauge the extent of any change. We will compare findings with visits to other local social care services.

7. Glossary of Terms


CQC	Care Quality Commission
DNR	Do Not Resuscitate
DOLs	Deprivation of Liberty Safeguards
PPE	Personal Protective Equipment

8. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“I’d like to sit in the garden. We had a barbeque once, I’d like more to do.

I really like gardening, would like to do some. I would like to grow vegetables as I did with my dad - potatoes, beetroot, greens, runner beans, peas, parsnips. I used to have a garden.

Painting the word ‘beans’ was helpful and of some use.”

Resident

