

Enter & View Report

Coloma Court, 2nd December 2021



A report by Healthwatch Bromley

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Visit Details	
Service Visited	Coloma Court, Layhams Road, West Wickham, BR4 9QJ
Manager	Mueti Moomba
Date & Time of Visit	2 nd December 2021, 10.00am - 2.30pm (Virtual Visit)
Status of Visit	Announced
Authorised Representatives	Namrata Bansal (Project Officer, Healthwatch Bromley) Darren Morgan (Volunteer)
Lead Representative	Namrata Bansal

1. Visit Background

1.1 What is Enter & View?

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

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

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

On this occasion, two Enter & View AR attended the visit. The AR acquired feedback from residents, relatives and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Coloma Court

On 2nd December 2021 we conducted a virtual visit (online and telephone) of Coloma Court, a nursing and residential care home in West Wickham, Bromley. In common with all providers of care provision across the UK, Coloma Court has faced challenges posed by national lockdowns and the emergence of Covid variants such as, currently, the omicron variant.

The home provides personal and nursing care for up to 62 residents, with specialist care available for Alzheimer's, Cancer, Parkinson's Disease, Stroke, and Hearing and Visual Impairment. There are three floors, each with a nurse's station and communal, kitchen and dining facilities. The ground floor is allocated to residents with dementia while the upper levels are for more general use.

At the time of the visit 58 people were in residence (99% of which are fee payers) and the home employed 69 permanent staff and eight bank staff members.

2.2 CQC Rating

The CQC are 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.

Coloma Court was last inspected by the CQC in August 2020. The inspection [report](#) gave an overall rating of 'Outstanding', with specific ratings of 'Good' for being safe, effective and caring, and 'Outstanding' for being responsive and well-led.

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback - the average rating given is 7.8 out of 10.

2.4 Focus of the Visit

HWB Enter & View programme has been designed based on local intelligence and feedback, supplemented by feedback from the public, and liaison with local partners and stakeholders including the London Borough of Bromley and the HWB local Committee.

3. Executive Summary of Findings

During the virtual visit of 2nd December 2021, we spoke with three residents and four family members by telephone and received a virtual tour by the home manager. Following the visit four staff members submitted questionnaires.

This is a summary of key findings - see sections 4 - 6 for findings in full.

Entry and General Accessibility

Notes

- The original entrance is closed and is currently being used to test visitors.
- The main door is locked and was demonstrated to require keypad entry.

What has worked well?

- We did not observe anything that could cause an obstruction or hazard. A 'Wet Floor' sign was deployed during mopping. All stairs have a substantial handrail.
- To 'better orientate' residents with Alzheimer's, there is Dementia friendly signage on the walls and doors, with clear use of colour-coding & visual aids, plus a memory box.
- Relatives are complimentary about parking facilities and public transport links.

What could be improved?

- It is reported that telephone calls are often not answered, a frustration for some relatives who ascribe this to staffing shortages.

COVID-19 and Visiting

Notes

- Coloma Court is part of a wider group that also owns hospitals. As a result, the home says that PPE (Personal Protective Equipment) and testing were introduced almost 'from the outset' and before the legal requirement to do so. The manager says that the corporate group has been 'very supportive' during the pandemic.
- The home says that all visitors require a negative test on entry and should wear a face covering.
- Each care worker is allocated as a 'key worker' for two or three residents - in this role, they are expected to liaise with relatives.

What has worked well?

- The residents and relatives we spoke with feel reassured by the COVID-19 measures in place. Residents say they are tested 'frequently'.
- There is also praise for the dedication of staff throughout the pandemic.
- Hand sanitiser is available immediately inside the main entrance and was visible on all floors.
- At the time of the visit, all staff were observed to be wearing masks.
- Staff say that additional training and meetings have been conducted and all staff completing the survey have received a vaccine.
- Where appropriate, residents have been encouraged and supported to use iPads.

What could be improved?

- One staff member feels that some residents would benefit from private online sessions in their own room - not currently possible due to limited wi-fi coverage.

General Environment

Notes

- The home has three floors and may accommodate up to 62 residents.
- The floors each have a nursing station (reception style) and open-planned communal area, for residents and staff - with spaced seating and a TV. Dining areas are also open planned. The floor kitchens include a sink and toilet.

What has worked well?

- The living conditions are generally described as 'first class' with good views available.
- All areas of the home look clean, tidy, and well-presented - with substantial and appealing wall art. Each floor had several Christmas trees.
- The purpose-built floors have a 'figure of eight' layout, meaning staff can conduct rounds efficiently. Areas are well designated.
- The lounge areas look bright and nicely lit. We observed residents, attended to by staff, watching TV.
- Dining areas appear to be spacious.

What could be improved?

- While the open-planned lounge and dining areas are intended to encourage socialising and participation, they also discourage those who prefer smaller groups. We heard that some residents regularly stay in their room - including for meals.

Dignity, Respect and Personal Involvement

Notes

- There is a dedicated hairdressing facility.

What has worked well?

- All residents and relatives we spoke with feel respected, valued, and generally accommodated by staff. Examples of good working relationships are given.
- Feedback suggests that some staff need to get to know the residents in their care, with mindfulness of companionship, emotional needs and independence expressed.

What could be improved?

- While staff are said to be caring, respectful and attentive, a distinction is often drawn, by both residents and relatives, between permanent and temporary care workers. A level of resentment of the 'increasing use of agency staff' is expressed.
- Levels of support are said to be lacking in some cases - one example includes a wheelchair-bound resident who cannot reach an item of clothing. Another resident has not been able to obtain a basic level of information about medication, which is causing physical and emotional discomfort.

Activities

Notes

- Staff say that residents are encouraged to participate in activities, with taster sessions and one-to-one support available.

What has worked well?

- The garden is said to be in good condition and is used regularly by some residents.

What could be improved?

- While care workers assist where possible, activity coordination and support are said to be short-staffed, with one staff member responsible for all floors.
- A lack of both physical and mental activity is expressed. One resident says, 'it's just facing the same old people every day and it's all very predictable'. The opportunity to take part in music or singing activities would be most welcome, residents tell us.

Diet and Cultural Practices

Notes

- An on-site chapel provides regular Mass (five days a week) with a priest attached to the home.
- On diversity, the manager says that staff are from 23 nationalities, with a nationality 'celebrated' every month. Staff receive diversity training, and many have received long service awards - in some cases for over 25 years' service.
- There is a noticeboard containing information on safeguarding plus equality and diversity - this includes literature on LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer). The information is intended to support both the staff and residents.

What has worked well?

- The diet is experienced by most to be varied, nourishing, of good quality, with choice available. We heard that the chef often engages with residents and can adapt menu items. It is also suggested that snacks and hot drinks can be made without having to visit the main kitchen downstairs.
- The lounge and chapel arrangement are very well-planned, with slide-across doors to enlarge either space.
- The staffroom noticeboard is colourful and engaging, with the 'Culture of the Month' initiative clearly featured.

What could be improved?

- We heard that menu items are colour-coded to indicate nutritional value. While this is intended as a benefit, it is also criticised for causing confusion.

Involvement and Feedback

Notes

- Residents are given a home-wide survey at intervals, and those not able to visit the downstairs office rely on their care workers to convey messages, wishes or concerns.

What has worked well?

- The residents say they have recently completed the home-wide survey, giving the opportunity to give feedback.
- There is general confidence in being able to talk directly with care staff about any needs or concerns.
- At mealtimes, a comments book is reported to be available.
- Those contacting the manager describe an 'excellent, prompt response'.

What could be improved?

- When asked, no residents are aware of home-wide meetings.
- Several residents feel that the manager is 'not approachable', partly because the office is downstairs, and because managerial visits to the floors are not frequent. One resident says that the manager and administrative staff 'don't know our names'.

- Staff tell us that while management are supportive and approachable, communication issues between the floors and the main office may result in variable response times.
- The monthly remote meetings for relatives are reported to be no longer taking place, with uncertainty expressed on their status.

Staffing and Training

Notes

- There is a staff room, which accommodates lunch and has two separate changing rooms.
- Staff receive two breaks of 30 minutes each, which is deemed adequate.
- The café, located next to the dining room also doubles as a staff training facility.
- Induction is typically for two weeks, led by senior carers.
- We hear that staff training is continuous, and largely online at present due to the pandemic.

What has worked well?

- The café and dining arrangement is very well-planned, with slide-across doors to enlarge either space. The training facility looks to be well-equipped.
- The induction process is complimented, with good levels of support available on the floor, and from management.
- As well as mandatory training, supplementary courses such as mental health first aid are available. Several staff members are on vocational (Level 2 and 3) training.
- Staff indicate that they enjoy their roles. Comments suggest very good levels of organisation and support throughout the home.

What could be improved?

- While induction is considered to be at least satisfactory, it is noted that for those 'completely new' to the home, more time may be beneficial.
- Open meetings in which all staff may contribute are held - however, comments suggest these may be infrequent, and/or irregular.
- We hear that the home prefers to source agency workers, rather than increase the hours of willing permanent staff. This is a key cause of frustration for some residents.

Care Monitoring and Safeguarding

Notes

- General health and wellbeing is monitored and documented, according to comments, and no issues in accessing health services are reported.
- Day and night handovers are conducted.

What has worked well?

- According to staff, the handover meetings are typically for 15 minutes, held discreetly, with all staff present and able to contribute.

- Safeguarding and equalities information is clearly visible on noticeboards and intended for both staff and residents.

What could be improved?

- We found no potential areas for improvement in this area

Based on these overall findings, we have made some specific recommendations (see section 7).

4. Detailed Observations

During the virtual visit of 2nd December 2021, the home manager gave us a virtual tour. We were able to view all floors, including public and administrative areas. Due to wi-fi coverage it was not possible to view the outside/entrance area.

The AR made the following observations:

Entry and General Accessibility

Notes

- The original entrance is closed and is currently being used to test visitors.
- The main door is locked and was demonstrated to require keypad entry.

Observations

- There is a clearly marked fire exit on each floor.
- We did not observe anything that could cause an obstruction or hazard. A 'Wet Floor' sign was deployed during mopping.
- All stairs have a substantial handrail.
- The ground floor contains Dementia friendly signage on the walls and doors, with clear use of colour-coding and visual aids, plus a memory box.

COVID -19 and Visiting

Notes

- There is a guest room with ensuite facilities, intended for families who are travelling far. This is regarded as especially useful for residents at the end of life and the home works with St Christopher's Hospice. During the pandemic, the room has been used to store Personal Protective Equipment (PPE).
- A café serves both as a training room as well as a facility for families to use with the residents.

Observations

- Hand sanitiser is available immediately inside the main entrance and was visible on all floors.
- At the time of the visit, all staff were observed to be wearing masks.

General Environment

Notes

- The ground floor is allocated for residents with dementia and can accommodate up to 10. At the time of the visit, eight residents were staying.
- The two upper floors are for nursing care and together they can accommodate up to 52. At the time of the visit, there were 58 residents staying: eight on St. Anne's, 25 each on St. Joseph and St. Mary's respectively.
- The floors each have a nursing station (reception style) and open-planned communal area, for residents and staff - with spaced seating and a TV. Dining areas are also open planned.
- We understand that the open-planned environment encourages residents to mingle.
- The floor kitchens include a sink and toilet. We were notified that snacks and hot drinks could be made without having to visit the main kitchen downstairs.
- The home has a dedicated hairdressing facility.

Observations

- All areas of the home look clean, tidy, and well-presented - with a wide range of appealing wall art.
- We saw several Christmas trees, with more being installed at the time of visit.
- The purpose-built floors have a 'figure of eight' layout, meaning staff can conduct rounds efficiently. Areas are well designated.
- The lounge areas look bright and nicely lit. We observed residents, attended by staff, watching TV.
- Dining areas appear to be spacious.

Diet and Cultural Practices

Notes

- There is a lounge leading to a chapel, where they have Mass 5 days a week. A priest is attached to the home.
- The manager says that staff are from 23 nationalities, with a nationality 'celebrated' every month. Staff receive diversity training, and many have received long service awards (in some cases for over 25 years' service).
- There is a noticeboard containing information on safeguarding plus equality and diversity - this includes literature on LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer). The information is intended to support both the staff and residents.

Observations

- The lounge and chapel arrangement is very well planned, with slide-across doors to enlarge either space.
- The staffroom noticeboard is colourful and engaging, with the 'Culture of the Month' initiative clearly featured.

Staffing

Notes

- There is a staff room, which incorporates kitchen/dining facilities and 2 separate changing rooms.
- The café, located next to the dining room also doubles as a staff training facility.

Observations

- The café and dining arrangement is also very well planned, with slide-across doors to enlarge either space.
- The training facility looks to be well-equipped, with a very large screen available.

Additional Observations

Observations

- During the visit the manager was very helpful, attentive, and polite.

5. Resident and Relative Feedback

During the virtual visit of 2nd December 2021, we spoke with three residents and four relatives by telephone. The average length of residency is three and a half years.

The 30-minute conversations included questions on COVID-19 and visiting, dignity and respect, personal involvement and feedback, activities, nutrition and the general environment. To maintain confidentiality, responses have been grouped and placed randomly for each question.

5.1 COVID-19 and Visiting

On COVID-19 the residents and relatives we spoke with feel reassured by strict visiting protocols, frequent testing, widespread use of masks and quarantine where necessary. There is also praise for the dedication and commitment of permanent staff members throughout the pandemic.

Families have been able to stay in touch by a combination of remote sessions (online and telephone) and socially distanced pre-booked visits. We heard that residents, where appropriate, have been encouraged and supported to use iPads.

Relatives are complimentary about parking facilities and public transport links.

Resident Feedback

Do you feel the care home has put the right amount of infection control measures to prevent the spread of the virus within the care home?

“This place is as safe as it possibly can be, visitors need a negative test and we’re forbidden to go into certain rooms. I can’t complain.”

“Yes, it’s very good here, they’re attentive and one gets tested quite frequently. Downstairs they’re very cautious, visitors have a test, then have to wait 15 minutes before coming in so I’m happy in that regard - it gives me confidence.”

“At the moment I have no visitors, my daughter used to come in. I feel safe, in the initial shut down it was like a prison and that’s good. Carers came in when it was really bad and they did really well. I thought to myself I wouldn’t have done it, but they did and it was really good. Visitors are limited, they’ve organised that well and there’s still testing.”

Relative Feedback

How well has the care home kept you informed about the well-being of your family member or friend since the start of the pandemic?

“They didn’t get in touch. My wife got in touch with me. She has been very well looked after during the pandemic. The manager and deputy are exceptionally good. They are always responsible.”

“I am very happy.”

“...She is very well looked after; I’ve been informed of what’s happening. The care home has done well.”

“We knew when she was vaccinated. We couldn’t see my mother in her room for a long time. The manager used to write regular emails about testing. Luckily, I started seeing my mother in March 2021. Don’t know what is happening with Christmas this year. The manager is very good.”

Do you feel the care home has put the right amount of infection control measures to prevent the spread of the virus within the care home?

“Yes, having read the newspaper, there were only 6-8 deaths (it seems to be a low number). The care home has done remarkably well in that aspect.”

“Yes. We wear masks before visiting.”

“Very safe. You take a Lateral Flow Test (LFT) when you arrive. Last time it was done by floor but now it’s at the entrance.”

“Excellent - everyone wears masks. She cannot isolate in her room. She doesn’t go to the dining room, so protection is very good.”

Have you felt assured about the safety of your family member or friend in the care home during the height of the pandemic and more recently?

“Very good, as a rule they have been very careful. Successful in containing the disease. Have done a good job.”

How did the home encourage you to have contact with your family member or friend during the height of the pandemic and more recently?

“Visiting - I send an email and they arrange it. They bought iPads and encouraged video calls. It didn’t work for me, but it did for others. She couldn’t see well and didn’t understand technology.”

“When the lockdown was eased you have to make appointments and you have to take the test. I took her to a hospital appointment and have been able to see her. My 2 daughters visit, and they are very happy. Prior to the pandemic, everything was open - no appointment and one could visit as and when convenient.”

“That was restricted - socially distancing meetings on the ground floor. Have separate area set up for socially distanced meetings. Testing.”

“Phone. They had Skype. She sometimes asks one of the carers to call me.”

“She has her own mobile phone. I used to speak to her most days on the phone during the height of the pandemic. At the start of the pandemic, I used to go and she was sitting at the window and I would be on the grass. We used to see each other whilst talking on the phone.”

How do you think your family member or friend has been affected by the changes made in the way the care home operates, since the start of the pandemic?

“I don’t think she has noticed because of her Dementia. She feels very happy. She is not bothered.”

How accessible is the home by public transport or, if you use a car to get to the home, is visitor parking adequate at the home?

“I drive and there is plenty of parking for me.” “Very accessible.”

“There are a number of bus services. Have used them myself.”

5.2 Dignity, Respect and Personal Involvement

All residents and relatives we spoke with feel respected, valued, and generally accommodated by staff. Examples of good working relationships are given.

While staff are said to be caring, respectful and attentive, a distinction is often drawn, by both residents and relatives, between permanent and temporary care workers. A level of resentment of the ‘increasing use of agency staff’ is expressed.

Levels of support are said to be lacking in some cases - one example includes a wheelchair-bound resident who cannot reach a warm jumper, on top of the wardrobe. We also hear that one resident has not been able to obtain a basic level of information about medication, which is causing physical and emotional discomfort.

Resident Feedback

Do you feel that you’re treated with dignity and respect by the staff?

“Oh yes I am, absolutely.”

“Yes certainly, no problems on that score. All the time one makes allowances, there are minor irritations but no real problems. I think this place is marvellous.”

“There are a lot of agency staff, and I don’t think they’re ‘up to the job’, certainly not as good as permanent staff - who are really good. I wouldn’t pay the agency staff with washers! I notice there’s an increase in the use of agency as well, partly as some of the permanent staff have to take unused holiday (some still come in, even though they’re off). Without those dedicated permanent staff, this place ‘would be nothing’.”

Do you feel involved and listened to by the staff?

“I would say yes. I’m not involved in the major decision-making of the home, but everyone can express their opinion and I feel respected on the whole.”

“Up to a point, staff are humans like the rest of us. They are under a certain amount of pressure, with work and now with Covid. There can be some cultural differences between residents and staff but we all respect that. Staff are pretty good.”

“I’m being given medication that I’m reluctant to swallow, but they give me those pills all the time. I’d welcome a discussion with a doctor or a senior person, but I’ve never seen a doctor to talk to. I’d like to have more detail on what the pills do - nothing major but I’d just welcome a bit more information. I’d like to be treated as an adult.”

“There’s a comfort with familiar faces, I don’t like strangers coming in every day. My room is my home and some have no respect whatsoever, some are even rude. This is no kind of job to do ‘for the money’.”

Relative Feedback

Do you feel listened to by the staff when you express your wishes or concerns?

"I haven't had any need. I email directly to the manager and deputy manager, and they are excellent in response to deal with any issues. With regards to the carers, the agency carers change from day to day. If [the relative] has a problem she mentions, it to the nurse in charge and her response is good."

"Yes. Not always possible to speak to people due to Covid."

Do you feel involved by the staff when making decisions on behalf of your family member or friend?

"Yes. She got a care plan because she needs nursing care. I got a copy of that. If there is anything they discuss. They are prompt."

"Well, that is really difficult. She cannot see the doctor. They have involved me in major decisions though."

"Yes. They haven't really had to make many decisions for my mother because whilst her mobility has deteriorated, her mental health hasn't changed so she is very capable of making decisions on her own."

Is your family member or friend treated with dignity and respect by the staff?

"Yes, she is." "Yes, as far as I am aware."

Are you treated politely and respectfully by the staff?

"Yes I am." "They are very nice."

Do you have any other comments about the staff and the team that you would like to share with us?

"I always found the staff to be very helpful and polite. I get on with them. We share some jokes."

"No, the only difficulty is not being able to see the people who dress her. I have problems as to what size they use, and what fits her. She cannot remember any toiletries. She doesn't have body wash. Sometimes the staff change, and it becomes difficult. They are getting problems with getting nurses and I am not sure where they are regarding that. The actual management remains consistent."

"Since the pandemic they have a lot of staff from the agency. You need familiar staff. Prior to the pandemic it was very good but since the pandemic there has been a reduced level in terms of staffing. It is not as good as before with the agency staff, but the old staff are very good."

"Since the pandemic, they don't have the staff and as a result when you phone the home, there is no one at reception to forward your calls. At times you want to talk to the nurse and there is no one answering the phone. They need to ensure that someone is

at the reception to take calls. Is it a 'this is not my job' kind of attitude? Lack of administrative staff and communication problems."

"Very helpful and very good. From [the relative's] perspective - they don't seem to have enough time to help her do things. Example - I bought [an item of clothing] for her which was [out of reach] As it gets cold in winter, she couldn't get the [item] on her own and staff don't seem to have enough time to look for [it]. I can fully understand that there are pressures on staff. That seems to be a recurring theme for [the relative]."

"I think she gets exceptionally good treatment - because she 'has her brains' she does crosswords. She gets more positive communications from the staff compared with other residents because they can communicate with her."

Has your family member or friend been able to get access to GP services when they needed to during the height of the pandemic?

"Yes, I am not sure if GPs are visiting or are consulting remotely. My mother fortunately is in good health."

"She got access. It was a conference call."

"Night staff and agency staff change all the time but the nurse in charge and manager are excellent. Any problem they get in touch with the doctor. She needs nursing care. Very prompt - ensuing she is well looked after."

"It is only through the nurse in charge. She communicates through the nurse."

5.3 General Involvement and Feedback

There is general confidence in being able to talk directly with care staff about any needs or concerns and those contacting the manager describe an 'excellent, prompt response'. The residents we spoke with say they have recently completed a home-wide survey, giving the opportunity to give feedback.

When asked, no residents are aware of home-wide meetings. The monthly remote meetings for relatives are reported to be no longer taking place, with uncertainty expressed on their status.

Several residents feel that the manager is 'not approachable', partly because the office is downstairs, and because managerial visits to the floors are not frequent. One resident says that the manager and administrative staff 'don't know our names'.

Resident Feedback

Are you invited to regular meetings?

"I'm not aware of any meetings for residents, it doesn't ring a bell."

"No, not since Covid."

"I believe there has been a meeting here to talk about the food, but I didn't go as I'm happy with it. The food is good. There's plenty of choice, its good quality, and presented and cooked nicely."

Do you have the opportunity to give your views and opinions on how things are done in the home?

"It's a sore point really. I have to take the situation as it is, and work calmly through it. I'm 'well-blooded', living in this environment is not 100% satisfactory but it's something I have to accept and make the most of."

"The manager says his 'door is really open' but he's not really approachable. Sadly, a lot of people here have Dementia and they're not able to say what they think."

"I think the manager should be more approachable, it's not easy to get down to the office and they don't walk around up here a lot. They don't know our names. There's 'work to do' but still, they should acknowledge that we are here, paying their wages."

"I speak first with the carers as I feel most comfortable with them. You know, you build up a relationship and feel confident to talk."

"I don't know who the managers are, the senior nurse seems to be in charge. I've never met the manager. There are people who walk around who appear to be administrators, but I don't know them personally and I haven't spoken with anyone in authority."

Relative Feedback

Are you invited to regular meetings?

"I was not invited. In the past, before Covid we had meetings. We haven't had them recently; I don't know the reason."

"They used to have regular monthly meetings before the pandemic. At the start of the pandemic some meetings took place on Zoom. To my knowledge nothing has happened this year."

"We have been - it is virtual due to the Covid crisis. Not sure what the current situation is."

"They used to have monthly meetings before the pandemic. Since the pandemic we had a few Zoom meetings last year but no meeting in 2021. It used to be a good thing to listen to what is happening and what action could be taken. At the present time no meetings or calls. I don't know if these meetings are taking place between residents and the home."

Do you, and/or or your friend or family member have the opportunity to give your views and opinions on how things are done in the home?

"I know the manager and deputy manager. I can ask, they are approachable."

"She has dementia, she seems very happy."

“Not presently.”

“She does as she is quite vocal and makes her point when she needs to. One of the issues is food especially how they cook their vegetables. It is a battle she is not going to win. For example, they cook cabbage in a mushy way but she would like to have her cabbage in an identifiable form. She keeps raising it.”

5.4 Activities

Activity coordination and support is reported to be short-staffed, with one staff member responsible for all floors. A lack of both physical and mental activity is expressed - one resident said, ‘it’s just facing the same old people every day and it’s all very predictable’. The opportunity to take part in music or singing activities would be most welcome, residents tell us.

We heard that the garden and grounds are in good condition and used regularly by some residents.

Resident Feedback

Do you think there are enough activities within the home?

“On the entertainment side variety is limited, but I’m so tired after lunch and have a limited attention span. Music would be helpful, an opportunity to sing. I went for a meal with a friend recently. I tend to walk around the garden every day - if in the building all day, seven days a week it would feel terribly claustrophobic.”

“It’s just facing the same old people every day and it’s all very predictable.”

“There’s 1 activity lady for 3 floors. The carers are so busy caring they can’t help with activities and it’s not a part of their duties, there are 26 rooms on this floor and 6 carers. During the night shift there are only 2 carers and 1 nurse.”

“There’s painting and decorating but it’s not for me, I prefer to do quizzes and crosswords. I can’t go outdoors now but they do have a lovely garden.”

“The activities lady does quizzes and things like that, but no physical activity - perhaps that could be looked at. One can walk around but people are worried about venturing too far because of the virus. I’m ... one of the younger residents and it would help if I had an exercise [equipment]. ... I need to be more physical.”

“They could have more activities, but different homes have different things.”

“I think there should be more community entertainment - bring in people. We only see each other at mealtimes, even then not many people go to the dining area. Apart from meals I spend most of my time in my room, watching TV etc. I’m used to seeing lots of people and it’s been quite difficult, adjusting to seeing the same people every day. So some sort of community entertainment is needed I suppose.”

Relative Feedback

Do you think there are enough activities within the home?

“Sadly because of Covid this has been severely reduced. They are not mixing residents between different floors. Doesn’t happen now. Singers used to come before but now no one comes. Crosswords or quiz meetings happen but my mother cannot really participate in creative things, that side is not very good. Doesn’t seem as much as it used to be. My mother has dementia so she cannot remember what she is doing.”

“Almost nil activities. They have people who used to arrange activities prior to the pandemic - now nothing.”

“I think there are. There is a lady that does entertainment that involves the residents.”

“I think they could do with more activities. [The relative] is able to do things and read things, she sometimes does [activities] for the little group of people... . It is self-organised entertainment rather than staff-organised entertainment. Why should [the relative] organise events for everyone when they are paying so much, they should have more activity.”

“Lovely. Nice garden.”

“The care home has suffered in not getting enough staff. They had 2 entertainment staff while 1 of them is now kept at the ground floor. 1 event person doing 3 floors means that the number of events and activities is reduced. To keep residents’ brains active, it is important to involve them in activities. How do you keep their minds stimulated if there are no activities? It then becomes harder for carers. It is a vicious cycle. Mentally active people are easier to look after.”

“If they have more people coming in to play piano or play music. But maybe due to Covid...”

“They self-amuse themselves and read out the newspapers.”

5.5 Diet and Nutrition

Feedback about nutrition is largely complimentary. While there is some criticism, we generally hear that the food is varied, nourishing, of good quality, with choice available. Residents say that the chef is engaging and can adapt menu items.

One resident said that menu items are colour-coded to indicate nutritional value. While this is intended as a benefit, it is also criticised for causing confusion.

Resident Feedback

What do you think about the food in the home? Do the options meet your dietary and nutritional needs?

“The food is nourishing and varied. It is colour coded (certain diets and vitamins) and I don’t understand that. You can’t help yourself to what you want, but there’s a certain element of choice and I couldn’t possibly complain.”

“The chef comes around to speak to us - he’s happy to adapt the menu to what we want to eat. Before I came here my food habits were a bit questionable ... so it’s quite different here and I’ve put on too much weight!”

“I’ve been here for 3 years, and the food is terrible. There are two choices, it looks good on paper but in practice it’s so disappointing - there’s ‘no taste’. I don’t know what the permanent chef does. There’s been a new menu recently but it’s no different than the ‘other one’.”

Relative Feedback

Do you feel your family member or friend enjoys the food at this home? Do the food options meet their dietary and nutritional needs?

“She has a very restrictive diet because of [medical issues]. Since they cannot cut the food properly, sometimes she has to eat with her fingers. Staff are always busy, so they don’t have time to talk with the residents asking are you okay. She has to use a side table where she puts her food on. Food is not excellent, but it is good.”

“Yes, she does. It has a good reputation. She doesn’t have too many food issues.”

“Yes. She doesn’t have any special dietary needs. She is very overweight. Staff made some changes. She is in a wheelchair all day.”

“Generally, she enjoys them. She eats what she wants to. She gets what she likes. She is very lucky. In most cases they give her what she wants apart from the vegetables. Yes, I think so. Somebody who is [elderly] has grown up with a limited palate. There are a lot of things on the menu that are new to her, and she is not very adventurous. She is quite limited. She doesn’t have a lot of choice.”

5.6 Bedtimes

The one resident who comments on bedtimes expresses a good level of involvement, flexibility and choice.

Resident Feedback

Are you able to go to bed, and get up, when you like?

“I tend to go to bed at [a regular time]. In the mornings I don’t want to get up early (as there’s nothing to do) so they leave me to it... it’s ‘very civilised’. The carers get to know us, and we can work things out.”

5.7 General Environment

Living conditions are reported to be 'first-class'. While the open-plan lounge and dining areas are intended to encourage socialising and participation, they also discourage those who prefer smaller groups. We heard that some residents regularly stay in their room - including for meals.

Resident Feedback

Do you have any other comments on the general environment?

"The living conditions are first class. The diet is excellent, and my room has a lovely view. There's something wrong with the heating - I mentioned it in passing but it hasn't affected me too much. I haven't pressed for a manual heater, but I know the option is available. Facing east the prevailing wind comes in but they have screens, and well appointed."

"I used to go to the dining room but people are not behaved, I prefer to stay in my room and it's my choice."

5.8 Any Other Comments

When asking for additional feedback, residents and relatives take the opportunity to compliment the staff and the home.

On suggestions for improvement, many would like to see increased levels of permanent, trained staff, and more activities on offer. Reinstatement of the family and manager meetings is also desired.

Resident Feedback

Any Other Comments?

"The staff are very good - caring and attentive."

"There's always an element of tension in what I'd like to do, and what I can do. I make the most of it."

"The permanent carers have offered to come in on their off days to help people, but management don't want to do it. Permanent staff do the work of two agency workers as they don't know the job - it's not cost effective if you think about it. The permanent staff know the place and people, if they want to come in, why not?"

"The main thing for me is, they should appreciate the permanent carers more as they're not easily replaced. Hang on to what you've got, a lot are not coming back and they're good and dedicated people. I couldn't do it, but luckily, we have people who can - and work long, long hours."

"I think the home are doing their best under the circumstances, I've visited many homes as part of my work and this one comes out as number one, definitely."

Relative Feedback

Are you happy with the home?

“Yes, I am. It came recommended before. No problem.”

“Very happy. That’s the best place that she could have gone to.”

Do you have any suggestions on how to improve services within this care home?

“No activity. There is a notice board that tells what’s happening each day. There could be more activities.”

“It is difficult to say. Under normal circumstances, I think we would be more involved but under the present situation it is difficult to get involved. Earlier we could talk to other residents but now it is not that easy to do so. We cannot spend much time in chatting with other residents.”

“I have had a number of conversations with mother. She is very happy. I don’t think there is a lot more to be done apart from increasing the activities. More staff would be better.”

Any other comments and suggestions on how the service can be improved?

“Lack of nursing staff - nurses have changed. Hopefully it could be a temporary thing.”

“Generally speaking, it is difficult to suggest things because of the Covid restrictions. We would love to have less restrictions coming in, but I understand we cannot do it. On the whole, the care home has the residents’ safety at heart. They have done very well under the situation; you cannot please everybody. It is tough and challenging for them and I understand. They have done a very fine job. The staff are very friendly. It is a nice atmosphere. It is quite homely though it is a purposeful building. I chat with other residents, and they seem very happy.”

“If they get more trained staff and not the agency staff. They tend to be good. They don’t have time to talk or show everything is in order before leaving. They need to be trained to say are you all alright before going.”

“They are fine. My mother is very independent. I think she should be getting far more assistance in terms of getting support when she goes to the toilet. She moves her wheelchair on her own. I feel staff could be a bit more proactive and forthright in telling her she needs help.”

“The new manager set up the meetings with family members, but they dropped out. I want to have them again to know and understand what’s happening. Everything else seems to be going well.”

6. Staff Feedback

Following the virtual visit of 2nd December 2021, four care workers submitted staff questionnaires. The average length of employment is three and a half years.

The questionnaires included topics on COVID-19 protocol, residents and families, engagement and feedback, induction and training, management and safeguarding.

6.1 Opening Questions

The care workers have a range of professional backgrounds, and all indicate that they enjoy their roles. Comments suggest good levels of organisation and support.

Selected Feedback

Please tell us a little bit about your background.

"I have 11 O' Levels. I worked in a primary school as a finance officer for 35 years until I was made redundant. I then made a career change and became a palliative care worker."

"Nurse in health and social care (adults), Assistant Practitioner in Healthcare Diplomas."

"I started work at a pet shop, I saw my mum join the care sector, saw how much she enjoyed it so I soon followed. I worked for St Christophers Hospice prior to Coloma; I loved that job then sadly was made redundant."

"I've worked in the care industry for a few years now. And just starting my Level 3."

How do you feel about your job?

"I enjoy my job as a carer. It is a pleasure to come to work."

"I feel good and confident in my role, with support of management."

"I enjoy the work I do. Every day is different, some days are more challenging than others, but we work as a team. The shift runs smoothly."

"It has challenging moments, but I'm very content here."

6.2 COVID-19 Protocol

We hear that 'rigid' infection control measures are in place, with mandatory testing and comprehensive use of PPE. One staff member says that additional training and meetings have been conducted and all feel safe. All staff have been offered and received a COVID-19 vaccine.

Selected Feedback

Do you feel the care home has implemented effective infection control measures to prevent the spreading of Covid-19?

“Rigid infection control procedures are in place.”

Did you feel safe working during the early stages of the pandemic, and do you feel safe currently?

“I feel as safe as I possibly can be.”

Do you have adequate supplies of PPE and adequate opportunity for you and residents to be tested?

“Always had full PPE available.” “Tested PCR once a week.”

Did you receive adequate support to continue working during the pandemic in terms of additional training or guidance?

“Supported by the home in all ways and by Head Office.”

“We had meetings to discuss policies as well as training, in-person and via e-learning.”

6.3 Residents and Families

Feedback suggests that staff get to know the residents in their care, with mindfulness of companionship, emotional needs and independence expressed. General health and wellbeing are monitored and documented, according to comments, and no issues in accessing health services are reported.

Staff say that residents are encouraged to participate in activities, with taster sessions and one-to-one support available.

Each care worker is allocated as a ‘key worker’ for two or three residents, and in this role expected to liaise with relatives. Staff may be contacted by email, as well as by phone or in-person.

Selected Feedback

How do you support the residents?

“Full personal care, companionship, day-to-day support.”

“I support residents with personal needs and also emotional support and respecting individual's needs and encourage independence.”

“Chatting to them, learning about them, playing their favourite music. Doing crosswords with them.”

“I'm with residents to assist them with personal care, communication with family and their hobbies.”

How do you monitor the residents' health and wellbeing?

“Via iPad and daily handover.”

“Observing and monitoring the resident and follow the care plan.”

“Personal care, looking at and monitoring skin integrity whilst maintaining dignity and respect. Ask them how they would like their care delivered, how they want it conducted etc.”

“We document regularly and have meetings each day to discuss.”

Do the residents face issues when accessing community health and social care services?

“No.” “Nothing I am aware of.”

How are you able to encourage residents to be involved in activities (communal activities with others and/or individual interests)?

“We have daily activities and encourage all our residents to join in. Covid has restricted several activities.”

“Invite the resident to watch the activities and later encourage them to give it a go.”

“Give them the option of what they want to do, inform them of activities that are on offer and the days and times etc. If they decline the activity, we can always give them some one-on-one and have a chat.”

“We encourage our residents with regular activity sessions and one-to-ones with the activities co-ordinator.”

Do you have any involvement with residents' family/friends/relatives?

“All residents have family visitors (Covid restrictions apply) who we meet on a regular basis.”

“Yes, for example if the resident needs toiletries.”

“Yes, we all get allocated as a 'keyworker' to 2 or 3 residents, which means we are expected to liaise with residents' families. We see families when they visit which is nice, we have a chat etc.”

“We talk to residents' families regularly to discuss their family member, either in person or email or phone.”

What support are you currently able to provide to help residents speak to or see their family and friends?

“Families are able to come in if tested negative, we also have a floor mobile and iPad for facetime. Calls and telephones in each room.”

“Family and friends are able to visit residents if they are booked and have done a Covid test.”

6.4 Engagement and Feedback

Residents are given a home-wide survey at intervals, and those not able to visit the downstairs office rely on their care workers to convey messages, wishes or concerns.

On mealtimes, a comments book is reported to be available.

Selected Feedback

Please tell us how you are able to support residents to have a say in what they want and in what the care home offers?

“We always listen to our residents' requests and point them in the right direction or assist them with their choices.”

“Supporting the resident, listening to their wishes and pass to management.”

“Re meals and mealtimes, there's a book that staff or residents can write in. They themselves can go downstairs to the manager if able, if not staff can support.”

“We have regular surveys for our residents to allow them to voice concerns.”

How do you engage with residents to encourage them to share feedback?

“As we have an open-door policy residents can request a meeting with any management personnel at any time.”

“Chat with them and ask them.”

“We do regular one-to-one feedback surveys.”

Are residents aware of how to provide feedback to the home on the services they receive?

“Yes, questionnaires and comments book.”

“Yes, talking to staff or family and friends.”

“Through the carers (those who are less mobile) to go downstairs to the office.”

“They can speak to their carer that day or senior carer, sometimes just to the nurse.”

6.5 Induction and Training

Induction is typically for two weeks, led by senior carers. This is considered to be at least satisfactory - however it is noted that for those 'completely new' to the home, more time may be beneficial. The process itself is complimented, with good levels of support available on the floor, and from management.

We hear that training is continuous, and largely online at present due to the pandemic. As well as mandatory training, supplementary courses such as mental health and first aid are available.

Selected Feedback

Please tell us about your induction process.

"One full day induction, then two weeks working alongside a senior carer."

"I think induction was about two weeks."

"Two weeks shadowing another senior carer on the floor. It was okay but someone completely new to the care home may require longer."

"I had 3 senior carers take me through our policies and procedures."

Did you feel supported during the induction process?

"I felt supported at all times."

"All staff were friendly and reassuring, I knew I could ask colleagues both on the floor and downstairs for support if needed."

"My senior was very friendly and helpful."

Did your induction process help you feel confident about taking up your new role?

"I felt confident that I could approach any of the management team."

"Yes, I felt I had fairly good support to fulfil my role correctly."

Are you regularly offered training opportunities by your employer?

"Because of Covid all training has been online. We have extensive courses which are mandatory and also several which are elective."

"Online training and e-learning all done."

"E-learning continuously, now being enrolled onto a Level 2 adult care course."

"I've recently done a mental health and first aider course."

6.6 Management

Management is said to be supportive and approachable - however 'communication issues' between the floors and the main office may result in variable response times. Open meetings in which all staff may contribute are held, however comments suggest these may be infrequent, and/or irregular.

Staff receive two breaks of 30 minutes each, which is deemed adequate.

Selected Feedback

Do you feel supported by the management?

"The care home has an open-door policy at all times."

"Sometimes I feel communication is lacking between management and staff on the floor. Concerns and queries that are expressed are not always dealt with in a timely manner, however I do feel management are always there to express concerns to and are approachable."

How often are staff meetings held? Do you have an opportunity to share your views / contribute to set the agenda?

"As well as daily handovers there are meetings held to discuss our views."

"Yes, we have."

"There only seems to be staff meetings when there is a problem or issue at hand. We don't seem to have meetings to just discuss things in general (for example how's work going, anything we may need or want for residents)? When there are meetings it is an open platform for all to speak which is good. We do all get an opportunity to speak."

Do you feel you have adequate breaks when you are on duty?

"I have 30 minutes at 10.30am and 30 minutes for lunch, then no breaks until I go off duty."

"Morning break 30 minutes, and afternoon break 30 minutes."

"Two breaks, 30 minutes each - one in the morning and one in the early afternoon. It's okay."

Are you aware of any possible funding issues that affect the way you provide the service for residents?

"No."

6.7 Care Monitoring and Safeguarding

Day and night handovers are conducted. According to feedback, the meetings are typically for 15 minutes, held discreetly, with all staff present and able to contribute. All staff confirm awareness of safeguarding procedures

Selected Feedback

Can you tell us about the handover procedure between shifts?

“Both night staff/day staff meet with the night/day nurses for 15 minutes and each resident is discussed.”

“Handover between shifts is good.”

“One in the morning between night and day staff, 7.30am to 7.45am approximately, sometimes longer. Then again at 7.30pm to 7.45pm handing from day to night staff. All carers present and day and night nurses. Carers can contribute at any point, which is good in my opinion.”

“We all congregate in an area and discuss each resident's daily health concerns to be raised. Away from other residents.”

What means of communication is used by staff during the handover process?

“Verbal and written.”

“Open platform to speak and nurses have a handover sheet.”

Are you aware of the process of how to raise a safeguarding alert?

“Yes.”

Do you have access to clear safeguarding information at work?

“Yes.”

6.8 Closing Questions

The challenges of COVID-19 are highlighted - however it is considered that the home has operated well throughout the pandemic. On visiting, one staff member feels that some residents would benefit from private online sessions in their own room - not currently possible due to limited wi-fi coverage.

Selected Feedback

What do you think have been the biggest challenges to the home during the pandemic, and to you as a staff member?

“Keeping residents safe and well, including myself.”

“The biggest challenge was at the beginning of the pandemic.”

“The uncertainty of this pandemic and losing residents.”

What do you think the overall experience of the pandemic has been like for residents and families/friends?

“Frightening but they were reassured that the home was doing everything it could to look after the residents.”

“I think the overall experience is good.”

“Very hard for them, not being able to see family in person and those who lack capacity to understand found it difficult.”

“Everyone is tired and still worried about the future of this.”

In your opinion, what improvements and/or changes would you like to see at the care home since the pandemic?

“In my opinion we are doing everything possible to keep residents safe.”

“Stronger wi-fi, to allow residents to use the iPad in the privacy of their own rooms.”

“We have had more training, so improvements have been made.”

Do you have any additional comments?

“Better communication across the board would be good. Having said this, I do enjoy my time at Coloma Court, staff are generally nice and helpful and the residents are lovely too. I hope to further my career here and continue to learn and develop my skills in the care sector.”

7. Recommendations

The AR would like to express thanks for the helpful arrangements made to visit the service. Based on the analysis of all feedback obtained, Healthwatch Bromley would like to make the following recommendations

7.1 Entry and General Accessibility

7.1.1 It is inevitable that telephone calls will at times be unanswered - we therefore recommend a review of the missed calls policy. In particular, does the recorded message contain concise and practical information (such as contact the key worker), is there a service level agreement and clear designated process on returning messages, and are alternative forms of contact, such as email widely available?

7.2 Visiting/Family and Friends

7.2.1 We urge that wi-fi coverage is enhanced to cover individual rooms, or if this is impractical, the provision of a dedicated space to accommodate private sessions.

7.3 General Environment

7.3.1 It is entirely the residents' choice to remain in their own rooms -however we hope that encouragement and opportunity to socialise is at all times maximised. Use of a screen, staggered mealtimes, or pairing residents with known friends are among the solutions we suggest.

7.4 Dignity, Respect and Personal Involvement

7.4.1 We do not comment on the home's staffing policy- however we urge that agency and temporary staff are fully trained in the dignity 'dos and don'ts' and make the best possible efforts to deliver personal, compassionate care. Precise issues could be identified if this was included in the regular home survey.

7.4.2 We know that staff are extremely busy - however a conversation at the end of a shift ("is there anything else I can do for you?") would certainly help to address quite often sensitive needs and issues.

7.5 Activities

7.5.1 We recommend that the capacity and effectiveness of the activities co-ordinator role is reviewed.

7.5.2 We know that Covid-19 restrictions will make it difficult, if not impractical, to host visiting entertainers (such as community choirs). This being the case, and a clear desire for music and singing expressed, is there scope for internal sessions to be arranged? Existing staff may have the skills to assist.

7.6 Diet

We heard that menu items are colour-coded to indicate nutritional value. While this is intended as a benefit, it is also criticised for causing confusion.

7.6.1 We understand that a mealtime suggestions book exists. If this could be reviewed all involved in meals will be aware of the issue.

7.7 Involvement and Feedback

7.7.1 The relatives we spoke with valued the remote sessions - we therefore recommend that the policy is reviewed and that a communication is issued to confirm status.

7.7.2 We recommend that the manager, and/or other managerial staff visit the floors at a designated and widely advertised time, to make acquaintance with residents and benefit from their direct feedback. A socially distanced session should be possible.

7.7.3 The process of relaying messages from floor to central staff needs to be revisited, to reduce any inconsistencies in response level. As with telephone messages, we feel a minimum service level agreement should be considered. If a resident's message is not acted on timely, they may become more reluctant to voice issues or give feedback in the future.

7.8 Staffing

7.8.1 We recommend that as part of the signing-off process, new staff members are able to indicate, in writing, whether they feel induction was sufficient for them personally - with opportunity to highlight any further needs.

7.8.2 We recommend that the home reviews the status of floor or home-wide general staff meetings, with a view to ensuring they are regular, well known, and that all staff may directly or indirectly contribute.

8. Glossary of Terms

CQC	Care Quality Commission
LFT	Lateral Flow Test
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
PPE	Personal Protective Equipment

9. 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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healthwatch
Bromley



Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Charlotte Bradford
Date sent	29.06.2022
Report title	Enter & View Report - Coloma Court, 2 nd December 2022
	<p>Response (If there is a nil response, please provide an explanation for this within the statutory 20 days)</p>
Date of response provided	
<p>Response:</p> <p>1. Please outline your general response to the report and what you are currently doing to address some of the issues identified.</p>	<p>Mueti Moomba Registered Manager has been on emergency leave and it is with regret that he has resigned from his post, in his absence the response is being provided by Helen Johnson, Operations Manager HMT Care Homes. The report appears fair and proportionate. The following information is based on what Coloma Court has done and is doing in relation to the 'What could be improved' narrative of the report and the recommendations set out in Section 7 of the report.</p>
7.1 Entry and General Accessibility	<p>IT department are in the process of upgrading existing telephone systems with Horizon - this will give the opportunity to use mobile handset devices linked with hard wired internet telephones which will be easier for unit staff to accept phone calls out of office hours.</p>
7.2 Covid 19/Visiting/Family and Friends	<p>IT has undertaken a survey of current wifi coverage. 2 booster points have been installed in black spot areas of the home which have improved coverage. An order has been placed for 4 access points throughout the home, however the lead time has been delayed, we are expecting this access points to be delivered in early October 2022.</p>
7.3 General Environment	<p>HMT have engaged an interior designer who has vast experience in dementia care design. A review of the current décor and layout of the home has been undertaken, this includes communal areas. Currently, the 1st and 2nd floor consists of 1 large dining area/kitchenette and a main lounge/kitchenette. The refurbishment will support cosier/smaller areas comprising of 2 smaller lounges/2 smaller dining rooms on each floor with bespoke room dividers and refitted kitchenettes to provide unit</p>

	living space. The ground floor dementia unit is also being refurbished to make more dementia friendly and will also incorporate 'destination areas' at the end of corridors of all floors.
7.4 Dignity, Respect and Personal Involvement	Dignity & Respect training is mandatory for all employed staff to complete on line as part of the eLearning package with Relias, the current compliance as of 28.06.2022 is 80%. Following this recommendation care staff have also received face to face training provided by Edify on 27.05.2022 and 14.06.2022.
7.5 Activities	One of the activity team had been covering on reception, this as the case at the time of the visit. I am pleased to report that the reception position has now been filled which has released the staff member back into her position. Consultations with the 2 existing activity staff were undertaken with Human Resources in the need to provide meaningful and social engaging activities to all residents over a 7 day a week period and has been implemented. A Lead Activity organiser of 35hrs per week has been offered and accepted. Following all recruitment checks the successful applicant is available to start immediately.
7.6 Diet	An appointment has been made for Head Chef (Catering Manager) of 40hrs per week and is due to start on the 8 th August 2022. Following his induction, a review of all catering systems will be undertaken.
7.7 Involvement and Feedback	Recruitment for a home manager has begun. Expectations from managers in visiting residents will form part of the new managers induction process.
7.8 Staffing	The home has employed a People Relations Associate in supporting Human Resources within the home. Recruitment and onboarding processes have been reviewed and have improved. The last staff meeting was held on 3 rd March 2022.
Signed	Helen Johnson
Name	Helen Johnson
Position	Operations Manager HMT Care Homes