

Enter and View Report

Mpower Learning Disability Home, January 2023



A report by Healthwatch Lewisham

“Fantastic. Everything I say or ask for, they do.
I am extremely happy with their care.”

Relative

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Visit Details	
Service Visited	Mpower Learning Disability Home 22 Bromley Road, Catford, London, SE6 2TP
Manager	Yasmin Fraser-Chambers
Date & Time of Visit	11.00am, 19 th January 2023
Status of Visit	Announced
Authorised Representatives	Arlette Meli Julia Eke Rosie Morrison
Lead Representative	Arlette Meli

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

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

E&V visits can happen if people tell us there is a problem with a service but can also be made 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 gain 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 makes recommendations on what could work better. All reports are available to view on our website.

1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

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 this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About the Visit

2.1 Mpower Learning Disability Home

On 19th January 2023 we visited Mpower, a registered care home for people with learning disabilities, located in Catford.

Operated by Eleanor Healthcare Group, the home also provides specialist care for Mental Health, Dementia, Parkinson's, Physical Disabilities and End of Life.

The home may accommodate up to 11 residents and 10 were in residence at the time of the visit.

The home has a staffing complement of 19.

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.

Mpower was last inspected by the CQC in June and July 2022. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe and Responsive, and 'Requires Improvement' for being Well-led.

2.3 Online Feedback

We couldn't find any online feedback about the service.

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Lewisham 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 we engaged with 3 residents, 3 relatives, 5 members of staff and the deputy manager (12 people in total).

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

Premises and Reception

Notes

- The building is an old Victorian house, situated along a main road. As it has a large forecourt, and is set-back from the road itself, traffic noise is minimised.

- There is no clear external signage, however this may be intended to make the home blend-in with its residential surroundings.
- On-site parking is available for up to 7 vehicles (we are not sure if there is a dedicated ambulance space). The parking area looks tidy and accessible.
- Public transport links are close-by (buses 54, 136, 208, 320 or the train).
- On entering, visitors are required to sign in. The forms contain a QR code.
- There are dedicated noticeboards for residents, visitors and staff.

What has worked well?

- The reception area is warm, welcoming and appears secure.
- Staff pictures are displayed - arranged by day and night shift (though we did not see names).
- Other notices include the emergency procedure with contact numbers, nominated first-aider, no smoking sign, complaints, and other policies.
- Pictures of resident activities are showcased on a large, framed board.

What could be improved?

- Names should ideally accompany the staff pictures.

Accessibility and Safety

Notes

- The building does not have a lift.
- We believe that not all staff are trained to use the fire extinguishers.
- There is no designated smoking area.

What has worked well?

- Floor colours contrast with walls and furniture throughout the house.
- Corridors and doorways are wide enough for wheelchairs and walking with frames. We did not see any clutter, or obvious trip-hazards.
- The emergency fire procedure is displayed. Fire exits and extinguishers are clearly visible and unobstructed.
- Most information has an easy read equivalent.

What could be improved?

- Not all external doors were locked. Also unlocked was the shed, and garden side gate.
- We did not notice any emergency ramps.
- A sash window in an upstairs bathroom was wide open.
- The toilets are not fitted with ramps.

- A stair-lift is installed; however, it considerably reduces personal space on the stairs. It may also pose an obstacle in emergencies such as a fire.
- In one of the bathrooms, the toilet seat and handrail did not clearly contrast with surroundings.
- Steps on some of the stairs could use contrasting or signage, to avoid residents missing them.
- Chairs in the lounge are not arranged into groups, limiting the free movement of wheelchairs.
- The garden is not fully accessible to wheelchair users.
- We did not see an easy read version of the fire procedure.
- Some of the signs are placed above eye level.
- Some of the clocks are for general (not accessible) use – for example using roman-numerals and not numbers. We did not see a calendar.

General Environment

Notes

- There is one large communal room on the ground floor.
- A games room is in the basement, accessible only by stairs.
- Corridors are functional – white and light grey, with some decorative paintings. There are low-level lights for night-time.
- There is a large kitchen and separate area for staff.
- The dining area appears vibrant – painted bright yellow. Pictures of residents cooking in the kitchen are posted. An easy read menu is on display.
- There is a single large table for dining, and we observed two women eating on their own.
- Not all resident's rooms have ensuite facilities. There are shared wet-rooms and bathrooms for those without.
- The home has a large garden, a 'fantastic facility'.

What has worked well?

- At our visit, all areas looked clean and tidy. There were no unpleasant odours.
- Resident's names and pictures are posted on their doors, and inside the rooms are spacious.
- One room we visited was highly personalised, with family pictures and religious items.
- Toilets also appear spacious. There is information on handwashing,

What could be improved?

- The internal décor is somewhat 'dark' with grey curtains and brown furniture.
- Not all Christmas decorations were removed.

COVID-19

Notes

- Covid-19 guidance is clearly displayed.
- Few staff members wore PPE (Personal Protective Equipment).
- Testing is now weekly.

What has worked well?

- Hand sanitiser is available.
- Staff consider the Covid-19 measures to have been effective.

What could be improved?

- We found no areas for potential improvement.

Personal and Clinical Care

Notes

- During our visit residents were engaged with singing, dancing, watching television and colouring-in. Most seemed to enjoy the background music.
- There was a good general ambience. Although most residents are non-verbal, they were interacting with each other in various ways.
- Staff say that residents have varying capabilities, and levels of independence. For non-verbal residents, sign language, objects and picture cards (depicting emotions or feelings) may be utilised.
- No issues with accessing healthcare are reported.

What has worked well?

- All residents were welcoming and appeared alert, interested and engaging, giving a lot of hugs and smiles.
- They were dressed appropriately, well-groomed and smelling nice and fresh.
- During the morning's activities, staff were visibly on-hand and supportive, notably kind and patient in their interactions. A resident's request to change the music was respected.
- Examples of individualised care are given, this includes supporting residents to visit the Church or Mosque and accommodating cultural diets.
- To assist with daily routines, some residents have a wall-planner in their room, helping to structure eating and drinking, personal grooming and tidying.

- Other personal information in rooms includes care and activity plans, fluid charts, medication, and room cleaning rota.
- The laundry room is very well organised, with personalised baskets indicating where to place clean or dirty items.

What could be improved?

- The radio and television were on at the same time – one resident asked for the television to be turned down.

Diet, Activities and Visiting

Notes

- Unless there are dietary requirements, all residents have the same meal.
- Residents can also help themselves in the kitchen if they wish.
- Regular activities mentioned include singing and dancing, games, and puzzles, socialising and parties, walks and outside trips – to the gym or cinema.
- We were told that some of the residents were out for cooking lessons.
- Families tend to visit on a Sunday.
- Most residents have a phone for personal use. We are told there is an internet connection.

What has worked well?

- The food is complimented for being 'well cooked and varied'. Although most residents tend to eat the same meals, this has not been an issue.
- The activities on offer are popular with residents, as are the supervising staff.
- Relatives say that their loved ones are active, engaged, and encouraged if needed.
- Relatives are generally encouraged to take their loved ones out, attend birthdays/social events, as well as developmental or professional meetings.
- Some residents take pride in helping with general duties, with cooking and washing mentioned.

What could be improved?

- A lack of baking is cited.

Feedback and Complaints

Notes

- The relatives believe the home would call them in an emergency, and for one person this was the case.
- If needing to feed back or complain, we are told this can be done in writing (by letter or email) and concerns may be conveyed at monthly meetings.
- Residents are able to share any concerns or feedback with their support worker and/or families, according to staff.
- Staff say that 'almost all' residents have contact with their family and there is now a rule to call each family at least once a month, with an update.

What has worked well?

- The relatives we spoke with are aware of the complaints process.

What could be improved?

- One person was concerned that the monthly newsletter, which has been useful in the past, is no longer received.
- There seems to be no dedicated group or forum for families, carers and friends.

Staffing and Management

Notes

- There are monthly team meetings.
- Training is varied, ranging from care to safety and administrative topics.
- Induction is two days. The manager conducts all staff appraisals.
- Staff are aware of the safeguarding protocol, including options for reporting and escalation, and have access to information.

What has worked well?

- During our visit staff were positive, welcoming and accommodating. They seemed well-organised, competent and professional.
- Staff are widely praised by the residents and relatives we spoke with.
- Staff tell us they are generally content and settled, due in part to good working conditions (work/life balance), effective management and teamwork.

What could be improved?

- Some staff say that a lower staffing ratio, plus shorter working shifts has lowered the overall quality and coverage of care.

4. Resident Feedback

At the visit we spoke with 3 residents.

4.1 Personal Care and Environment

Residents have been able to become friends and a family atmosphere is described, with birthdays marked and celebrated. Those already living in the area before admission particularly appreciate the location.

Staff are widely praised, and examples of personalised care are given, such as assisting one resident, who has a water phobia, to take showers. Good levels of support are noted – it is commented that staff ‘have the time’ for residents.

The general décor is complimented, along with the opportunity to, and support with personalising rooms. One resident would like to be ‘more involved’ in home-wide décor.

Selected Comments

Positives

“I know the residents very well; I’ve lived here for 10 years and made lots of friends.”

“We celebrate birthdays, and we go out and buy cakes down the road.”

“Also, I like it here because I grew up in Catford.”

“They help me to get a shower because I am scared of the water. I almost drowned when I was a baby, so they gave me a lot of support because they know my story.”

“The staff are nice, and they have the time to stay with us.”

“I love it here, it’s nice how they have decorated. My room is nice and tidy, they helped me decorate it..”

Negatives

"I would love to be more involved with the décor."

4.2 Activities and Diet

The activities on offer are popular with residents, as are the supervising staff, who have supported personal choice (such as on hairstyle).

Regular activities mentioned include singing and dancing, games, and puzzles, socialising and parties, walks and outside trips – to the gym or cinema. Television is a staple entertainment, with soap operas especially enjoyed. Some residents take pride in helping with general duties, with cooking and washing mentioned.

On diet, the food is complimented for being 'well cooked and varied'. Although most residents tend to eat the same meals, this has not been an issue. When asking about potential improvements, a lack of baking, and tidiness of the kitchen are highlighted.

Selected Comments

Positives

"We go out for a haircut. The staff and carers decide when we have to go, but I choose my style."

"I like to watch TV; I like East Enders."

"I like being in charge of the dishes and emptying the bins."

"Food – the rice and chicken are my favourite!"

"They cook it well and it varies. Everyone here eats the same except for one person who doesn't like a few things."

"We help staff with the cooking. I like lasagna, bolognese and casserole. I really like Christmas Dinner where we all eat together."

Negatives

"We have lunch and dinner, but I want more baking. We used to do a baking competition."

"The kitchen could be a bit more tidy."

4.3 Covid-19

Confinement to rooms during the height of the pandemic was difficult for some.

Few of the residents we spoke with understood why staff were wearing PPE (Personal Protective Equipment).

Selected Comments

"I got the virus, it was uncomfortable, this happened when no one knew about it. We had to stay in our room, where they brought food."

"I missed going out."

5. Relative Feedback

At the visit we spoke with 3 family members. Length of residency of loved ones ranges from 2 to 10 years.

All have a learning disability, and some have associated or other conditions, such as autism, epilepsy, anger issues, physical disability, or blindness.

5.1 Staffing

Staff are commented to be friendly and helpful, towards both relatives and residents. All of the relatives we spoke with are generally satisfied.

Selected Comments

Positives

"Everything I ask them, they do. The most important thing for me is that she is happy. Whenever I visit her, I can sense that she is. I usually bring sweets, she will have them and then ask me to leave, I would insist to have a cup of tea, but she would ask me to leave anyway. That is why I feel she is happy!"

"I can think of no improvements. I would actually recommend this care home to others."

5.2 Information and Involvement

The relatives believe the home would call them in an emergency, and for one person this was the case – with staff calling enroute to the hospital, following a resident's fall.

It is generally felt that family wishes would be respected by staff, with awareness of the complaints process, if this is not the case.

One person complains that the monthly newsletter, which has been useful in the past, is no longer received.

Selected Comments

Positives

"Once she had a fall at 9pm. They rang me whilst taking her to hospital. They are good like that."

"I get updates regularly; they email me a report once a month I believe."

"I am treated politely and respectfully by staff, and I do know the procedure in case I would like to make a complaint."

Negatives

"They used to send us newsletters, I believe on a monthly basis, to inform us of the activities of the residents. I have not had those in a while, I would like this to continue."

5.3 Activities

Feedback suggests that relatives are satisfied with the variety of activities on offer, with most feeling their loved ones are active, engaged, and encouraged if needed.

Selected Comments

Positives

"She is extremely occupied. She volunteers at a charity shop, she does puzzles and plays bingo, she goes to college and church. She has a very active life and a lot of outdoor activities."

"She is very busy. She does a lot of outdoor activities – swimming and visits to various places. She is very active."

"He is non-verbal but does enjoy going out for a ride in a car, they are trying to encourage him to go swimming, but it is still a work in progress."

6. Staff Interviews

During the visit we interviewed 5 staff members, from varied roles.

6.1 Staffing and Management

The staff we spoke with are generally content and settled, due in part to good working conditions, ability to strike a work/life balance, management that is approachable, engaging, and responsive, and good working relations with colleagues. There are monthly team meetings to raise issues.

Training mentioned includes dementia and epilepsy awareness, sign language, positive behaviour, eating and drinking, safeguarding, medication, infection control, hazardous substances, fire safety, confidentiality, and computing. For some topics there are annual refreshers. Staff are aware of the safeguarding protocol, including options for reporting and escalation, and have access to information.

When asking about potential improvements, it is suggested that a lower staffing ratio, plus shorter working shifts has lowered the overall quality and coverage of care. Staff would also like the reinstatement of 'holidays with residents', newer seating and

better wheelchair access for chairs, more activities for housebound residents – especially music and dance, and more mealtime ‘treats’.

Selected Comments

Positives

“I work 10am to 2pm, and this really works well with my children’s schedule.”

“This employer is very caring, and I feel comfortable here. I wouldn’t want to leave this job – it’s relaxing and easy to manage.”

“I do like my job. Management is good and listen to staff and service users, they keep staff motivated and are relatively quick in solving issues and respect all staff (night and day shift).”

“We work as a team. Good communication is maintained between staff and management.”

“Once a month we have a team meeting to discuss issues.”

Negatives

“When I started, there were more staff on shift, and this meant better care.”

“Now shifts are shorter, it makes the job difficult to handle because some residents have to wait for other workers to come in for handover before going for an activity or simply going out. Sometimes they would also have to stop/limit a resident’s activity because the support worker shift would be finishing soon.”

“It’s good here but I could do with a rise!”

6.2 Residents

We hear that residents are ‘asked what they want’. For non-verbal residents, sign language, objects, and picture cards (depicting emotions or feelings) may be utilised. Tips are also sought from relatives.

Examples of individualised care are given, this includes supporting residents to visit the Church or Mosque, accommodating cultural diets, and encouragement to become more socially or physically active – with activities promoted including cooking, yoga, cycling, visits to the gym, shops, cinema, or pub. Birthdays are marked and celebrated.

To aide health management, it is commented that eating and drinking is monitored, with fluid intake recorded and residents weighed weekly. No issues are reported on access to healthcare.

If needing to feed back or complain, we are told this can be done in writing (by letter or email) and concerns may be conveyed at monthly meetings. Residents are able to share any concerns or feedback with their support worker and/or families.

Selected Comments

Positives

"It depends on the resident's independence. Some service users need personal care and some who are non-verbal will use other communication ways to ask for help. We can use PECS (Picture Exchange Communication System), objects or sign language."

"One of our residents is a practising Muslim, so on Fridays we help him to visit the mosque. When cooking halal food, we use separate pots."

6.3 Relatives

Staff say that 'almost all' residents have contact with their family and there is now a rule to call each family at least once a month, with an update.

Families are generally encouraged to take their loved ones out, attend birthdays and social events, as well as developmental or professional meetings, and to get involved in the home, such as helping to personalise/redecorate rooms.

Most families tend to visit on a Sunday. All residents have a personal mobile phone and support is given for facetime or to use the main phone.

6.4 Covid-19

Staff consider the Covid-19 measures to have been effective, with guidance given on precautions and infection control, supply of PPE (Personal Protective Equipment), and regular testing – which is now once a week.

When talking about challenges at the height of the pandemic, the death of two residents has been difficult, along with restrictions on visiting and activities, providing emotional support to residents, and fear of contraction – bringing the disease to work, and home. Lower staffing levels, as a result of self-isolation also caused difficulties.

7. Management Interview

We also spoke with the deputy manager. A summary of the discussion is outlined below:

In Summary

Staffing and Management

- There are good training opportunities, and some training is mandatory.
- Induction is two days, where new staff shadow existing staff and go through care plans.
- The manager conducts all staff appraisals.
- The management team is 'very good and reactive'.

Residents

- Staff have 'intimate knowledge' of the residents and are skilled at communicating verbally or non-verbally.
- Residents are always given a choice in their needs and care.
- There are no issues with accessing healthcare.
- Individual dietary needs are accommodated.
- There is a 'very active' programme of activities, and they are 'tailored to the individual' with personal support supplied.
- Residents and families are encouraged to give feedback.

Other Information

- The home may accommodate up to 11 residents and currently has 10.

- There are 19 staff members (full time and bank).
- Staff are from diverse backgrounds – Africa, Caribbean Latin America, Asia, and Europe.
- The resident population is similarly diverse.
- Residents are mainly referred by social workers or the local authority.
- There are no visiting restrictions, however visitors are encouraged to come during working hours.
- There have been no recent cases of Covid-19 (the last was September 2022).

8. Recommendations

Healthwatch Lewisham would like to thank the service for the support in arranging our E&V visit.

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

Recommendations

Reception

The staffing complement noticeboard in reception displays photos (day and night shift) but does not include names.

8.1 This noticeboard is a good initiative, the addition of names would aide the residents while strengthening accountability also for visitors and others. We recommend that the names are added – if there are confidentiality concerns, forenames only would certainly suffice.

Fire Safety

We know that fire safety training is provided, however we are unsure what percentage of on-duty staff, at any given time, are fully trained in procedure including evacuation and use of extinguishers.

In the event of an emergency evacuation, there are steps at the rear entrance to be negotiated (we did not see an emergency ramp) and the stair-lift is also an obstruction.

While the fire procedure is displayed, we did not see an easy read version.

8.2 It would be reassuring if the home views its fire risk assessment, to see if these potential issues have been envisaged, and adequately addressed. Has the home conducted a fire drill – if so, when was this, and what was the outcome?

8.3 It would be welcomed to see an easy read fire safety instructions to ensure it is accessible for the residents.

Other Safety Issues

During our visit, we note external doors were unlocked. Also unlocked was the shed, and garden side gate.

8.4 It may not be necessary to lock these doors at all times, or at the time of our daytime visit, however we would like to know if the policy on security supports this.

A sash window in an upstairs bathroom was wide open.

8.5 Given that the opening is clearly large, and potentially hazardous, it would help to ensure safety measures are in place to mitigate the risk.

Accessibility

While the home is generally accessible for wheelchairs, there are obstacles when using the garden, moving around the lounge, or using toilets.

8.6 These issues may be solved, by grouping chairs in the lounge to create thoroughfares, adding ramps to toilets, and some garden redesign to improve access. Perhaps the home could enlist the help of residents and families, in identifying mobility issues, and in creating/testing solutions.

General Environment

The internal décor is somewhat 'dark' with grey curtains and brown furniture.

8.7 This is by no means a necessity; however, a 'splash of colour' would be uplifting for residents, staff, and visitors alike, and need not be expensive. We urge the home to consult on this, for ideas and preferences.

Feedback

One relative complains that the monthly newsletter, which has been useful in the past, is no longer received.

8.8 The newsletter has been complimented and appreciated, for updating relatives on activities, and new or upcoming developments and we would recommend reinstating it.

There seems to be no dedicated group or forum for families, carers, and friends.

8.9 If a regular meeting exists, we did not hear about it – is it adequately promoted within the home and through other channels? If there is no forum at all for families, carers and friends, we urge that this is considered, as their insight, involvement and input will certainly be beneficial.

Staffing

Staff say that a lower staffing ratio, plus shorter working shifts has lowered the overall quality and coverage of care.

8.10 While not commenting on staffing structure, we would urge the home to consider this point of view, as we are told that these shorter shifts in particular (8am – 2pm, 10am – 7pm and 2pm – 9pm) mean activities are ended sooner, or delayed, to accommodate handover.

9. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V
PECS	Picture Exchange Communication System
PPE	Personal Protective Equipment

10. Distribution and Comment

This report is available to the 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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“This employer is very caring, and I feel comfortable here.

I wouldn't want to leave this job.”

Staff Member

