



[Enter & View Report](#)

Elsyng House Care Home

October 2023

healthwatch
Enfield

Contents

Visit Background.....	1
About this Visit.....	2
Executive Summary	3
Residents Feedback.....	9
Relatives Feedback.....	13
Staff Interviews.....	16
Management Interviews	18
Recommendations	21
Glossary of Terms	23
Distribution and Comment.....	23

Visit Details	
Service Visited	Elsyng House Care Home 1 Forty Hill, Enfield, Middlesex, EN2 9HT
Manager	Daisy Slavkova
Date & Time of Visit	Tuesday 10 th October 2023, 10am – 3pm
Status of Visit	Announced
Authorised Representatives	Janice Nunn, Janina Knowles, Margaret Brand, Liz Crosthwait and Jasvinder Gosai
Lead Representative	Darren Morgan

1. Visit Background

1.1 What is Enter and View?

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

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

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

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

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

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

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

1.2 Disclaimer

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

1.3 Acknowledgements

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

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

2. About the Visit

2.1 Elsyng House

On 10th October 2023 we visited Elsyng House, a residential and nursing care home in Enfield.

Operated by Oakland Care, the home provides residential and nursing care for adults, with specialist care for Dementia, Old Age, Physical and Sensory Disabilities, and Younger Adults.

The home may accommodate up to 74 residents and was at full occupancy, at the time of the visit.

The home has a staffing complement of around 175.

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.

Elsyng House was last inspected by the CQC in March 2023. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Effective, Caring, Responsive and Well-led, and 'Requires Improvement' for being Safe.

2.3 Online Feedback

The [reviews](#) posted on carehome.co.uk give an average rating of 9.9 (out of 10).

2.4 Purpose of the Visit

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

3. Executive Summary

During the visit, we engaged with 13 residents, 6 relatives, 4 staff members and the manager (24 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.

Location and Reception

Notes

- The home is a large, reasonably new purpose-built facility, located in a quiet residential area.

What has worked well?

- Signposting is clear - easily visible from the road or street, in both directions.
- There is ample underground-parking for visitors.
- The front garden is tidy, and well-appointed with ornamental planting.
- On arrival, we were immediately greeted by staff, who were polite and helpful.

- There is a dedicated sign-in lobby with a computer console, requiring visitors to state their name, who they are visiting (and why), and leave contact details.
- The lobby itself may accommodate around 10 people. It appears uncluttered, has umbrella stands, as well as CQC reports on display. Once signed-in, visitors are admitted into the main building.
- The reception area is part of a large, open-planned space. The reception desk, which is clear and tidy, faces the lobby – affording good security.
- We were asked to wash hands, there is a room with a sink for this purpose.
- Hand gel is available in several locations.
- The Healthwatch visit poster was clearly displayed.

What could be improved?

- We found no potential areas for improvement.

General Environment

Notes

- The home has three floors, with residential care on the ground floor, dementia care on the first floor, and nursing care on the second floor.
- Each floor accommodates around 20-30 residents and has a lounge, dining rooms, nurse's station as well as utilities.

What has worked well?

- As a whole, the home does not feel institutional – it is spacious, very well-appointed with artwork and fixings (such as chandeliers) and is hotel-like in both appearance, and atmosphere.
- Lighting throughout is subtle, and well-considered.
- The lounges are functional yet homely, with display cabinets, ornaments, memorabilia, art and flowers. The furniture looks very comfortable and there is a lot of space.
- Similarly, the dining rooms are inviting, appearing as bistro cafes and again with a lot of space.
- The lounges and dining rooms are all different in design and residents are not restricted to the communal areas on their floors - enabling interaction and variety.
- Resident's rooms appear clean, tidy, spacious and personalised, with ensuite facilities.
- The home appeared clean – floors, walls and fittings, and we did not notice any unpleasant odours.
- Most residents are satisfied with their rooms and the home as a whole, which is said to be 'like a hotel' and 'clean at every level'.

What could be improved?

- In one resident's room, the shower is only hot.

Accessibility and Safety

What has worked well?

- During the visit we did not notice any obstacles or potential hazards.
- Corridors, communal and personal rooms are spacious and uncluttered, with good wheelchair access. Ramps are installed.
- All corridors and stair wells are fitted with handrails.
- Fire exits are clearly marked, with fire extinguishers and blankets clearly visible. The fire assembly point is well signposted – at the front of the building.
- Call bells are located in rooms and toilets. Some residents have pendant alarms.
- The garden has a designated smoking area.
- The dementia unit (Memory Floor) has dementia friendly signage (pictures and large text) throughout. Resident's doors are in different colours and have a large personalised image (such as a horse or a pop star) and again their names are in large text.
- Floors and walls are plain (not patterned) and contrast. Flooring is non-reflective, with tiling downstairs and carpeting on the upper levels.
- While the handrails are natural wood, they do contrast with the walls.
- A list of first aiders is on display, and all floors have a staff-team noticeboard with their photos, names and job titles.

What could be improved?

- Sinks in some rooms, including resident's rooms have a single lift-up-lever (instead of separate taps) to be turned left or right. It is not clear which direction gives hot or cold water.
- In the dementia unit (Memory Floor), we noticed that some clocks are dementia friendly, while others are not. Ideally, signs could be a little larger.

Personal and Clinical Care

Notes

- Each floor has a lead nurse, with support available from HCAs (Health Care Assistants).
- There is a hairdressing salon – with male and female facilities.
- Care planning is underpinned by 'iCare' – an electronic system that logs interactions and interventions in real-time. As well as preferences, this system also monitors and helps to manage wider health, such as fluid intake.
- The manager says monitoring has to be consensual and there 'is a balance' – for example if a resident does not want activity attendance monitored, it is not.

What has worked well?

- We observed a very good rapport between the residents and staff. At all times, staff were pleasant, caring and attentive. The home generally had a positive atmosphere, with residents feeling happy and safe.
- Residents say that staff are polite, respectful and helpful, and examples of personalised, empathetic care are given.
- Additionally, families find staff to be approachable and friendly – coming to chat, and to offer refreshments.
- Residents tell us they are independent, and able to make their own choices, such as when to bathe or what to wear.
- A ‘Resident of the Day’ initiative ensures that once a month, residents will have their overall care plan updated. The selected resident (their room number corresponds with the day of the month) will be visited by staff of various disciplines, and have their room deep cleaned.

What could be improved?

- One resident we spoke with says she is ‘left on the toilet for over 10 minutes’ and that ‘this is a regular occurrence’. The hard toilet seat causes discomfort.
- It is good practice to wear a ‘Do Not Disturb’ lanyard on medication rounds – this was not the case, we observed.

Activities

Notes

- The week’s activities are clearly displayed on each floor – on electronic and traditional noticeboards.
- Activities mentioned include music, puzzles, card and board games, arts and crafts, reading, socialising, visits by entertainers, schoolchildren and priests, walking (including trips to the shops) and trips to the theatre, cinema and Forty Hall.
- There is a dedicated cinema, with films shown daily, at around 2pm.
- The home has a large garden, which can easily accommodate 40 people (20 were outside during our visit).

What has worked well?

- The vast majority of residents and relatives are satisfied with the activities on offer.
- Those less inclined to leave their rooms, for whatever reason, say that staff often come in to chat. This is confirmed by residents and relatives.
- Both the café and adjoining garden were well-attended at our visit, with residents from the upper floors brought down. We note that family members were present and there was a pleasant, jovial atmosphere.
- The garden appeared well kept, with plenty of seating – tables and benches, planting including flowers, herbs, vegetables and fruit, and wildlife such as birds and hedgehogs encouraged. It is secluded with hedges and trees, giving a sense of privacy.

What could be improved?

- A wheelchair user complains of a lack of outings, and another says that time to get ready, is sometimes not sufficient.
- One resident would like access to books.

Diet and Nutrition

Notes

- On meal provision generally, there is a focus on good nutrition, according to the manager.
- Kitchens have noticeboards with cards for each resident – outlining particular requirements. Cultural and other needs are supported.
- We observed that different food is served on different floors.
- Residents and visitors are able to access tea, coffee and snacks.

What has worked well?

- The staffing ratio at lunch (1pm) appeared very high, 1 staff member to 2 residents in some dining rooms, plus staff attending to residents in their rooms.
- Dining rooms appeared very well attended, with good levels of resident interaction. The general atmosphere was upbeat and pleasant, with background music playing in some of the rooms.
- We observed residents being assisted to eat in the dining rooms, and some in their own rooms.
- Care plans were updated (though a touch-screen console) on completion of meals.
- Feedback can be given after every meal, or through monthly meetings. The menu has a section to encourage feedback.
- We observed that water jugs were topped-up, in lounges and resident's rooms.

What could be improved?

- While many residents are complimentary about the food, a larger number express dissatisfaction and frustration. Issues include a lack of choice (main course and dessert), shortages of fruit, food that is served cold, and evening meals with sweet and savoury items on the 'same small plate'.

Feedback and Complaints

Notes

- There are quarterly meetings for residents and relatives – held in the cinema. The meetings have an agenda and are structured, with minutes taken.
- There is a quarterly newsletter.
- It is policy to respond to complaints within 3 days, however this ‘often happens sooner’.

What has worked well?

- Residents say they feel ‘confident and comfortable’ to raise any issues, and some attend meetings.
- One relative who made a complaint, felt respected.
- There is a suggestions box near reception. The manager says that the box itself was implemented – following a suggestion.

What could be improved?

- Some family members are aware of meetings and opportunities to feedback, while others are not.

Staffing and Management

Notes

- The manager says that all staffing positions are filled, and the staffing complement is 10% more than required.
- Additionally, agency staff are only sourced for nursing, and the home has a ‘long-standing relationship’ with the provider.
- Staff are arranged into ‘departments’ (such as care, activities and hospitality) and each has its own uniform, focus and leadership. We note that staff will assist with general duties, as well as their assigned roles.
- Each floor has a unit manager.
- The staffing complement is diverse, and includes a good proportion of young men.
- Induction is typically a few days, and is said to include shadowing, visits to all departments, and learning about mental health, support, and organisational values and expectations.
- Training mentioned includes Manual Handling, Fire Safety, Safeguarding, GDPR, Equality & Diversity, Dementia Awareness, Mental Health, Medication, Food & Hygiene, and Infection Control.
- Staff have to be trained and inducted, before officially starting.

What has worked well?

- On the whole, staff say they are ‘well supported’, with regular supervision and confidence to approach managers.
- Morale appears to be high; this is helped by having ‘clear processes’ and opportunities for career development.
- Long-term staff retention is at a very good level (around 93%) according to the manager.
- According to residents and relatives, staffing levels are reportedly high – with staff ‘readily available and responsive’. We hear it’s often not necessary to use the buzzer.
- Staffing areas such as nursing stations and staff offices appeared well-organised and uncluttered.

What could be improved?

- A resident says that some of the newer staff have thick foreign accents, which are difficult to understand – and this is a frustration.
- One staff member, who has not had a recent supervision, feels overworked, unable to take allocated breaks, and somewhat stressed.

4. Residents Feedback

At the visit, we engaged with 13 residents. Length of residency ranges from ‘a few days’ to 4 years.

4.1 Staffing and Personal Care

Staff are commented to be polite, respectful and helpful, and examples of personalised, empathetic care are given – such as singing a song with a resident while washing, or bringing ice cream or a treat, to accompany a favourite programme.

Residents tell us they are independent, and able to make their own choices, such as when to bathe or what to wear. Staffing levels are reportedly high – with staff ‘readily available and responsive’. We hear it’s often not necessary to use the buzzer.

Not all experiences are positive. One resident we spoke with says she is ‘left on the toilet for over 10 minutes’ and that ‘this is a regular occurrence’. The hard toilet seat causes discomfort. Another resident says that some of the newer staff have thick foreign accents which are difficult to understand – and this is a frustration.

On clinical treatment, few complaints are received. However, one resident feels that diagnosis and treatment of his condition may not be correct, and he is not listened to when pointing this out. Another would like to see a dentist.

Selected Comments

Positives

“Staff are polite and respectful, and help nicely.”

“The staff are very good and one or two are absolute gems, marvellous! One sings ‘Row the Boat’ with me. They know what my favourite programme is and bring me ice cream, to eat while watching. They’re extremely helpful.”

“They speak with my daughter in the nicest possible way.”

“I have total independence, which is what I want. I like to wash early and staff help me.”

“I can get up, and go to bed when I want. Staff check on me – I don’t have to ring the bell.”

“I’m helped to choose my clothes. Staff are always around (readily available and responsive) and most of the time are nice. I’m helped with my medication.”

“Staff are around all the time and nothing is too much trouble. I have an alarm if needed.”

“I couldn’t wish for anything better.”

Negatives

“They might be short of staff (I think the ratio is 5 to 1). I need help to get off the toilet and after pressing the buzzer, it takes over 10 minutes for someone to come. This is a daily occurrence. A softer toilet seat would really help.”

“Staff are lovely but they’ve recently changed. Some of the new ones have foreign accents and it’s difficult to understand them. It can be frustrating.”

“Hairdressing has improved but it’s not good. Just two hours a day and I’m not sure if she is qualified.”

“Physical care is ‘haphazard’ and it has got worse, sometimes they listen and sometimes not. To see staff, I have to press the buzzer. Some staff are lovely but I don’t see consistent regular people.”

“The day staff are fine, but sometimes the night shift have an attitude.”

“Can be rushed.”

4.2 Diet and Nutrition

While many residents are complimentary about the food, a larger number express dissatisfaction and frustration. Key issues include a lack of choice in the main menu, one resident says ‘it’s either this or that’ and shortages of fruit are reported, along with restricted dessert options - it’s ‘usually ice cream’.

Food is commented to be ‘hot enough’ however; one resident insists that vegetables are ‘always served cold’. Evening meals – often sandwiches and snacks are served on small plates, resulting in ‘pickle on the cake’.

Selected Comments

4.3 Activities

The vast majority of residents are satisfied with the activities on offer.

Activities mentioned include music, puzzles, card and board games, arts and crafts, reading, socialising, schoolchildren visits, walking (including trips to the shops) and trips to the theatre, cinema and Forty Hall.

Those less inclined to leave their rooms, for whatever reason, say that staff often come in to chat.

One wheelchair user complains of a lack of outings, and another says that time to get ready, is sometimes not sufficient. One resident would like access to books.

Selected Comments

Positives

“In the morning I read the paper, in the afternoon I watch programmes and staff come in to chat with me. I’m not that mobile so I don’t join many activities – the staff know this, and they always encourage me anyway, so I don’t feel left out.”

“I don’t attend many physical activities. I feel lonely sometimes, but staff come in and have a chat,

“I visit the garden regularly and pop down to the shops. I get a daily newspaper and like to read it. I know which activities are on, but don’t always participate - I like to go walking and keep fit. The activity offer here is fine.”

“I play cards and dominoes with other residents – we organise this ourselves.”

“I visit the garden and do a little bit of gardening.”

Negatives

“I can only be taken out in a wheelchair. To go out, there aren’t opportunities every week – maybe monthly.”

“I use a wheelchair. Sometimes it can be difficult to get ready in time to go out.”

“I’d like to have some books, but may not like what is given to me. It would be nice to have a small library.”

4.4 General Environment

Most residents are satisfied with their rooms and the home as a whole, which is said to be ‘like a hotel’ and ‘clean at every level’.

One resident is sometimes agitated when people enter her room, and another would prefer his bed to be made in the morning – not the afternoon.

Selected Comments

Positives

“There’s a certain atmosphere, it’s really nice here.”

“It feels like a hotel.”

“I like my room to be clean and tidy, and to have flowers around. I especially like my spacious bathroom. I have everything I need.”

“It’s clean at every level – spotless and fantastic.”

Negatives

“I like it here, but get agitated sometimes when people come into my room.”

“Sometimes the bed is made in the afternoon. I’d prefer it to be in the morning, in case I want to use it.”

“My room is good – but it could be bigger.”

4.5 Feedback and Complaints

Residents say they feel ‘confident and comfortable’ to raise any issues, and some attend meetings.

Selected Comments

Positives

“I’d feel confident, and comfortable to raise issues.”

“I can talk to staff at any time. I know how to make a complaint, if needed.”

“I attend a meeting every two months, with my family.”

5. Relatives Feedback

We engaged with six family members. Length of residency of loved ones ranges from 7 months to 2 years.

5.1 Staffing and Personal Care

Staff are found to be approachable and friendly – coming to chat, and to offer refreshments. Levels of availability and response are complimented.

One family member has been involved in care planning, while another has not.

Selected Comments

Positives

“The staff are lovely and very kind. They offer me tea, and even lunch!”

“Staff are wonderful – the majority are attentive, warm and patient.”

“Staff will come and chat, and are very available.”

“We never see or hear anything disturbing.”

“We were involved in the care plan, history and interests were all recorded. Dad’s health has improved – doctor’s appointments have been made. They’re good with fluids.”

Negatives

“I’m not aware of any care plan. I’d like my son to wear socks – but as you can see (today), he is not wearing any. He has not been offered any bereavement counselling, his wife (who was the main carer) died. I don’t know a lot about the facilities either – what, and what is not included in the price.”

5.2 Activities & Diet

Family members express satisfaction with the activities on offer. Activities mentioned include music, visiting entertainers and priests, and trips to Forty Hall.

Good levels of involvement are reported – one example includes bringing one of the garden chicks upstairs, for less mobile residents to see.

One person compliments the food.

Selected Comments

Positives

“Depending on the season they bring in farm animals.”

“There were some chicks in the garden – the maintenance staff brought one up to mum’s room, as she’s not that mobile. Very thoughtful, they didn’t want anyone to miss out.”

“Mum mostly goes downstairs to mix with the other residents. An orthodox priest came a few months ago. The activity offer is good.”

“The food looks perfectly nice.”

Negatives

“Some of the activities are very simple. There may be a bit of stereotyping, in what the residents need. Art is good – but painting by numbers is a bit childish.”

“The activities aren’t always suitable for my son – because of his condition. He likes to walk.”

5.3 General Environment

General cleanliness is noted.

Selected Comments

Positives

“The home is nice and clean.”

5.4 Feedback and Complaints

Some family members are aware of meetings and opportunities to feedback, while others are not. One person who made a complaint, felt respected.

Selected Comments

Positives

“I attend the meetings, and am encouraged to give feed-back.”

“I’ve complained about the food, and did feel listened to. The family is supported to meet quarterly.”

Negatives

“Being able to feedback – is a tough one to answer, I’m always worried what is going to happen. I don’t know about any meetings.”

6. Staff Interviews

During the visit, we interviewed four staff and senior staff members, from varied roles. Length of service ranges from 3 months to 3 years.

Induction is typically a few days, and is said to include shadowing, visits to all departments, and learning about mental health, support, and organisational values and expectations.

Training mentioned includes Manual Handling, Fire Safety, GDPR, Safeguarding, Equality & Diversity, Dementia Awareness, Mental Health, Medication, Food & Hygiene, and Infection Control.

On the whole, staff say they are ‘well supported’, with regular supervision and confidence to approach managers. Morale appears to be high; this is helped by having ‘clear processes’ and opportunities for career development.

Staffing levels are both complimented and criticised. One staff member, who has not had a recent supervision, feels overworked, unable to take allocated breaks, and somewhat stressed.

On activities, staff are confident that a personalised service is delivered, with the less mobile or able, supported. Activities mentioned include music, candle making, and trips out (cinema, theatre, bowling, Forty Hall, Lee Valley Farm). Staff sometimes accompany residents to medical appointments.

Resident and relatives meetings are highlighted.

Selected Comments

Induction, Supervision and Management

“Induction was good. I have one-to-one supervision with my manager and I feel very well supported – I enjoy working here.”

“I had a 3 day induction which included shadowing. Theres ‘Employee of the Month’ and we group-chat on phones to share good ideas. If I have any problems I speak with my line manager, and this is fine.”

“Supervision is quarterly, and we discuss personal development, issues, feedback and set goals. There’s a monthly review.”

“I have supervision once a month with my manager, who is 100% supportive. I can go to her with any concerns or complaints, if needed. I’m very happy here.”

“Management listens, and there are clear processes to follow.”

“If I had a complaint I’d be happy to speak with my manager or with HR.”

“The group-chat meetings are inconsistent and only happen if there’s something to communicate.”

Opportunities

“I would like to become a supervisor and progression is encouraged – they ask me what I’d like to be.”

“I’m on ‘talent development’ and could become a departmental manager.”

Working Conditions

“There are sufficient staff in the team.”

“It’s hard work, sometimes stressful – everyone wants me at the same time and I feel understaffed. Breaks are insufficient – 15 minutes in the morning, 30 minutes for lunch, and 15 minutes in the evening (which I’m often too busy to take). I work 42 hours per week and we have to cover up to 57 hours. I’ve had no formal supervision and don’t attend staff meetings.”

Residents and Relatives

“There are sufficient activities. It’s hard to stimulate everyone, but we try to make it personal.”

“A daily activity rota is displayed. We take residents down to the café and garden.”

“If a resident is in bed, we do crosswords, chat, or do nails.”

“I also assist with food and activities.”

“We accompany residents on medical appointments. There’s no dentist, residents can go to their own optician or audiologist. General health - residents are observed and we log on the mobile devices – this includes fluids. Most residents can communicate their needs.”

“There’s a quarterly resident’s meeting with all managers present. We give a presentation and feed-back.”

7. Management Interview

During the visit we interviewed the manager, who also area-manages another home.

A summary of the discussion is outlined below:

In Summary

Staffing and Management

- Staff are arranged into ‘departments’ (such as care, activities and hospitality) and each has its own uniform, focus and leadership. Staff work across the building but are allocated to floors.
- Each floor has a unit manager and nurse in charge.
- Staff are assigned one week in advance, according to needs.
- All staffing positions are filled, and the staffing complement is 10% more than required.
- It is ‘important to have consistency’ therefore agency staff are only sourced for nursing, and the home has a long-standing relationship with the provider.
- The staffing team itself is ‘very diverse’ and from countries including Turkey, Greece, Spain, Italy, Russia, Bulgaria, India and Bangladesh.

Working Conditions

- Long-term staff retention is at a very good level (around 93%) and those leaving cite London rents and other personal circumstances – rather than work related issues.
- The management team has been especially long serving.
- Generally speaking, staff morale is high, with good working relationships and a culture of ‘feeling at home, in a safe space’. Staff feel confident enough to approach management with both work and personal matters.
- There are team meetings every 3 months, and also coffee mornings, to engage regularly with night staff.
- There is ‘team bonding’ once a month and the last Friday of the month is ‘Treat Friday’. General staff incentives include gym membership – giving them weekly access to Yoga and Pilates classes.

Staff Development

- A ‘Talent Development’ programme helps staff grow into senior positions, and this has helped with retention – giving staff motivation and a future focus.
- As part of this programme, three Health Care Assistants are being upskilled to support nurses. As ‘Assistant Practitioners’ they will be able to assist with end of life care, medicine management, wound care, injections, feeding, oxygen and care plan management.
- There are 12 apprentices, moving up the levels. Graduates will be prioritised for interview.

Training and Safeguarding

- Before starting, all staff have to fully complete a range of training including Basic Life Support, Mental Health, Fire Safety, Manual Handling and Safeguarding and inductions take place on day one.
- Safeguarding information is displayed in reception and the staff room.
- The Local Authority Safeguarding Team is involved in training and the home circulates their newsletters.
- Whistleblowing is part of staff training and there are opportunities for staff to meet HR confidentially.

Resident Care

- The home is at full capacity (74) and there is a waiting list. The vast majority of residents are privately funded.
- New residents have a 'My Life Story' in-person assessment, covering history, likes and dislikes, dietary requirements, allergies, cultural and other needs. This takes place prior to moving in, and helps to build the initial care plan.
- Once at the home, the resident is risk assessed and monitored for 2 days - it is very important that care plans are 'set up correctly'.
- Care planning is underpinned by 'iCare' – an electronic system that logs interactions and interventions in real-time. As well as preferences, this system also monitors and helps to manage wider health, such as fluid intake.
- Monitoring has to be consensual and there 'is a balance' – for example if a resident does not want activity attendance monitored, it is not.
- There is daily oversight of care plans by Unit Managers. The Director of Nursing will also monitor records while on site, and remotely.
- If there is an incident, such as a fall, the care plan is reviewed immediately.
- A 'Resident of the Day' initiative ensures that once a month, residents will have their overall care plan updated. The selected resident (their room number corresponds with the day of the month) will be visited by staff of various disciplines, and have their room deep cleaned.
- A GP, who knows 'all the residents' visits weekly.
- There are quarterly meetings for department leads, to discuss ideas and how to improve resident care.

Activities

- Activities are advertised on all floors weekly. Each week, the home has two visitors (such as an entertainer) and a minibus is available 3 days a week.
- Popular activities include chair yoga, Zumba, ballet, creative classes, candle making, bingo, concerts and foot massage. On the Memory Floor, there is an interactive table and music therapy. Activity attendance is recorded.
- Some residents have their own patches in the garden, to grow herbs, fruit and vegetables. Recently soup was made with a home grown squash. The garden also has bird and hedgehog hotels, and until recently a chicken coup.
- Wherever possible, bed-bound residents are brought out of their room. There has been success with one resident – brought down for hairdressing, and now getting out and about more regularly since then.

- Depending on their mental capacity, residents are given independence and their preferences respected – for example, they can remain in their room, if they wish. There is ‘no control’ on the resident’s life and the focus is on them.
- The home should ‘not feel like an institution’.

Diet and Nutrition

- On meal provision generally, there is a focus on good nutrition. One recent criticism is that the portion sizes are ‘too large’.
- The menu offers two choices (with a third option if requested) and recently residents have created their own menu.
- Kitchens have noticeboards with cards for each resident – outlining particular requirements. Cultural and other needs are supported.
- Residents may give feedback about meals and are encouraged to do so.
- Meals are also a standing item at the quarterly meetings.
- Feedback is scrutinised for patterns.
- All floors have fridges and residents may help themselves. There are ‘hydration stations’ and tea/coffee is always available.

Involvement and Feedback

- There are quarterly meetings for residents and relatives– held in the cinema. The meetings have an agenda and are structured, with minutes taken.
- Management can meet residents and relatives separately.
- The suggestions and comments box near reception – was itself implemented following a suggestion.
- There is a quarterly newsletter.
- It is policy to respond to complaints within 3 days; however, the manager prefers to respond within 24 hours. Complaints are investigated with a view to closure and all cases are filed.

Challenges

- A key challenge is with the NHS – issues include unsafe discharge, medication or test results not given (resulting in much chasing up) and long delays in emergency departments. Services have ‘let the residents down’.
- When a resident passes there have been delays with official verification of death, however the home has resolved this by upskilling its own staff to assist the process.

Other

- For maintenance and upkeep, the ‘Fault Fixer’ system is very effective, enabling staff to send an image, description and location of the issue - for the central maintenance team to address.
- There is a ‘big focus’ on sustainability and the home has a ‘Green Mark’.

8. Recommendations

Healthwatch Enfield would like to thank the service for the support in arranging our Enter & View visit.

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

Recommendations

Accessibility and Safety

Sinks in some rooms, including resident's rooms have a single lift-up-lever (instead of separate taps) to be turned left or right. It is not clear which direction gives hot or cold water. Some of these fittings are on the Memory Floor.

8.1 We do not expect the home to replace the fittings, however it should be clear which direction provides hot or cold water. Separate labels, to the left and right (possibly with arrows and clear wording) could be placed, and there are ways of doing this both stylishly, and accessibly. If replacing these sinks in the future, accessible and preferably more traditional taps would be a better option.

Personal and Clinical Care

One resident we spoke with says she is 'left on the toilet for over 10 minutes' and that 'this is a regular occurrence'. The hard toilet seat causes discomfort.

8.2 This is clearly an uncomfortable situation – and may apply to other residents as well. Toileting support should be looked at, as response times and levels of support need to be improved – certainly in this case. Additionally, softer seats would improve the experience for residents.

8.3 Perhaps the home could consider this, to ensure that medication rounds are conducted as safely, and securely as possible.

Activities

A wheelchair user complains of a lack of outings, and another says that time to get ready, is sometimes not sufficient.

8.4 This should be raised with the activities team, so that solutions may be found.

Diet and Nutrition

While many residents are complimentary about the food, a larger number express dissatisfaction and frustration. Issues include a lack of choice (main course and dessert), shortages of fruit, food that is served cold, and evening meals with sweet and savoury items on the 'same small plate'.

8.5 While acknowledging that food is a subjective issue, there is clearly some dissatisfaction with the menus, and lack of choice. There are also complaints about delivery – food temperature and plating of food. We know there are mechanisms for residents to feedback; however, this appears not to be effective. If possible, chefs should sit down and chat with residents, to find solutions and improve satisfaction levels, while reducing waste. This is definitely worth the effort – to have happier residents and a more sustainable home.

Feedback and Complaints

Some family members are aware of meetings and opportunities to feedback, while others are not.

8.6 We notice the home is excellent in advertising the activities, with good awareness. If not already, meetings could be built into the activity timetable. Again, if not already, a dedicated notice on each floor may help.

Staffing and Management

A resident says that some of the newer staff have thick foreign accents which are difficult to understand – and this is a frustration.

8.7 This particular resident is very frustrated, as miscommunication results in unmet needs. We would urge staff to check with residents, that discussions have been understood, and if not, what can be done to remedy the situation. Communication could possibly be an agenda item, at upcoming staff meetings.

One staff member, who has not had a recent supervision, feels overworked, unable to take allocated breaks, and somewhat stressed.

8.8 As this staff member has not had supervision, management may not be fully aware. Whatever the case, staff are entitled (in law) to receive adequate breaks and there is a negative impact for the staff member, and also the service, if tiredness and stress exists. This is something the senior management team should address. Perhaps a staff questionnaire would assist - in establishing ability to take breaks and associated issues.

9. Glossary of Terms


CQC	Care Quality Commission
HCA	Health Care Assistant


10. 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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