

Enter & View Report

Queens Court 20th March 2024



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Visit Details	
Service Visited	Queens Court. 21 Bickley Road, Bromley BR1 2ND
Registered Manager	Paramabhakta Narayanan
Date & Time of Visit	20 th March 2024, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Nike Adeoye, Daniyah Kaukab, Graham Powell, Reedinah Johnson
Lead Representative	Charlotte Bradford

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on ‘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 care homes, hospitals, 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 during 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 the day.

1.3 Acknowledgements

Healthwatch Bromley 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 visits and putting together this report.

2. Information About the Service

2.1 Queens Court

Queens Court is run by Lorven Housing Ltd and provides accommodation* for persons who require nursing or personal care. Its specialisms and care services are for adults over and under 65 with dementia, mental health conditions and physical disabilities.

We were told that the maximum bed capacity is 30, but there is also a shared room as when required.

2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

A CQC inspection was carried out in May 2022 under the previous provider, and the overall rating was 'Inadequate'.

***Registered Activities – Personal Care or Accommodation**

It is important to understand what Regulated Activity the provider is providing. These are set out under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There are two Regulated Activities that are relevant to care homes and home care/supported living providers: 1) Personal Care and 2) Accommodation for persons who require nursing or personal care.

Personal Care ("**PC**") is physical assistance given to a person to assist them with eating or drinking, toileting, washing or bathing, oral care, or care of skin, hair and nails. PC can also be prompting, in conjunction with supervision, of a person in relation to any of the above where that person lacks capacity.

Accommodation for persons who require nursing or personal care ("**Accommodation**") on the other hand, is provision of personal care and residential accommodation together as a single package. This is usually delivered in a care home setting and the service user typically will not have a choice to separate the accommodation and care they are receiving (i.e. they cannot choose another provider for the care at that particular location). You will not need to register additionally for the registered activities of PC or nursing care where you are registered for Accommodation.

2.3 Residents

At the time of our visit the home had 25 permanent residents. All nursing needs are supplied by District Nurses (DNs) as and when required, e.g. DN's visit the home every time a resident needs an injection as there are no trained nurses at Queens Court.

The majority of residents are White British, followed by White Other, Black Caribbean and Bangladeshi.

22 residents have been diagnosed with dementia and all 25 have an additional long-term condition.

Between five and twelve referrals are received from the local authorities each month.

2.4 Staff

Queens Court staff have a range of cultural, religious and ethnic backgrounds; South Asian, East European and Black African/Caribbean.

There are 13 regular staff and three who work part time.

Note: We are aware that Queens Court management has changed since the 2022 CQC inspection. ~~their~~ The new team has been in place for one year and has been actively looking at ways to improve the home to make residents' health and wellbeing their main priority.

3. Summary of Findings

The E&V visit was carried out on Wednesday 20th March; five E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail.

3.1 Entry and General Accessibility

Notes

There was good entry and accessibility, with parking outside for approximately six cars. Whilst the car park space is limited and doesn't have a designated ambulance parking bay, an ambulance can park near the entrance door, which is clear and easy to access.

The outside area and enclosed garden at the back of the premises provide a pleasant environment for residents and visitors.

The reception area appeared clean, with a welcoming atmosphere as we were greeted by staff. Provision of hand sanitiser and COVID-19 information displayed inside the building enable everyone to maintain infection prevention safety precautions.

Whilst the garden is a good size, with furniture available for residents and visitors to sit outside or participate in activities, we observed that it needs renovation, followed by regular maintenance, to improve safety and avoid accidents. The pond had a low fence surrounding it, identified as a trip hazard which could result in residents falling into the pool. Unescorted access to the garden should be avoided until renovation has been completed. ARs raised this with the Manager during the visit.

What works well?

- Located on a residential street with a gated entrance and intercom security
- Clear external signage
- Security cameras at the back and front of the premises
- Easy access for visitors
- COVID-19 information clearly displayed and hand sanitiser available
- Corridors and toilets wide enough for walking frames and wheelchairs
- Fire extinguisher and first aid box observed in the reception area.

What could be improved?

- No induction loops available
- Debris lying around the garden, including a broken wood frame, could be a safety hazard
- Paving stones and loose bricks in the garden
- Fence around pond needs renovation urgently, as above
- Additional outside area to the left of the garden, for staff use, could be hazardous and has no security gate
- Cushions left outside in the garden, under the pagoda, are damp

3.2 General Environment

Notes

The living room has lots of natural light and a simple décor creating an inviting atmosphere for residents and visitors to socialise. Whilst much of the furniture is

worn, it is homely. Chairs are facing each other in a circle to encourage conversation and interaction.

We observed friendly staff assisting and entertaining residents which further contributed to the warm and welcoming environment, making residents feel comfortable and supported.

Most doors including bedrooms have clearly displayed pictures and words to let the residents know where they are. Every resident can personalise their room and we could see that some people have included lots of family photos, fresh flowers, a radio and television.

What works well?

- Clean and simple decor
- Light switches are easy to identify
- Each window and door has a restrictor for resident safety
- Suitably adapted toilets are within easy reach and have an emergency pull cord
- Toilet seats, flush handles and rails contrast with the toilet and bathroom walls and floors
- A noticeboard provides information and care home policies
- Clean rooms with the opportunity to personalise
- Signage for toilets and bathrooms is consistent and at eye level
- Renovations are currently taking place on the top floor, improving the living environment.

What could be improved?

- Communal areas have a range of clocks but not all are dementia friendly
- Much information is stuck to the walls with adhesive tape which is unsightly and looks cluttered
- The living room has a new laminated floor with a shiny wood effect, but this could be slippery especially when coming in from the garden
- Heavily patterned carpet in the upstairs corridors and heavily patterned curtains and tablecloths in the dining area are not dementia friendly
- Not all the bedroom doors are labelled with a resident's picture and name
- Some bedside tables have missing handles and broken drawers making them difficult to open
- On the day of the visit, one of the upstairs rooms had an unpleasant smell, of unwashed clothing, which was noticeable.
- Some of the bed covers are well used and some plastic sheets are torn.

3.3 Safety and visiting

Notes

Accessibility within the home appears satisfactory, with a working lift and stairs to the first floor.

At the time of our visit, there were no set visiting times for family/friends, though visitors are recommended to visit in the afternoons and avoid busy hours e.g. mealtimes.

We found clear fire exit signs but there were obstructions in the dining area where the fire door to the garden was not easily visible. Fire signs are placed between curtains making it difficult for people to see them. The fire exit door was also hard to open and had to be forcibly pushed by one of our ARs.

Fire evacuation procedure details are located around the home along with fire extinguishers and evacuation sledges on the first floor.

During our tour, we observed that the bathroom upstairs had loose tiles and building materials left on the floor, and two cupboards without security locks. One enclosed a boiler, the other contained a range of DIY materials.

We also observed a cupboard that does not have a spring door closure device and was left open in the downstairs corridor and a stairgate on the upstairs landing does not have an automatic spring lock closure creating a possible fall hazard. ARs told the manager about these concerns on the day of the visit.

What works well?

- Residents' medicine is kept in a temperature-controlled cabinet
- Hand sanitiser provided throughout the home
- Posters explain how to reduce the risk of COVID-19 infection
- Fire safety equipment readily available
- Fire alarm zone plan displayed
- Some doors include keypad locks to prevent residents from entering potentially hazardous areas
- All exit doors to the outside of the building have keypads for resident safety
- Hairdressing room is in the process of renovation to provide better facilities for the residents.

What could be improved?

- On the day of the visit, ARs were not told the protocols in case of an emergency nor whether the home has a regular safety drill
- Hand sanitisers in the downstairs corridor are empty and need refilling
- No staff wear identification (ID) badges
- Fire signs are placed between curtains, which obscure them
- A fire exit door is difficult to open
- A cupboard does not have a spring door closure device and was left open in the downstairs corridor and a stairgate on the upstairs landing does not have an automatic spring lock closure creating a possible fall hazard
- Loose tiles and unlocked cupboards were observed in the upstairs bathroom
- Call bell pushes from an old, inactive emergency call system have not been removed or covered and could be mistakenly used in an emergency
- Floorboards (under the carpets) in the corridors upstairs are uneven and could be a trip hazard.

3.4 Activities and Personal Involvement

Notes

During our visit, most residents appeared to be engaging well with the activities coordinator and staff members, while playing games and listening to music. We noticed that four residents were asleep so did not participate in activities or engage at that time.

Whilst the décor is simple, the home displays a range of artwork and has a feature wall painted with images of London, including Big Ben and a red telephone box.

Activity and notice boards are at eye level; we saw posters about cultural activities such as Holi. The weekly activity board is clearly displayed with words and visuals making it more dementia friendly. It included: darts beach ball, throwing hoops, arts and crafts, magazine reading, exercise to music, card and board games, quiz night, manicures, colouring, bingo, film night and walks.

The living room has bookshelves with a selection of CDs and board games. It also has a suggestion box where residents and visitors can share their feedback and activity ideas. In the corridor off the reception area, we observed bookshelves with a range of books.

We observed the hairdressing room and were informed by the manager that they are having a new sink fitted this year. We were told by staff that family can arrange haircuts for their relatives and the home has a hairdresser whom they can contact directly.

What works well?

- Staff speak to residents in a kind and appropriate way
- The activities coordinator and staff are very caring and attentive
- A range of activities engages residents and keeps them active
- Residents who have capacity are involved in activities and engage with one another
- Residents were suitably dressed in day clothes and appeared to be well groomed

What could be improved?

- We could not identify a memory book where residents can look back at their family pictures, social history events (such as what happened in previous decades), or photos of their younger selves
- No photographs of residents' activities or their artwork is displayed in the home
- We heard some of the staff speaking between themselves in a foreign language whilst engaging in the living room with residents – we considered this inappropriate

3.5 Diet and Cultural Practices

Notes

The home offers a range of food choices, and residents' dietary needs are met. We observed the lunch service and could see staff supporting residents with eating and drinking.

Our ARs walked around the kitchen and spoke with the chefs. The space was clean and well organised with all cupboards and ingredients clearly labelled as well as colour coded chopping boards. The manager also showed us the menu plan for the week which is kept in a folder with all the dietary requirements for each resident.

We have included some of the weekly menu options we were shown by the manager:

Lunch –

Meatballs with tomato sauce, mashed potato, and mixed vegetable

Pasta with chicken or tuna

Fish curry with rice and mixed vegetables

Steamed fish with bulgar wheat

Couscous with chicken

Minced lamb with mashed swede, and mixed vegetables

Roast pork, roast or boiled potatoes, and mixed vegetables

Stewed apple with custard

Jelly and yoghurt

Strawberry gateau

Fruit salad

Angel Delight trifle

Dinner –

Pizza with salad

Sandwiches

Tomato soup

Scrambled egg

Fish fingers with ketchup

Sausage roll with salad

What works well?

- A variety of freshly cooked meal options
- The home caters for all dietary needs
- The dining area is spacious and kept very clean
- Staff sensitively help people to eat and drink where necessary
- Residents can keep snacks in their rooms if they wish
- The kitchen is very tidy and well organised
- Food hygiene and safety information is clearly displayed in the kitchen.

What could be improved?

- Meal information is not displayed in the dining area or any other rooms in the home.

3.6 Feedback and Complaints

Notes

The manager told us that residents, family/friends and staff can discuss any concerns and provide feedback throughout the week as they are in every day. They also have the option to ring him direct if they prefer.

What works well?

- Visible notice boards include staff and home information and updates
- Safeguarding information and procedures displayed.

What could be improved?

- We did not observe complaint forms/leaflets in the reception area

4. Residents' and Families' Feedback

We received feedback from seven family members and five residents. Due to residents' lack of capacity, we were unable to speak to everyone during the E&V. The responses received from family members were sent to us in the post and we spoke to some people on the telephone after the visit.

We asked questions related to mealtimes, emergency arrangements, access to healthcare, social life and communication. Some residents were unable to answer all the questions fully due to their cognitive impairment.

Diet

The family members to whom we spoke all said that their relatives have enough food and liquids and that staff support them with eating and drinking when necessary.

Four of the residents said they had enough food and liquids and were supported by staff with eating and drinking when needed. One person said, "There isn't enough food variety", that they missed a roast dinner and that only bananas were offered as fruit.

Quality of care

Family members said the home is warm enough for their relatives and that staff provide additional blankets or heating when required. One commented that there had been incidents in the past where their relative was left without a proper quilt and

it had not been replaced when they had wet the bed. The issue was resolved when they escalated the concern to management.

Family members are generally satisfied with the levels of support their relatives receive from other local health and care services. One said that his mum keeps complaining about wanting their old doctor, but he is happy they have a house doctor, and his mum can be referred if things change. Another mentioned that he was unsure about the levels of GP support and would be pleased to have an update when he next visits Queens Court.

One family member said that their relative had been admitted to hospital, after a fall, and that Queens Court had kept them informed. Another mentioned that their mum hit her head when trying to get out of bed and the home wanted to take them to Lewisham Hospital. The family member spoke with the manager and requested that she be under Bromley. In the end, their mother was ok, and the family member was happy with the way the incident was dealt with.

Some residents who were able to communicate with us said they were happy with the level of support they receive from local health and social care services.

Communication

Most family members said that management keeps them informed regarding concerns about their relative. For example, one said his wife has fallen twice and the home rang him straight away. We had one comment from a family member who said they would like to be more informed of their relative's wellbeing and "could staff approach them when they visit". Two family members said they are unaware of the arrangements for their relative if they have an emergency.

Several residents able to communicate with us felt they are kept informed if they have any concerns with their future care plans or ill-health and feel safe in the home.

Activities

Most family members said they are aware of a programme of activities, only one was not. Those we spoke to were positive about the activities co-ordinator and how much attention is given to each resident to keep them active.

Whilst some family members are aware that their relatives can choose their activities, some residents don't have the capacity, due to their health condition. One

family member suggested putting subtitles on when residents are watching the television.

Residents able to communicate with us confirmed that they are happy with the activities programme. We received a lot of positive feedback about the activities co-ordinator who is active and attentive to each resident.

Some residents mentioned that they have formed friendships with residents and staff members at Queens Court.

Other services

Most family members expressed their satisfaction with the level of personal care provided to residents. One person said a hairdresser comes in to do their mum's hair. Normally the family member will cut her nails "because when his mum is low, she refuses to have it done".

Residents said they receive satisfactory personal care. One commented that they have a shower every morning, another mentioned that their daughter comes in to help them.

COVID-19 infection prevention measures

All family members we spoke with said they were happy with the infection prevention measures in the home. The home has kept them informed about outbreaks and safety precautions.

Only one resident responded to our COVID-19 infection preventions question and said they were not satisfied with the arrangements made to protect them. They did not provide additional information explaining why.

Family and Friends' Selected Comments

"I have a good rapport with [the manager] and I am up there three times a week. Staff are now familiar with [mum's] traits."

"I get on well with the staff who do activities. The activities co-ordinator and the manager are the standout figures."

"As far as I am concerned, I am very happy with the place."

"It is spotlessly clean, lovely staff and always someone there around [my wife] and I give it full marks."

"I think the manager is a first-class manager."

"I have seen the staff who are very good at helping people with food and drinks."

"Staff are now aware not to leave her and need to replace things when required."

Residents' Selected Comments

"They look after me well."

"Everyone's nice."

"If I need help, they assist me."

"The food is plenty and always very nice."

"Staff are lovely."

"It would be nice to get to the shops to buy something."

5. Staff & Management Feedback

We received feedback from the operations manager, the registered manager, and nine staff members including kitchen personnel. During our observation, we noted that all staff were actively interacting with the residents.

5.1 Staffing

Notes

Of the nine staff members to whom we spoke on the day of the visit, two had worked at Queens Court for more than six years, two staff for one – three years and five less than 12 months.

Staff training

All nine staff said they had had an induction to their job when they started and found it helpful. They all confirmed that they were offered specific training, including health and safety, fire safety awareness, manual handling, infection prevention & control, medication, and food hygiene & safety courses. One staff member said they would like to do the NVQ Level 3 in health and social care training and another said they would like to have first aid training.

Management

The staff appear to have a good relationship with the manager and everyone that we spoke to during the visit said that they feel listened to if they raise any concerns or questions.

Most staff members we spoke to said they have adequate breaks when they are on duty. Only one person said this was not the case. Staff are satisfied with the way handover between shifts is organised. One person commented that they are unsure. Staff members said they:

- are satisfied with the opportunities they are given to support residents. Only one staff member said “no” because they are always kitchen based and feel their relationship with residents is more casual.
- felt that residents do not have any issues accessing community health and social care services, e.g. dentist, hairdresser, chiropody. One person said that they were unsure.

Most staff we spoke with had never raised a concern with a member of management. Two had and were satisfied with how management dealt with it.

Safety and visiting

When we asked if staff are aware of any issues affecting residents' welfare, for example funding, three people said they were unsure.

5.2 Selected Comments from Staff

“I am well treated.”

“Residents are treated with dignity – we are doing our best.”

“Services for the residents are nice.”

“Staff could use more training – more communication between staff and residents.”

5.3 Management

IT systems and patient records

Queens Court uses Care Vision, a cloud-based care home management system, centred around carers and the people they look after.

Diet

Both managers said they are satisfied that the home meets residents’ dietary requirements. Residents and family members can give feedback and the home will always try to incorporate their requests.

The home encourages and prompts residents who need support with their eating and drinking. They always make sure that water is provided to everyone, and they monitor overall provision of liquids.

Quality of care

The home makes sure that all residents are warm enough and have suitable ventilation, providing heating and an adequate number of blankets.

Activities

Residents can suggest social activities and staff will help them to participate. Everyone’s capacity is different, and some residents are bed bound so the activities co-ordinator will visit their rooms and spend 1-to-1 time with them. Bed bound residents are hoisted two or three times a week to the communal area.

Residents are encouraged and supported to make friends, although everyone’s condition is different, and some people do not like to engage with others. Provision is made for residents with English as an additional language (EAL). At the time of our visit, there was one long-term resident who is German.

The home supports residents with different cultural backgrounds and sexual identities. They currently have a gay couple at Queens Court who recently moved into the home and share a room. We were told by the manager that the couple had been turned away from two other homes. Due to their health conditions, and the families’ requests, the home was happy to accommodate them.

Queens Court offers appropriate opportunities to meet residents' wider interests. The manager spoke very highly of their activities co-ordinator who works during the week. They have another person who comes in at the weekends who is very musical and plays the piano. A priest visits on Fridays as they have two Catholic residents. They also have a Muslim resident and when they spoke with his relatives, they were informed that he doesn't observe Ramadan due to his dementia and his-medication requirements.

One resident has a book club, and a group of friends comes to visit her once a month to exchange books. They also recently had a church group come on Saturdays and this was very popular with residents. Family members also said how much they loved it.

There is one resident who has fluctuating capacity and is capable of going out on their own to a day centre.

Safety and security

The home requires all visitors and staff to sign in and out at reception in a paper sign-in book. Staff do not wear ID badges. However, they are considering the provision of name badges.

All staff and visitors know the home's evacuation plans and how to raise a safeguarding issue. There is a PEEP (Personal Emergency Evacuation Plan) for each resident in place and all staff are aware of each resident PEEP.

All staff undertake the 'Safeguarding Adults training' as soon as they start employment at Queen's Court.

Staff have undertaken the fire training at Queens Court and are aware of how to carry out evacuation in case of an emergency where the building has to be evacuated.

The home provides safeguarding information on an easily accessible noticeboard in the home. Everyone knows how to raise a complaint and management said that people either speak to staff in person or go directly to them with any concerns. They also have the option to email or call them.

Community Services

Managers are satisfied with the level of support residents receive from other local health and care services. They said the GP, dentist and pharmacy are all very helpful. The GP comes every other day to Queens Court. The home registers all residents with the same GP.

Residents believe they receive satisfactory personal care e.g. chiropody, hairdressing and washing. Staff explain any changes of care and needs to family members.

Staff

Managers make sure that every new staff member has an induction programme. The home provides tablets which show residents' care plans. The manager observes them as new staff shadow other staff members throughout the week.

Training opportunities for staff are available all the time, e.g. there was training every day in February.

Staff are both monitored and supported in their work. The manager said that they hope all staff feel fully supported and are encouraged to raise any concerns with managers.

Managers are currently satisfied with the level of staffing and noted that bank staff often become "regulars" at Queens Court. Staff members rarely call in sick. On the rare occasions bank staff are used, they are usually familiar with the home.

COVID-19 infection prevention measures

Managers are generally satisfied with the arrangements Queens Court has made to protect residents. They had an outbreak just before Christmas, but it ended within a week. They notified all family and visitors; staff had to take tests and were isolated at home. They have had no cases since December 2023.

The home has specific pandemic protocols which were still in place at the time of this visit. They still have hand sanitising and infection prevention measures clearly displayed throughout the home and staff take a COVID-19 test if they show any symptoms.

6. Recommendations

Healthwatch Bromley would like to thank Queens Court for their support in arranging our E&V visit. Based on the analysis of all feedback obtained, we have made several recommendations which prioritise residents' safety and wellbeing.

6.1 Entry and General Accessibility

6.1.1. No induction loops available.

Purchase induction/hearing loops and position them in communal areas used by people with hearing aids.

6.1.2. Garden maintenance:

- Debris
- Uneven paving stones and loose bricks
- Low fencing round pond
- Staff area without security gate
- Damp garden cushions.

- *Undertake urgent garden security measures and regular maintenance. If this cannot be achieved in the short term, drain the pond immediately.*
- *Store loose furnishings and upholstery in a dry place when not being used.*

6.2 Safety and Visiting

6.2.1. Fire safety measure - fire signs obscured by curtains; fire exit door hard to open, and protocols in case of an emergency (regular safety drill).

- *Move fire signs to be seen clearly, ease fire exit door urgently.*
- *Provide necessary safety information for all visitors to the home and conduct regular safety drills unless already doing so.*

6.2.2. Open cupboards including one containing hazardous materials; loose tiles left on floor, stairgate without automatic closure on upstairs landing. (The manager was informed about these three areas for concern during the E&V visit.)

Fit locks to all cupboards accessible to residents and use them, clear any building materials, fit spring door closure devices.

6.2.3. Remains of old, inactive call system.

Remove these urgently to avoid confusion and delays in case of emergency.

6.2.4. Uneven floorboards and possible slippery surface in living room

- *Check floorboards throughout the building and remove any trip hazards.*
- *Purchase suitable non-slip mats for the entrance to the garden.*

6.2.5. Empty hand sanitisers.

Check and refill sanitisers regularly.

6.2.6. ID badges.

Purchase ID badges and ask staff to wear them.

6.3 Feedback and Complaints

6.3.1. Communication

- Family members unaware of emergency arrangements
 - Staff using foreign language/s
 - Regular meetings and other communications between staff, residents and family members.
-
- *Send family members a copy of the emergency plan for their relatives.*
 - *Require staff to speak only in English in areas used by residents, unless using a resident's own language for a specific reason.*
 - *Arrange regular meetings with and surveys of family members to promote residents' wellbeing.*
 - *Consider producing regular newsletter/social media page/s. Put out complaint/suggestion forms in reception.*

6.3.2. Resident left without proper quilt.

Record checks on residents, communicate with one another during handovers, provide all appropriate bedding.

6.3.3. Information:

- Staff to approach visiting family members
- Update on GP support
- COVID-19 arrangements

The families we spoke with were pleased with the overall service and their relationship with management – however there are a few minor communication concerns that can be readily resolved.

Check what updates family members require, possibly through a meeting between them and managers, and provide these.

7.5 Diet and Cultural Practices

7.5.1. No meal information displayed.

Display a menu, with images, in the dining room in large, easy to read font.

7.5.2. Lack of variety of food especially fresh vegetables and fruit.

Discuss menu options with all residents, increase the range of fresh fruit/vegetables available and keep records of this.

6.4 General Environment

6.4.1. On the day of the visit, one of the upstairs rooms had an unpleasant smell, of unwashed clothing.

Ask staff to monitor the situation and report any smells to their line manager, who should investigate the cause/s and make appropriate arrangements to mitigate the effects.

6.4.3 Dementia friendly environment:

- Clocks
- Display of photographs and artwork and use of memory books
- Not all bedroom doors are labelled with a resident's picture and name
- Heavily patterned carpet in the upstairs corridors and heavily patterned curtains and tablecloths in the dining area.

- *Provide dementia friendly clocks stating day, month, year and whether it is morning or evening to better support residents with everyday tasks.*
- *Assess the activities programme and incorporate these suggestions when possible.*
- *Add photos and names to make bedrooms identifiable.*
- *Use alternative carpet, curtain and tablecloth options to make communal areas more dementia friendly.*

6.4.2 Décor:

- Some bedside tables have missing handles
- Broken drawers, difficult to open
- Bed covers are well used and plastic sheets are torn
- Information stuck to walls with adhesive tape.

- *Replace missing handles and, where necessary, purchase new drawers, bed covers and plastic sheets.*
- *Rearrange information on walls, remove clutter, use shiny paint, or use noticeboards to display information.*

7.7 Staffing

7.7.1. Staff training

Managers should assess their current training programme and identify opportunities for staff to further develop their skill set.

7.7.2. Communication:

- Supporting residents
- Handovers between shifts
- Awareness of residents' use of local health and care services and other residents' issues
- Staff breaks.

- *Arrange regular staff meetings, for staff to share their feedback and discuss residents' health and wellbeing and opportunities to fully support them.*
- Review staff breaks.

8. Glossary of Terms

AR	Authorised Representative
CHS	Care Home Selection
CQC	Care Quality Commission
DN	District Nurse
E&V	Enter and View
ID	Identification
LBB	London Borough of Bromley
PEEP	Personal Emergency Evacuation Plan

9. Distribution and Comment

This report is available to the public and 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 of health and care services, 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	Parama Narayanan, Home Manager
Date sent	29 th April 2024
Report title	E&V Report: Queens Court 20 th March 2024

Response

(If there is a nil response please provide an explanation for this within the statutory 20 days)

Date of response provided	
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

Recommendation 1

Purchase induction/hearing loops and position them in communal areas used by people with hearing aids

Management is considering.

Recommendation 2

- Undertake urgent garden security measures and regular maintenance. If this cannot be achieved in

- Pond is now out of use and has been filled up with soil, levelled and made safe.
- Garden maintenance is ongoing.
- Old furnishings and upholstery have been disposed of and new garden furniture have been purchased.

<p>the short term, drain the pond immediately.</p> <ul style="list-style-type: none"> • Store loose furnishings and upholstery in a dry place when not being used. 	
<p>Recommendation 3</p> <ul style="list-style-type: none"> • Move fire signs to be seen clearly, ease fire exit door urgently. <p>Provide necessary safety information for all visitors to the home and conduct regular safety drills unless already doing</p>	<ul style="list-style-type: none"> • Fire signs have been made visible and fire exit door can now be opened with ease. • Necessary safety information provided to visitors when they visit and is ongoing Fire safety drills are being carried out on a regular basis. All fire drills are recorded. Visitors will be made aware if there is any planned fire alarm check during their visits.
<p>Recommendation 4</p> <p>Fit locks to all cupboards accessible to residents and use them, clear any building materials, fit spring door closure devices.</p>	<p>Completed.</p>
<p>Recommendation 5</p> <p>Remains of old, inactive call system. Remove these urgently to avoid confusion and delays in case of emergency</p>	<p>Have been removed.</p>
<p>Recommendation 6</p> <ul style="list-style-type: none"> • Check floorboards throughout the building and remove any trip hazards. • Purchase suitable non-slip mats for the entrance to the garden. 	<ul style="list-style-type: none"> • Management intends to replace the carpet in due course and all trip hazards will be eliminated. • In progress.
<p>Recommendation 7</p>	<p>Completed.</p>

<p>Check and refill sanitisers regularly.</p>	
<p>Recommendation 8 Purchase ID badges and ask staff to wear them.</p>	<p>The home is in the process of implementing the Butterfly Model Approach. Wearing ID badges is not mandatory.</p>
<p>Recommendation 9</p> <ul style="list-style-type: none"> • Send family members a copy of the emergency plan for their relatives. • Require staff to speak only in English in areas used by residents, unless using a resident's own language for a specific reason. <p>Arrange regular meetings with and surveys of family members to promote residents' wellbeing</p>	<ul style="list-style-type: none"> • In progress. • Has been discussed in staff meeting. All staff are aware that they should speak in English whilst on duty. This is being monitored by management. • A family meeting will be arranged in due course. • A survey will be carried out.
<p>Recommendation 10 Display a menu, with images, in the dining room in large, easy to read font.</p>	<p>In progress.</p>
<p>Recommendation 11 Discuss menu options with all residents, increase the range of fresh fruit/vegetables available and keep records of this.</p>	<p>Is being implemented and is ongoing.</p>
<p>Recommendation 12 Ask staff to monitor the situation and report any smells to their line manager, who should investigate the cause/s and make appropriate arrangements to mitigate the effects</p>	<ul style="list-style-type: none"> • Has been brought to staff attention. Home is kept free from foul smell as far as possible. Necessary actions will be taken should there be any foul smell. Pest control will be involved if necessary. • This is ongoing.
<p>Recommendation 13</p>	<ul style="list-style-type: none"> • Dementia friendly clock available in the lounge. • Is ongoing.

- Provide dementia friendly clocks stating day, month, year and whether it is morning or evening to better support residents with everyday tasks.
- Assess the activities programme and incorporate these suggestions when possible.
- Add photos and names to make bedrooms identifiable.
- Use alternative carpet, curtain and tablecloth options to make communal areas more dementia friendly.

- In progress and is ongoing as when new residents are admitted.
- Management intends to replace the carpet, curtain and table cloth in due course.

Recommendation 14

- Replace missing handles and, where necessary, purchase new drawers, bed covers and plastic sheets.
- Rearrange information on walls, remove clutter, use shiny paint, or use noticeboards to display information.

- Completed and is ongoing.
- New beddings have been purchased.
- Notice boards are being used to display information.

Recommendation 15

Managers should assess their current training programme and identify opportunities for staff to further develop their skill set.

Staff have undertaken relevant training to implement good quality of care. Staff are given opportunities to enhance their knowledge and to further develop their skills in care. This is ongoing.

Recommendation 16

Arrange regular staff meetings, for staff to share their feedback and discuss residents' health and wellbeing and opportunities to fully support them.

▫ Review staff breaks

- Staff meeting takes place every month. Staff have the opportunity to share their feedback and discuss residents' holistic care needs. Queens Court operates an opened door management style and staff always feel free to approach management to discuss any issues or for support. Regular staff supervision by management also takes place.
- Most staff are happy with their break's arrangements.

Signed

Parama Narayanan

Name

Parama Narayanan

Position

Home Manager.