

# Enter & View Report

## Grosvenor House – 29 Grosvenor Road

Healthwatch Hounslow  
October 2023



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# Introduction

## Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback **to improve** care. We can also help you to find reliable and trustworthy information and advice.



## 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 2013, 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.

## **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.

## **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.

## **Limitations**

While the Healthwatch Hounslow Authorised, Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews. Furthermore, where English is not a first language for some of the staff or residents, it is possible that some words or sentences were not fully communicated.

Some individuals in this residency also had minimal speech and comprehension of complex questions so where we have tried to provide a voice for them, this was limited to their expressions, observations and very simple picture-based questions.

## **Mental Capacity**

Some residents in this care home lack mental capacity. This may be in relation to financial management, complex processes and procedures or other areas. The detail of an individual's mental capacity was not known by Enter & View Authorised Representatives who spoke with as many individual residents as they could during the course of the visit. Questions were adapted, as appropriate, and where representatives judged residents to have understood the question asked, their feedback has been included in the report. For example, instead of asking a resident if they understood the complaints procedure, they were asked what they would do if they had an issue or a problem. On some occasions, staff members also supported Healthwatch representatives to speak with residents. All relevant resident feedback has been included in this report.

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## **Acknowledgements**

Healthwatch Hounslow would like to thank the service provider, service users 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.

## Executive Summary

### Reason for the visit

To focus more on our broader programme of Enter & View, which looks into what is working well and areas for improvement.

### Methodology

This was an announced Enter and View visit which took place on 24<sup>th</sup> October 2023 between 10:00pm and 2:00pm and conducted by two Healthwatch Hounslow authorised representatives.

We shared an EasyRead introduction letter for residents and online surveys with Grosvenor House, allowing some staff, senior management, and friends/family of the residents to access the questionnaires online. On the day, we interviewed the residents, catering to their wish to talk to us and address any concerns they may have.

### The visit consisted of the following components:

- An initial introduction to the care home with the Manager
- A tour of the external and internal premises
- Interviews with residents, friends/family, staff and manager
- A debrief with the manager to highlight any immediate concerns, if applicable

### In total we spoke to: (in person & via online surveys)

- 3 of 6 Residents (as much as we could given challenges in oral communication)
- 2 x Friends/family
- 5 x Support Workers
- 1 x Manager

## Visit Details

Type	Details
Service Visited	29 Grosvenor Rd, Hounslow TW3 3ER
Latest CQC Rating	<p><u>Requires Improvement (5 September 2022)</u></p> <p><a href="https://api.cqc.org.uk/public/v1/reports/f7ca4ed6-9c46-4718-8f34-6a71bf089ce3?20221005120000">https://api.cqc.org.uk/public/v1/reports/f7ca4ed6-9c46-4718-8f34-6a71bf089ce3?20221005120000</a></p>
Registered Manager	<p>Mr Arie Darbandi-Registered Manager</p> <p>Mrs Devkala Gurung-Registered Manager</p>
Type of service	<p>Grosvenor House is run by Social Care Aspirations Ltd.</p> <p>Supported living accommodation for elderly mentally &amp; physically challenged individuals including those with learning disabilities and those with substance misuse</p>
Number of residents	6
Date and time of visit	24th October 2023
Status of visit	Announced
Lead Authorised Representative	Samreen Nawshin
Healthwatch Hounslow contact details	<p>Healthwatch Hounslow 45 St Mary's Road Ealing W5 5RG Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk</p>

## What we found & recommendations

From our visit and survey results, our five key findings and recommendations are:

### 1. Enhancing Equity in Care

Although perhaps unintended in certain cases, inequity in care was observed by authorised representatives and an issue residents fed back on – one resident mentioned a lack of meal choices, while others reported having options; one resident has a dedicated support worker along with assistance from other staff, whilst, in contrast, another resident relies solely on general staff assistance. We recommend improved communication with residents to increase understanding about why differences in care exist. In addition, we recommend staff training in active communication and listening catering to residents with disabilities and regular policy reviews to ensure fairness and equity.

### 2. Increase the number of permanent staff

The manager mentioned having 8 permanent staff member – 4 full time and 4 part time – to manage 6 residents with learning disabilities. Our Enter & View Authorised Representatives encountered only 2 staff members during our visit. We were informed by the care home that three out of 6 were self-caring. However, it is our observation that there might be feelings of alienation. By the presence, one resident mentioned waiting for food and needed high-level care from the staff- one resident expressed waiting for staff assistance for an extended period, leading to a sense of loneliness in the care home. Given the challenges of this ratio we recommend increasing the number of on duty staff to enable more dedicated time to provide holistic care and help alleviate the workload burden on existing staff.

### 3. Improve Outdoor Space

During our visit we were informed of plans to enhance the green space within the property by adding simple features. We endorse these plans and recommend these are put in place as soon as possible to enrich the outdoor facilities and provide a more comfortable setting for residents. These thoughtful additions aim to enrich the outdoor atmosphere, providing a more comfortable setting for residents to relax in and enjoy the outdoors without the need to stand for extended periods, as suggested by the resident. Additionally, due to the care home's smaller size, it's advisable to designate a specific smoking area away from the corridors and waiting areas. This measure addresses concerns raised by a resident's relative regarding secondhand smoke, ensuring a healthier and more comfortable living environment for all residents.



## What we found & recommendations (continued)

### 4. Bridging Gaps Between Residents and Staff

We identified occasional miscommunication or lack of communication between residents and staff. One resident lacked awareness of the complaints process, revealing possible gaps in critical information for some residents. The manager suggests an open approach to raising complaints, which may be intimidating for some residents or ineffective for those with communication challenges – alternative methods and routes should be devised for obtaining feedback.

We suggest that hosting communication workshops could be one solution. Residents can gain clarity on complaints procedures and their rights, while staff can learn to emphasize key messages effectively. Utilising diverse communication channels, written materials, visual aids, and anonymous feedback avenues are recommended. Recognising potential challenges due to learning disabilities, ongoing staff training on sign language and specific communication methods for individuals with disabilities is essential.

This approach can foster transparent communication, ensuring residents are well-informed and comfortable expressing concerns. Staff training initiatives can contribute to an empathetic and effective communication culture, accommodating diverse needs within the care home.

### 5. Greater Communication with Friends/Family

A family of one resident has expressed occasional feelings of being uninformed about their family member residing at the care home. Enhancing family communication necessitates more consistent updates on residents' well-being, extending beyond special situations or the requirement for families to instigate contact via meetings or emails. Introducing more regular and succinct surveys or a monthly feedback platform can expedite the evaluation of family sentiments. Furthermore, maintaining staff awareness of family concerns can be achieved through routine email updates on residents' conditions, fostering transparency without the necessity for explicit prompts and surpassing the dependence on yearly surveys.

### 6. Designated Visitors Room

Allocating a designated visitor space would significantly enhance the residents' sense of privacy. There was no specific room for residents to greet visitors during personal meetings, and only a general waiting area which may take away the sense of privacy.

## What we found & recommendations (continued)

### 7. Addressing Strong Smell in Resident's Room & Future Renovations

Authorised Representatives detected a strong smell in one of the resident's rooms. We recommend ensuring proper ventilation to dissipate the paint smell quickly. Similarly, for future renovations to minimize odours and potential health concerns for residents, we suggest using low-VOC (volatile organic compounds) paint.

### 8. In House visit of Healthcare Professionals

Both residents and staff have mentioned the absence of in-house visits from GPs implying that arranging such visitations could better serve residents, particularly considering their disabilities and older age.

## Additional Information;

### Staff interruption

Whilst an authorised representative was talking with a resident and obtaining feedback, a staff member seemed to be interrupting the conversation. The incident has been shared with the Care Home Manager who is investigating further.

### Communication with Manager

Communication with the care home manager, pre and post our Enter & View visit, has been challenging at times

## Provider Response

Arie Darbandi, Home Manager, responded to our report and shared the following comments:

- **Increase the number of permanent staff**- Of the six residents, 3 are self-caring and 3 need support. Our ratio is 1 staff to 1.5 residents which is very high for the care industry. We complete a monthly (or sooner as required) 'dependency calculator' to ensure we have sufficient staffing in accordance with CQC guidelines.
- **Improve Outdoor space**- Plans to enhance the outdoor space came from our residents meeting in September 2023 and are on track for delivery in Spring 2024.
- **Bridging gaps between residents and staff**- The resident you spoke with would be unable to tell you about any process due to their capacity. We acknowledge there are different ways of raising complaints, including uses of different methods such as Easy Read leaflets.
- **Designated Visitors Room**- The home has the usage of the resident's private room and the conservatory area. All relatives use these spaces in private. We will however take this suggestion on board and create a separate room for visitors should they choose to use it.
- **Addressing strong smell in Resident's room & future renovations**- We have taken this on board and will change our contractors to ensure this does not happen again.
- **Consistency of support worker**- The residents that were spoken to on the day are not able to converse or understand questions.
- **Consistency of support worker**- We have a very low staff turnover. Only two staff have left Grosvenor House since 2018 and both were due to relocation.
- **Support Plans**- The devices have freed up time for staff to spend meaningful time with residents. Our Electronic Care Plans gives relatives peace of mind that their loved one's needs are being met by providing them with up-to-date notes through online portals they can log in at their leisure, creating transparency between the care homes and relatives. This included information about: - Nutrition - Hydration - Activities
- **Activities**- Our weekly planner offers seven days of activities three times a day.

## Provider Response (Continued)

- **Communal areas-** The home has lots of signage to get people to safety around the exits and fire escapes which is required by law. The home passed a health and safety inspection in October 2022 with no recommendations.
- **Additional Information;**
- **Staff interruption-** This issue has been separately picked up and has been resolved now.
- **Communication with manager-** My residents are my first and foremost priority and I have tried my best to accommodate the communication.

# 1. Results – Overview of Visit

This section provides more details on observations and interviews



## Observations

The Authorised Representatives were given a tour of the property at Grosvenor Road at the beginning of the visit. A checklist was used to help gather comprehensive insights and each area has been summarised.

### Outside and Entrance

Grosvenor House – 29, Grosvenor Road, Hounslow, is a small Care Home in the Hounslow West, which is in the constituency of Feltham and Heston with a cosy surrounding where there is little/no noise pollution from traffic, yet it remains relatively accessible with a bus stop nearby and on the street parking. However, there is no disabled friendly parking spaces and is a relatively small external property area. The building itself is difficult to identify as a care home, yet it could be argued the sense of normalcy could be considered charming. There is no-green space nearby but a few local shops, available for shopping and browsing. Overall, the peaceful atmosphere is good.

The entrance is securely designed with a double entry system where someone from the inside has to come & receive visitors for them to enter the house. Inside the house, near the entrance, there is a ramp-like lift, available for individuals with mobility challenges to move upstairs. There is also a small sign-in corner where COVID information is displayed and hygiene measures kept & a waiting area for visitors further inside the house that is adjacent to the manager's office and the small garden.

The house is decorated with photographs & nameplates of key staff with motivational quotes on the walls as well as information boards. Other walls are covered with different pictures, all providing a quiet and homely atmosphere interspersed with key Information.

**The outdoor space** also includes a small garden near the waiting area and the manager's office that serves as a pleasant green space. Considering the lack of parks nearby, it is accessible for elderly residents in wheelchairs and walking sticks and is large enough to facilitate short outdoor walks. However, some areas of the outdoor space could be improved (see recommendations section).





## Observations (Continued)

### Communal areas

#### Halls and Stairs

The corridors, though narrow, are designed to accommodate residents with mobility challenges. However, they lack some signage for various areas, notably the toilets. On a positive note, visible fire extinguishers are conveniently located nearby, and signage including the Fire Emergency Procedure is clearly displayed in the corridors and without any potential obstructions.

#### Toilets & Bathrooms

There were appropriate signs for the doors with appropriate handrails and cleanliness inside. The communal bathrooms are also accessible and located close to the lounge and dining areas.

The bathroom emitted an unusual scent, possibly linked to the toilet fragrance. It is recommended to inspect and consider using an alternative or additional air freshener to address the peculiar smell effectively.

#### Public Areas

All public and communal living areas were clean and comfortable with enough seating across all rooms. Books, magazines, newspapers and a TV were around in the lounge and there was full internet access throughout the building to meet any entertainment/online needs of the residents.

### Private bedrooms

Resident rooms were all en-suite, spacious, and maintained a consistently comfortable temperature at all times. There was a TV available for quiet and down time (for some). Residents were also given the option to personalise their room with their belongings. The manager said residents can lock their room if they have the mental capacity, but nobody had asked to keep their room locked to date.

### Overall cleanliness

The communal and private areas of the house were observed to be clean and tidy, to a very good standard. Staff were asked if this was always the case, to which they responded positively, although a little extra effort had gone into the visit. Staff reported it was always clean and tidy with messes being cleaned up straight away. Authorised Representatives detected a strong smell in one of the resident's rooms. The manager mentioned it's because of new paint so we recommend ensuring proper ventilation to dissipate the paint smell quickly. Similarly, for future renovations to minimize odours and potential health concerns for residents, we suggest using low-VOC (volatile organic compounds) paint.

## Interviews & Survey Feedback

Through interviews and surveys, we assessed different areas and working aspects of the care home. As communication with the residents was quite difficult, we are including our observations of their behaviour, as well as comments from friends/family and interviews with staff.

### General Overview

Overall, from what we could gather from staff, friends/family & residents themselves, the residents were generally happy with their treatment and felt cared for by staff. Some voiced general grumbings, but overall seemed, at the very least, satisfied. Staff, generally, felt capable of handling their workload and family members responded positively regarding the quality of the home's care. However, one family member of a resident has suggested that they are not informed enough to have more concrete comments on the topic, which can suggest a lack of communication between the home and the relatives.

### Care and Personalised Support

It was challenging to get feedback from residents directly about their care and personalised support because three of the residents we were unable to speak with: one resident was in hospital following a stroke, another was spending time with family and one was sleeping. As a result, much of this section focuses on the responses from staff, managers & friends/family of the residents .

### Sufficient time to deliver support

All 5 staff members who participated in our survey expressed satisfaction with their ability to provide support, even when assisting residents with challenging behaviour and learning disabilities. This included managing issues that arise without compromising the quality of care for other residents. However, our survey revealed that one resident indicated slight feelings of loneliness and alienation from the staff, which went unnoticed by the staff. Despite the overall satisfaction reported by staff regarding their workload, it's noteworthy that they are expected to work 11 hours a day in two shifts with 1-hour break per shift. Considering the diverse tasks, including domestic and care-related responsibilities such as cooking for residents, this workload is considerable, and staff generally reported finishing their shifts exhausted.



## Interviews & Survey Feedback Continued

### Consistency of support workers

The staff were generally consistent in how they helped residents with their daily living needs and in their treatment of their residents, which is reflected by most of the resident's comments. However, one resident mentioned that he didn't receive a dedicated support worker and was supported by whoever was available.

Moreover, given that there are two relatively new staff members, there might be a potential lack of familiarity with residents. This is particularly noteworthy as most residents lack capacity, suggesting that additional time may be required for new staff, to become acquainted with each individual resident.

One resident, as indicated in their survey, felt unable to rely on the staff, suggesting that the staff didn't have a high enough rapport with that patient for them to confide in them.

### Support Plans

Management highlighted that staff members have the capability to routinely review support plans for all service users through each resident's online profile, where their needs and conditions are documented. Additionally, staff are equipped with two portable devices to write notes and update information on a resident's health and wellbeing and needs. Residents with learning disabilities are encouraged and aided in developing greater life skills. Similarly, the staff offer the residents the chance to be involved in their support plans in weekly 'resident meetings' to discuss any topics they would like to raise. Friends/family are also encouraged to give feedback through sending emails and visiting, to assess the support plans in person, whilst also being sent a 'relative's questionnaire' every year. Although this system could be improved, what is currently applied is sufficient based on family and resident responses to our own surveys.

One Staff member, of five, thought that the residents faced issues accessing community health and social care services, as their current plans involved residents having to physically go to a GP, rather than in-house appointments. Physical visits to the GP were reported to be challenging for many of the older residents in the Care Home.

## Interviews & Survey Feedback Continued

### Activities

Residents are given a choice of selecting different activities through a weekly activity sheet. The sheet generally contains a theme for the activities available each week to keep things exciting. There are 14 activities throughout the week and 7 one-to-ones to encourage residents to socialise in their leisure time. Trips are also offered and range from visiting temples, the gurdwara, and shopping with provided transport and/or with their friends and family.

Despite the range of activities on offer the manager has mentioned that 2 of the residents say no to 90% of the activities offered which can further imply support for hiring an activities coordinator. However, outside of this, residents have replied generally positively to the activities offered. Staff have also shown that they tried to engage all residents, including the 2 more reluctant residents through one-to-one conversations, as part of a 'sharing activity' which they proved receptive to. Even residents with greater disabilities like mutism were engaged in music activities, through provision of LD toys and instruments. An area of improvement could be hiring an activities coordinator to better appeal to residents and schedule more stimulating but feasible activities.

*"We listen to their choices and take that into consideration. If they say 'no', we try to persuade them but not force them."* **Staff member**

*"A BBQ was arranged, which was nice."* **Resident**

*"I like my quiet times."* **Resident**



## Interviews & Survey Feedback Continued

### Inclusion of Friends and Family

Staff noted that not many friends/family come to the home on a regular basis. However, most of them were, to some degree, involved with their family member's care in Grosvenor House to the extent, that one family member felt that they had a comprehensive appreciation of their "whole ethos" making residents "feel like a family."

However, in their feedback, one family member said that they "only made the visits" i.e. that they didn't have much awareness of their relative's living situation and felt less involved with the decision making on their relative's care and that they weren't "prepared" for having a say in the support staff's quality of care.

Management also commented that there is an internal process to support family and friends to give feedback through a yearly survey.

### Communication with Residents

Communication with residents was slightly challenging as some possessed learning disabilities, were mute or could only answer in simple sentences. There were some that were more coherent and offered more in-depth explanations of their feelings. The staff's questionnaire and manager response form however, best demonstrated the dedication and skill the care team has put into communicating with all residents to get their opinions.

All residents agree that the staff were "patient and kind", "always knocked" and were "helpful". However, it was identified that there was some sort of miscommunication despite strong efforts, as one resident mentioned that they didn't understand the procedure to make complaints, and that they felt uncomfortable confiding in the staff.

## Interviews & Survey Feedback Continued

### Safeguarding

All staff members who replied to our survey said that they were aware of the safeguarding process, knew how to raise a safeguarding alert, and how to access clear safeguarding information at work. We asked them specifically what they would do if they had concerns. Most answered that they would report it straight away to their line manager and to go to the social worker if the manager ignored it.

Management noted that Safeguarding concerns are raised as and when they occur, via incident forms on the PCS system, and, if appropriate, (if they reach the safeguarding threshold) then raised with the local safeguarding team and the safeguarding council in extreme cases. The Manager highlighted 2 cases when a Safeguarding alert was raised in Grosvenor House in the past few years, which were effectively handled without need for escalation through careful explanations to the resident involved.

### Privacy and Dignity

Many of the residents require intimate care for washing and going to the toilet. We were unable to gather many of the resident's voice on this topic, but we learnt much, based on family members and staff who gave feedback in our survey. All the staff observed that residents' privacy and dignity were maintained, including respecting their right to refuse participation in activities and listening to all residents with an open mind, empathetically and respectfully regardless of disabilities. This was exemplified when a safeguarding alert was raised where the staff responded to a resident and listened to them seriously whilst following procedure to record and report, alongside respecting the patient's right to confidentiality. Staff responded positively when asked about each other's conduct in respecting resident's privacy especially when they choose to confide in them about personal matters. Residents and Family Members have also responded positively, regarding the helpfulness of the staff towards their daily living needs.

## Interviews & Survey Feedback Continued

### Staff Induction, Training and Competency

The manager informed us that staff are all trained through an online platform called *mylearningcloud.org* with approximately 32 modules to complete (over a few months) ranging from life-support, Equality Diversity and Inclusion, to infection control and safeguarding, diabetes control etc. They also get 2 days of shadowing with a senior staff member, a 4-day supervised training period and are expected to pass a 4-day competency assessment period. Some staff, before hiring were also expected to have additional skills both in different languages and being able to communicate with non-verbal or cognitively disabled residents. It was also noted that despite going for experienced people when hiring, newer individuals were expected to obtain a Care Certificate and be fully licensed beforehand, to be considered for part-time jobs. Hiring is generally arranged through word of mouth and large agencies such as Indeed and Reed. Every year the staff are also made to go through a refresher course to ensure their skills and knowledge remains in good condition and updated.

Similarly, staff, both part-time and full-time have replied that they felt fully equipped and trained to handle any problems that may occur and provide the best care possible to all residents currently at Grosvenor House regardless if disabilities.

### Handovers

There are 2 full time shifts in operation over the course of 24 hours, with the expectation that for every 3 residents there is 1 healthcare staff on duty. During the night, 1 staff member on standby and 1 sleeping in-house (as reserve). Staff range from 23-63 years old and are ethnically diverse enough to empathise with the cultures of a variety of residents. All staff reported a full understanding of how to efficiently perform a handover utilizing written (handover sheets) and verbal notes (phone, online care plan form).

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## Interviews & Survey Feedback Continued

### Accessing health and social care

All members of staff said that it was part and parcel of their job to call the GP with queries and arrange appointments..

### Staff Cooperation

Through the managerial report, we have learnt that the staff are generally friendly and cooperative with each other and work together to provide the best care possible for the residents. The staff and the senior management have cooperative outings and are incentivised with an 'employee of the month' award system with small prizes, which is decided by everyone collectively. The dedication of everyone in the team was clear – we were told that when staff are having outings, the directors remain behind and are involved in the care of the residents

## Final observations from the interviews

For a variety of reasons, we did not have the opportunity to talk with all the residents and family members. However, we did pick up on their positive atmosphere and general contentment with their treatment, the quality of life provided by the Care Home & their interactions with Staff as a whole.



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## Mental Capacity

Some residents in this care home lack mental capacity. This may be in relation to financial management, complex processes and procedures or other areas. The detail of an individual's mental capacity was not known by Enter & View Authorised Representatives who spoke with as many individual residents as they could during the course of the visit. Questions were adapted, as appropriate, and where representatives judged residents to have understood the question asked, their feedback has been included in the report. For example, instead of asking a resident if they understood the complaints procedure, they were asked what they would do if they had an issue or a problem. On some occasions, staff members also supported Healthwatch representatives to speak with residents. All relevant resident feedback has been included in this report.



### Contact Us

If you would like to discuss this report or our work, please get in touch:

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