

Enter & View Report

Bromley Park Care Home, Thursday 6th June 2024



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Visit Details	
Service Visited	Bromley Park Care Home
Registered Manager	Khadija Khachra
Date & Time of Visit	Tuesday 26 th March, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Nike Adeoye, Graham Powell, Orla Penruddocke, Daniyah Kaukab, Gerda Loosemore-Reppen
Lead Representative	Reedinah Johnson

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 Bromley Park Care Home

Bromley Park is a specialist nursing and dementia care home located in Beckenham and is run by Nellsar Care Homes. The home aims to meet individual needs through tailored care plans which are regularly reviewed.

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.

Bromley Park Care home has been given an overall rating of "Good" by the CQC.

On 6th July 2023, the CQC reviewed the data available about Bromley Park and has not found evidence that they need to carry out a further inspection at this stage or reassess their rating.

2.3 Residents

At the time of our visit, 37 people were living at Bromley Park. 19 residents are funded by a local authority (LA), 15 of these by the London Borough of Bromley (LBB), and 18 are self-funding.

2.4 Staff

The home has 65 permanent staff and nine bank staff, including a general manager, a deputy manager, carers, five permanent nurses, activities coordinators, catering and maintenance staff. Shifts are 12 hours, divided into early and late.

3. Summary of Findings

The E&V visit was carried out on Thursday 6th June 2024; six 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.

The home is spread across four floors and comprises a dining room, main foyer, quiet lounge, therapy room and a spacious garden. It is accessible by public transport, offers ample parking and a secure check-in system for visitors.

3.1 Entry and General Accessibility

Notes

The building is positioned away from the main street and traffic noise is minimal. We observed a well-kept outdoor space with parking bays for visitors and a dedicated parking spot for an emergency ambulance.

To enter the building, a bell must be pressed, and a staff member will come and open the door. There is a signing-in book for visitors. Hand sanitiser is provided, to promote good hygiene practice. There is no reception desk, just a chair, and the area appeared well kept and spacious.

There is a smaller entrance at the side of the building that can be used by visitors or staff, where a bell must also be pressed. A signing-in book for visitors and hand sanitiser are in place there too. This entrance is wheelchair friendly.

At the time of our visit there were no visiting restrictions.

What works well?

- Easily accessible by public transport
- Visitors parking and an ambulance bay
- Visitors must check in and out
- Hand sanitiser available at both entrances
- Wheelchair friendly
- Induction loop
- Security cameras.

What could be improved?

- There is no welcome desk in the main entrance
- The sign for the home at the front gate is obscured by tree branches.

3.2 General Environment

Notes

We observed dementia friendly decor with contrasting walls, floors and door handles. Handrails were a contrasting colour to the wall. In the bathrooms we found toilet seats and light switches which contrast with the walls. All alarm cords were reachable from the toilet seats.

The home has three lounges; the largest has chairs arranged to encourage social interaction. Another lounge has a TV which was on during our visit. The home has a therapy room which is also used as a multifaith room.

The dining room has a “coffee shop” area available to visitors. At the time of our visit, the menu was not on display due to redesign (see below).

There is a spacious garden; a fence was being replaced during our visit. Refurbishment is being carried out this summer as the home is building a 'reflection' area which will have more seating and plants.

During the E&V visit, the ambulance bay was used as parking for a van belonging to people carrying out renovations in the garden. We spoke to the manager on the day and were told the van would be removed immediately.

What works well?

- Suitably adapted toilets are within easy reach and have an emergency pull cord
- Toilet seats, flush handles and rails in contrasting colours to the toilet and bathroom walls and floors
- Signage for toilets and bathrooms is consistent and at eye level
- Lift that can fit one staff member and a wheelchair
- Thermostat in corridors.

What could be improved?

- A large fan was plugged in on the floor in the 1st floor corridor during our visit. At the time, the home informed our team that air conditioning was going to be fitted this summer.
- Large clocks but not dementia friendly.

3.3 Safety and visiting

Notes

Residents' bedrooms are spread across three floors with rooms varying in size. Each bedroom door has a picture and name identifying the resident who occupies the space, and the name of their key worker.

Residents can bring in their own furniture and customise rooms. Rooms of some residents with complex needs are kept minimal by having their furniture e.g. drawers and wardrobes, outside their bedrooms to avoid accidents.

Each bedroom is fitted with an alarm by the bed. There is a QR code outside each room linked to the CareVision* System. The QR code needs to be scanned to

record all access to residents' rooms. There are also QR codes in the corridors by floor plans which can be used by firefighters in an emergency.

We found clear fire exit signs with no visible obstructions. All fire emergency protocols are easy to identify, including fire extinguishers, evacuation sledges at the top of stairs and dry riser outlets. External doors are kept locked.

There are keypads on the sides of lift doors and outside secured rooms such as those used for chemical storage. Inside the lifts, there is a manual switch with a key that can be used to hold the lift doors open if needed.

The home informed us that they have Personal Emergency Evacuation Plans (PEEP) available for external services to review along with next of kin (NOK) if they wish to see. Awareness of fire safety is noted in these as very few of the residents would be able to process fire procedures. However, staff are aware, and they run drills in the home.

What works well?

- Staff have been offered COVID-19 vaccinations
- All windows have a restrictor feature for residents' safety
- Some doors, including cupboards, are securely locked to prevent residents from entering potentially hazardous areas.

What could be improved?

- The lighting in the therapy room was quite dim during our visit
- Hand sanitisers not visible throughout the home
- The sluice room** was left unlocked.

*CareVision is a cloud-based care management system, customisable to simplify daily recording, reporting and care plan updating for care homes, and to improve security, accuracy and visibility.

** A sluice room is a closed area found in hospitals, care homes and special needs schools that allows for the safe and efficient disposal of human waste.

3.4 Activities and Personal Involvement

Notes

During our visit, we witnessed friendly staff assisting and interacting with residents in the main lounge. This contributed to a warm and pleasant environment, making residents feel supported within their surroundings.

We noticed that some residents are unable to, due to their condition, engage much with each other, while others were in the lounge watching TV with staff members present.

Activities differ daily and include:

- Board games
- Music and live entertainment
- Cinema
- Coffee time
- Bingo
- Sports game
- Gardening
- Namaste and Well-Being Care*

The home organises one outing every week, including the winter season, using their own minibus.

The deputy manager informed us of the team's effort to provide person-centred activities for residents. They recognise that not all activities are appropriate for everyone, therefore activities are tailored to residents' capacity and taste.

What works well?

- Staff speak to residents in a gentle way
- Staff are very caring and attentive
- A range of activities to engage residents and keep them active
- A board with photographs of residents' activities is displayed.

What could be improved?

- There is no time schedule displayed on the activity board.

*Namaste and Well-Being Care – the home's Well-Being team is a dedicated group of qualified therapists who work with residents on an individual basis. Touch is a powerful means of communication. Namaste sessions identify the individual needs of a person and help to simulate the five senses – sight, sound, smell, taste and touch. These sessions are beneficial for everyone involved and the home often invites residents' family members to join and be part of the experience.

3.5 Diet and Cultural Practices

Notes

The catering team accommodates residents with specific dietary requirements, offering a wide range of food options. The home serves hot meals every day. We

were informed that the menu is real-life picture based, but the catering team was in the process of creating a new menu during our visit, therefore it was not on display.

A “coffee shop” is situated in the dining room, where visitors and residents can obtain hot and soft drinks.

Lunch is usually served at 13:00 for residents, and 12.30 for those with high dependency.

We observed residents having their lunch during our visit and could see staff supporting them with eating and drinking.

What works well?

- Residents can choose every day what they would like to eat from the picture-based menu
- A texture modified diet can be tailored according to residents’ needs
- Staff wear hair nets and gloves while working in the kitchen
- The kitchen has a Food Hygiene rating of 5
- Fluid intake is monitored and logged based on risks e.g. dehydration.

What could be improved?

- We found no area that needs improvement.

3.6 Feedback and Complaints

Notes

The manager informed us that they have an open-door policy, - staff and relatives are welcome to speak at any time with management if any issue arises.

What works well?

- There are comment boxes placed at the front and back entrance of the building.

What could be improved?

- The comment box by the back entrance is not very visible as it is obscured by leaflets.

4. Residents' and Families' Feedback

Most of the residents have complex needs, and we managed to speak with two during the visit. We also received feedback from four family members who were present on the day. We have been in communication with the home to request more feedback from friends and families. Because of the low response rate, our E&V report cannot give a full and accurate picture of the overall experience of the home. We will encourage staff, family members, friends and relatives to continue sharing feedback with us during the year.

Residents and family members from whom we heard are satisfied with the service provided by the home. We asked questions related to level of satisfaction, diet, activities and personal development, access to healthcare, socialisation, safety, and communication with the home.

Family members are satisfied with the level of support their relative receives from other local health and care services, e.g. GPs, dentists, pharmacies. They said their relative receives satisfactory personal care, e.g. washing, hairdressing and chiropody. One replied that they feel their relative is not always warm enough and that he is not always shaved in the morning.

Family members we spoke to said they are kept informed regarding concerns about their relative such as falls, ill-health and future care plans. We asked if people felt that residents are safe in the home, e.g. are visitors asked to show ID, are there clear evacuation plans, all replied yes.

Family and Friends' Selected Comments

"The manager is a very good listener."

"He is safe here."

"Manager is very good."

Residents' Selected Comments

"They treat me nicely."

"I like it here."

5. Staff & Management Feedback

We received feedback from 15 staff members, including the home manager, deputy manager, care assistants, nurse, and maintenance manager.

During our observation, we noted that staff were actively interacting with the residents.

5.1 Staffing

Notes

Of the 15 staff members we spoke to, most have been with the home for more than four years, one has been working there for 20 years, and one for less than 12 months.

Training

The process of staff induction takes six months. It is conducted online as well as face-to-face. Additional training, such as apprenticeships, can be requested if staff wish to take this.

All staff completing the questionnaire were asked about their interest in additional training opportunities. One said they would like additional training such as specialised dementia care. One had been offered a Nursing Associate course but decided to do an adult nursing degree instead.

Breaks

One staff member said they work 12 hour shifts with two 30-minute breaks. Another said they get a 30-minute break when working a six-hour shift.

Most staff are satisfied with how handovers are organised, though one was unsure. All were happy with the opportunities they are given to support residents.

Management

Staff we heard from have a positive relationship with management, and they feel listened to if they raise any concerns, though most had never raised one. One

staff member said that complaints are heard but can sometimes take time to resolve.

Safety and visiting

When we asked if staff are aware of any issues affecting residents' welfare, for example funding, 13 answered no, one said "yes" but did not elaborate; another said "yes, a few" but did not go into details. See Recommendation 6.6.2. below.

5.2 Selected Comments from Staff

"Overall services are good."

"Everyone here both residents and member of staff are treated with respect, confidentiality and dignity. Services here are rendered based on residents' care plan."

"Staff are good but there are some challenges with some residents."

"Management is supportive."

"Residents are well looked after with dignity and respect."

"I would have my mum live here."

5.3 Management

Notes

Overall, the registered manager is pleased with the quality of service provided to the residents.

The manager stated that Bromley Park Care Home can offer support to residents and staff with diverse cultural or sexual identities and have done so in the past. The home currently has no residents nor staff with diverse cultural or sexual identities that requires support. Management has worked closely with relatives to find the best provision for residents. In the past, one resident who is Muslim could smell fried bacon and wanted some, the home knowing that she cannot have pork came up with a solution to replace the bacon with turkey rashers.

Diet

All residents' dietary needs are assessed on admission. Those with high dependency are assessed weekly.

Residents can contribute to menu planning through a taster day. They can choose what to eat using a picture-based menu. Residents can choose between vegetarian and meat-based meals. Care staff support residents to eat in the dining room and in their bedroom.

Quality of care

There are thermostats around the home to maintain an appropriate temperature for residents. The air conditioning unit can be switched between hot and cold. We were told that the home plans to install two more air conditioning units.

Safety

The manager informed us that all staff wear identification (ID) badges. Everyone knows the evacuation plan; most residents would need help in an evacuation.

The manager stated that staff and visitors have the knowledge and skills necessary to address safeguarding concerns and how to raise a complaint. Most residents do not have full capacity to do so due to complex needs e.g. advanced dementia. There are posters as well as leaflets available around the home. A quarterly meeting is held with relatives.

Activities

Residents are encouraged to socialise. The home offers a range of activities. Provision is made for any residents with English as Additional Language (EAL). Some staff can speak Polish and the Multi-disciplinary Team (MDT) use translation bodies if needed.

Faith groups can be contacted on a resident's request.

Community Services

The manager told us they are satisfied with the support residents receive from other local health and care services. A regular GP comes in once a week. Residents also have access to domiciliary dentist, podiatry services, eye tests and physiotherapy if needed.

COVID-19 infection prevention measures

The manager stated that sanitation is maintained at a high standard and handwashing is very much encouraged.

Staff

All new staff undergo a six-month induction programme and can request additional training if they wish. All staff are monitored and supported in their work through supervision and annual appraisal.

The manager said they are satisfied with their current level of staffing. The home has great staff retention, some staff have been there for long periods e.g. 20 years.

6. Recommendations

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

6.1 Entry and General Accessibility

6.1.1. There is no reception desk in the main entrance.

We recommend considering installing a reception desk to serve as the first point of contact for visitors, promote a smooth check-in process and support security and visitor flow.

6.1.2. The sign for the home at the front gate is obscured by tree branches.

We recommend keeping the tree branches trimmed, to help visitors, emergency services, and deliveries locate the care home easily.

6.2 General Environment

6.2.1. A large fan was plugged in on the floor in the 1st floor corridor.

Objects of all sizes pose a tripping hazard and could obstruct pathways, especially in an emergency. We recommend not using large fans in corridors,

6.2.2 Very few dementia-friendly clocks.

We recommend increasing the number of dementia-friendly clocks, which help residents with cognitive impairments better understand the time, reducing confusion and anxiety. These clocks typically feature large, clear displays with both the time and date, sometimes including additional information like the day of the week.

6.3 Safety and Visiting

6.3.1. The lighting in the therapy room was quite dim during our visit.

We suggest a dimmer switch as the room has multiple uses.

6.3.2. Hand sanitisers not visible throughout the home.

Visibility of hand sanitisers is crucial for maintaining hygiene standards and preventing the spread of infections. We recommend providing more hand sanitisers to encourage regular use by staff, residents, and visitors.

6.3.3. The sluice room was left unlocked.

An unlocked sluice room poses health and safety risks, and we recommend locking this at all times when not in active use.

6.4 Feedback and Complaints

6.4.1. The comment box by the back entrance is not very visible as it was obscured by leaflets.

We recommend making the box more visible, to provide a channel for feedback from residents, visitors, and staff.

6.4.2. We received far fewer responses to our questionnaires from family and friends and have not received any more since the visit.

We ask the management team to further to encourage family, friends and staff to share feedback with Healthwatch Bromley this year, to form a more accurate picture of the home and its services.

6.4.3. One family member said their relative is not always warm enough and that he is not always shaved in the morning.

We advise management to ensure all residents are satisfied with the temperature in their bedroom and communal areas and that everyone is offered extra layers of clothing if they aren't warm enough.

We recommend that all residents' hygiene and presentation is regularly checked.

6.5 Activities and Personal Involvement

6.5.1. There is no time schedule displayed on the activity board.

We recommend displaying a time schedule for activities, to help residents and staff plan their days effectively and enhance participation.

6.6 Staffing

6.6.1. When we asked staff members if they are satisfied with the way shift handovers are organised, one staff member was unsure.

We recommend checking that all staff are clear about the shift handover process, which is critical for maintaining continuity of care and communicating important information.

6.6.2. When we asked staff if they are aware of any issues affecting residents' welfare, the majority answered no, but one answered "yes, a few", and another yes.

We recommend that the management team ask all staff about residents' welfare issues, perhaps as part of a training day, and act accordingly. Awareness of issues affecting residents' welfare is essential for timely intervention and ensuring high standards of care.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
E&V	Enter and View
ID	Identification
LBB	London Borough of Bromley
LA	Local Authority
MDT	Multi-Disciplinary Team
QR code	Quick Response code

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	Khadija Kachra
Date sent	30/07/2024
Report title	E&V Report - Bromley Park
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	12/08/2024
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. Please remove induction loop and security cameras as this is incorrect.	
Recommendation 1	<p><i>6.1.1. There is no reception desk in the main entrance. We recommend considering installing a reception desk to serve as the first point of contact for visitors, promote a smooth check-in process and support security and visitor flow.</i></p> <p>There is no reception desk - We have considered a reception desk before but within the reception area there are chairs, coffee table, TV and magazine/journal rack, there is an office adjacent to the reception area. As visitors need to be greeted by a staff member to gain access to the home, we feel there is no need for a desk. Also, the residents use and enjoy this space as well as visitors. During your visit, there were 6 members of your team, during this time, I can see why you would feel a reception desk is needed but we considered it to be more of a barrier to the feeling of Bromley Park and the resident's home.</p>
Recommendation 2	<p><i>6.1.2. The sign for the home at the front gate is obscured by tree branches.</i></p>

	<p><i>We recommend keeping the tree branches trimmed, to help visitors, emergency services, and deliveries locate the care home easily.</i></p> <p>Branches in way of signage - this is dependent on the way into the home, it has been added to our gardener's checklist</p>
<p>Recommendation 3</p>	<p><i>6.2.1. A large fan was plugged in on the floor in the 1st floor corridor. Objects of all sizes pose a tripping hazard and could obstruct pathways, especially in an emergency. We recommend not using large fans in corridors.</i></p> <p>At the time we informed the team air conditioning was being added to this and the floor above.</p>
<p>Recommendation 4</p>	<p><i>6.2.2 Very few dementia-friendly clocks. We recommend increasing the number of dementia-friendly clocks, which help residents with cognitive impairments better understand the time, reducing confusion and anxiety. These clocks typically feature large, clear displays with both the time and date, sometimes including additional information like the day of the week.</i></p> <p>Dementia friendly clocks - these are not big enough for our residents to see and currently sourcing a supplier whilst ensuring the environmental space and feel is maintained. Equally, with complexities in residents, some find orientation concerning from a triggering perspective of time - as to what year it is, what time it is, these concerns to people could be around 'losing' time and scope of where they live in their journeys.</p>
<p>Recommendation 5</p>	<p><i>6.3.1. The lighting in the therapy room was quite dim during our visit. We suggest a dimmer switch as the room has multiple uses.</i></p> <p>The lighting in the therapy room was quite dim in the therapy - this is the purpose of the room and maintains the ambience of NAMASTE for that session - there is alternative lighting that was not switched on. We utilise this room for varied with alternative lighting that was not switched on. At this time, it was used for and maintains the ambience of NAMASTE, which was around massage and sensory based support.</p>
<p>Recommendation 6</p>	<p><i>6.3.2. Hand sanitisers not visible throughout the home. Visibility of hand sanitisers is crucial for maintaining hygiene standards and preventing the spread of infections. We recommend providing more hand sanitisers to encourage regular use by staff, residents, and visitors.</i></p>

	<p>Hand Sanitiser is available; however, the focus is on washing hands and we have signs in toilets to encourage hand washing. Residents' hands are cleaned before mealtimes as an addition with wipes where necessary. Alcohol gel is less effective than handwashing.</p>
Recommendation 7	<p><i>6.3.3. The sluice room was left unlocked. An unlocked sluice room poses health and safety risks, and we recommend locking this at all times when not in active use.</i></p> <p>Sluice room unlocked - there are key codes on the doors and all sluices should be locked at all times - staff have been reminded of this as it was human error.</p>
Recommendation 8	<p><i>6.4.1. The comment box by the back entrance is not very visible as it was obscured by leaflets. We recommend making the box more visible, to provide a channel for feedback from residents, visitors, and staff.</i></p> <p>Comment box at back entrance not visible - leaflets have been reviewed and review cards visible. New signage is going up as well.</p> <p>Alongside this, we as a home and management have an open-door policy, the Home Manager and Deputy Manager meet with relatives, arrange appointments, meet with staff - communication with the team with this is not an issue.</p> <p>Furthermore, the nursing team carry out care reviews individually and the Management have daily flash meetings, relatives' meetings, resident meetings as well as team meetings for each team. Resident meetings include meal taster days where they prepare menus for the next menu.</p>
Recommendation 9	<p><i>6.4.2. We received far fewer responses to our questionnaires from family and friends and have not received any more since the visit. We ask the management team to further to encourage family, friends and staff to share feedback with Healthwatch Bromley this year, to form a more accurate picture of the home and its services.</i></p> <p>The home administration contacted many relatives and emailed out the forms for feedback, this was staff also - the home encourages as much as possible, however we ask a lot of our relatives with home surveys also.</p>
Recommendation 10	<p><i>6.4.3. One family member said their relative is not always warm enough and that he is not always shaved in the morning.</i></p>

	Spoken to the team about this and improved.
Recommendation 11	<p><i>6.5.1. There is no time schedule displayed on the activity board. We recommend displaying a time schedule for activities, to help residents and staff plan their days effectively and enhance participation.</i></p> <p>Whilst there was no time written on the ‘Activity Planner Bus’, activities are fluid in the home to support the needs of the residents as individuals, we have added AM and PM for residents who are able to process and for visitors to the home.</p>
Recommendation 12	<p><i>6.6.1. When we asked staff members if they are satisfied with the way shift handovers are organised, one staff member was unsure. We recommend checking that all staff are clear about the shift handover process, which is critical for maintaining continuity of care and communicating important information.</i></p> <p>The handover process had changed at this time, it would be helpful to also know the longevity of the staff member and where they were up to in their induction. We now complete a nursing walkaround handover followed by the handover to the care team.</p>
Recommendation 13	<p><i>6.6.2. When we asked staff if they are aware of any issues affecting residents’ welfare, the majority answered no, but one answered “yes, a few”, and another yes. We recommend that the management team ask all staff about residents’ welfare issues, perhaps as part of a training day, and act accordingly. Awareness of issues affecting residents’ welfare is essential for timely intervention and ensuring high standards of care.</i></p> <p>At handover, it is discussed around falls, current infections, medical conditions etc - therefore some more clarity on this would be helpful please. We would not share financial information to staff as they do not require this. Staff in administration settings would be made aware.</p>
Signed	K.Kachra
Name	Khadija Kachra
Position	Home Manager