

Sahara Parkside

Enter and View Report



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1. Introduction

1.1 Details of visit

Details of visit:	
Service address	Sahara Parkside 101-113 Longbridge Road Barking IG11 8TA
Service provider	Sahara Care
Service area	Barking and Dagenham
Date and time	10am to 12pm on 5/02/2025
Authorised Representatives	Peter Kanyike (Authorised representative) Val Shaw (Authorised representative)
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk

1.2 About the care home

Sahara Parkside is made up of ten three-bedroom apartments designed to support independent living. It provides 24-hour staffing, offering support and personal care to service users within the smaller community of their apartment and the larger Sahara Parkside family.

Each apartment includes a spacious living area, a kitchen, and three en suite bedrooms, giving service users the option to socialize when they choose while also maintaining their own private space.

- **Bedrooms:**
 - Equipped for both mobile and less mobile service users
 - Disability-friendly beds and ceiling supports
 - En suite shower rooms with non-slip tiling and wheelchair space

- Some apartments feature fitted mobility and support equipment (e.g., ceiling tracking and bathroom hoists)
- Each apartment includes a separate bathroom with shower, toilet, and washbasin
- **Communal Facilities:**
 - Ground floor laundry and kitchen
 - Snoezelen multi-sensory room
 - Large multi-purpose room for leisure, training, and work-based activities, also suitable for parties, entertaining, and community events
 - Small rear garden
 - Large roof terrace with scenic views over Barking Park

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors, and staff for their contribution during the visit.

1.4 Disclaimer

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

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.
- Authorised representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services being provided.
- 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.
- The visits enable us to share examples of best practice and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidenced-based feedback to organizations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit:
www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe and engage with residents and staff focusing on the following areas

- how care homes plan their activities, and what is delivered
- hear about the associated benefits from care home residents, on general mental well-being.
- also aims to establish how residents are involved in co-designing activities at care homes. This includes activities that would cater for their spiritual needs. Bedbound residents are most at risk of social exclusion, so therefore this project will aim to amplify the voices of those who are most at risk.

2.2 Strategic drivers

A recent Enter and View at a care home showed some good practices for providing activities but a lack of co-planning with residents. During the visit some residents also voiced that they were not asked about activities they would like to take part in.

Therefore, Healthwatch Barking and Dagenham wanted to visit a proportion of care homes in the borough to collect quality data by having face-to-face conversations with residents living in various care homes and determine how their current offer of leisure and spiritual activities meets residents' needs and enhances their well-being.

2.3 Methodology

Before the visit:

- Authorized representatives attended a pre-visit meeting where the questionnaire was designed. The date and time were also set for the visit.
- This was an unannounced visit carried out by Healthwatch Barking and Dagenham authorised representatives to observe the provision of services offered to residents and to review the quality of care given to the residents.
- Feedback received from the visit is used to inform service providers and commissioners about residents' and staff's experience in the nursing home.

Day of the visit:

The Healthwatch team arrived at Sahara Care at 10am on 5th February 2025.

Authorised Representatives walked into the building and informed the care home manager about the work of Healthwatch and the purpose of the visit. They were granted permission to remain on the premises and conduct the Enter and View.

3. Summary of findings

4.1 Participation in Activities

Frequency of Participation

Two residents were actively engaged in activities on a daily basis, while the other three participated only occasionally. This difference suggests an opportunity to encourage more consistent involvement and tailor activities to better suit individual preferences.

Reported Types of Activities

The types of activities residents enjoyed included a variety of options: going outside, drawing, cooking with family, shopping, playing with cats, doing puzzles, reading magazines, and watching DVDs. These activities reflect a diverse set of interests and preferences among the residents.

Most Enjoyed Activities

When residents were asked about their preferred activities, their responses reflected a variety of interests. Two residents favoured physical activities, while three expressed a preference for creative and social activities. Additionally, two residents indicated that they enjoyed educational activities. This diversity in preferences highlights the range of activities that resonate with different individuals.

Requested Activities

Some residents indicated a desire for more spiritual activities, such as additional church visits. Others expressed interest in more outings outside the care home, particularly for shopping and enjoying general outdoor experiences, reflecting a desire for increased engagement in activities beyond the home environment.

Impact of Activities

Residents reported various emotional and social benefits from their participation in activities. One resident, who initially felt nervous, became more comfortable after engaging in activities, highlighting the importance of supportive facilitation. Other residents reported positive emotions like happiness and relaxation, demonstrating the mental and emotional advantages of participating in structured activities. Additionally, two residents mentioned that the activities helped increase their social interactions, which reduces feelings of isolation.

4.2 Access to Spiritual and Religious Activities

Spiritual Activities

Religious celebrations were the most common form of spiritual engagement, with four residents participating in these events. However, one resident did not engage in any spiritual activities, suggesting that there may be an opportunity to further tailor offerings to cater to all residents' beliefs.

Challenges

Four residents reported no difficulties in accessing spiritual activities, indicating that the current provisions are largely satisfactory for those who participate. However, one resident's lack of engagement may point to a need for improved communication regarding available spiritual services or alternative options to support spiritual well-being.

Residents' Views on Inclusivity

The majority of residents (4 out of 5) felt that the activities respected diverse religious and spiritual beliefs. However, one resident expressed uncertainty, indicating that there may be room to improve outreach and engagement to ensure inclusivity for all.

4.3 Family, Friends, and Community Involvement

Current Engagement

Two residents benefited from regular family visits and support in maintaining relationships outside of the care home. Another two residents appreciated the care home's efforts to proactively invite family members to events and maintain strong communication with relatives. This indicates that family involvement is encouraged, although there may be potential for more structured opportunities for engagement to further enhance these relationships.

4.4 Language and Communication Barriers

Challenges Faced

None of the residents reported any language barriers, suggesting that communication methods within the care home are effective for this demographic, and no significant issues have been identified in this area.

4. Staff insights

Staff were also approached to provide their insights using a set questionnaire. The staff responded on the spot at the end of the visit. The survey was answered by two nurses and the care home manager. The staff manager highlighted the various procedures in place to ensure residents' religious practices were being adhered to and respected. This included educational days for the staff, clear communication and reporting systems with residents' families and supportive encouragement to residents with limited capacity to continue their practices while maintaining their agency.

5. Recommendations

This Enter and View visit highlighted the importance of meaningful activities and spiritual support in promoting well-being in care home residents. While many residents were satisfied with the current provisions, responses indicate a need for improved outreach, increased variety in activities, and enhanced facilitation of external engagement. Implementing these recommendations will help ensure that all residents, regardless of their background or mobility, can engage in activities that align with their interests and beliefs. The care home has active considerations and clear structures to ensure adherence to residents' religious and spiritual practices through supporting staff, residents and their families.

In light of the findings from the visit, Healthwatch made the following recommendations to the care home.

- **Enhance Activity Offerings:** Given their popularity among some residents, activities should continue to be tailored to individual preferences and promoted more effectively. Increasing outdoor and shopping excursions may cater to requests for greater variety and external engagement.
- **Improve Communication About Activities:** Residents should be actively reminded about upcoming activities, possibly through personal invitations or printed schedules in accessible areas. Ensuring staff check in with residents who do not frequently engage could help address individual barriers to participation.
- **Expand Spiritual and Religious Offerings:** Although 4 out of 5 residents felt their spiritual needs were met, providing additional options could enhance inclusivity. Consider offering alternative forms of worship or secular spiritual engagement for those who are not affiliated with a specific religion.
- **Increase Accessibility for Religious Services:** Arranging transport for off-site religious services would support residents who wish to attend church more frequently. Virtual religious services or recorded sermons could be introduced to ensure accessibility for those with mobility constraints.
- **Strengthen Community and Family Involvement:** Residents expressed appreciation for family and external involvement, but structured engagement opportunities could be expanded. Regular community guest speakers or workshops from local groups could foster stronger external connections. Hosting more family-inclusive events may encourage additional participation from loved ones.



Healthwatch Barking and Dagenham

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