



Enter & View Report

Albany Park Care Home, 7 May 2025

healthwatch
Enfield

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Visit Background

About Enter and View

1. Visit Background

1.1 What is Enter and View?

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

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

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

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

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

1.1.1 Safeguarding

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

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

1.2 Disclaimer

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

1.3 Acknowledgements

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

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

About this Visit

Albany Park Care Home

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Albany Park Care Home
Manager	Dimple Jose
Date & Time of Visit	10.00am, 7 May 2025
Status of Visit	Announced
Authorised Representatives	Margaret Brand, Elizabeth Crosthwait, Jasvinder Gosai, Holly Smith
Lead Representative	Darren Morgan

2.2 Albany Park Care Home

On 7 May 2025 we visited Albany Park Care Home, a residential and nursing care home in Enfield.

Operated by Lancam Care Services, the home provides nursing care for older adults. It specialises in support for dementia, mental health, and physical, learning and sensory disabilities.

The home may accommodate up to 47 residents and was at full occupancy at the time of the visit.

2.3 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Albany Park was last inspected by the CQC in June 2023. The inspection [report](#) gave a rating of 'Requires Improvement' overall, with individual ratings of 'Good'

for being effective, caring and responsive, and 'Requires Improvement' for being safe and well-led.

2.4 Online Feedback

Feedback posted on [Google Reviews](#) gives an average rating of 4.5, out of 5.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with three residents, five families, five staff and senior staff members and the manager. Following the visit we engaged with five families by phone. In total, we spoke with 19 people.

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

Location and Reception

Notes

- The home is located on a side-street, off the main road (Hertford Road).
- There are plenty of local bus links.
- The overground station (Turkey Street) is a ten minute walk.
- Parking is not available at the home, however visitors may park in the street, and within the local area.
- At the front of the building there is a hedge, small grassed area beyond, and a single parking space.
- The home's name is clearly displayed on the building itself.
- On arrival, we were greeted by the manager, and asked to sign in.
- Following the visit, we were asked to sign out.
- The signing-in area is a small space, appearing functional and uncluttered.

What has worked well?

- Hand sanitiser is available just inside the main entrance.
- Noticeboards contain useful information – including on the latest CQC inspection.

What could be improved?

- We found no potential areas for improvement.

Accessibility and Safety

What has worked well?

- Infection control is visibly implemented. Families at the monthly Coffee Morning were segregated from the residents – by a gate at the top of the stairs. We are told that following the session, they may meet their loved ones – individually.
- We noticed first aid kits in corridors (however on the second floor, it was not properly attached to the wall).
- Also in corridors are gloves, wipes and hand sanitiser.
- During the visit we did not notice any clutter, or potential trip hazards.
- The home is fully wheelchair accessible and we noted wheelchair users taking part in activities, downstairs.
- Handrails are fitted along corridors and stairs.
- Fire extinguishers are located suitably and fire-exits marked. The fire evacuation procedure is clearly displayed on all floors.
- Utility rooms, such as the laundry room are clearly signed.
- The clock in the lounge has a large digital display, and includes day of the week. This is welcome (as accessible) however an additional 'traditional clock' would be beneficial.

What could be improved?

- The lifts and stairs have no access control. Keypads are not installed, and doors are not locked.
- Some of the toilets are not fitted with mobility aids.
- We did not see any fire evacuation equipment, such as sledges.
- In resident's rooms, cables for electrical devices (such as radiators) are trailing, and not tucked away.
- The dementia-friendly signage, such as for communal toilets and bathrooms is inconsistent, in both size and positioning. While some doors are fine, others have signage that is either too small, or too low down (not at eye level). Some of the signs have faded over time.
- Handrails on the basement floor do not contrast with the walls – both are in the same shade of white. This is also the case elsewhere.
- Toilet seats do not generally contrast with the basins.
- In the upper floor corridors, we were somewhat 'overwhelmed' by the scale, and brashness of the artwork. Features include flowery motifs, and a striking collage of butterflies – projecting from the wall. This is

well-intended, but not overly compatible, we feel, with dementia-friendly guidance and protocols.

General Environment

Notes

- The home has four floors. Residents are located on the ground, first and second floors.
- On the second floor, there are four double rooms (two residents sharing).
- The basement floor hosts the main communal space. This is essentially a single large room – with a lounge at one end, and dining area at the other. There are no lounges or dining rooms on the other floors – this is the only facility.
- Administrative and management offices are on the ground floor, near the main entrance.
- While visiting the residential floors we note that names are missing from some doors. According to the Manager, this is the wish of the residents concerned.
- The communal spaces are highly accessorised – with items including plastic flowers and teddy bears. This adds character and colour, however it also creates a ‘cluttering’ effect.

What has worked well?

- The area at the top of the stairs (ground floor) is particularly inviting – with a sofa and bistro style tables and chairs.
- Just outside the main lounge is an alcove, with seating for four, and a television. It is a quiet and comfortable space, and nicely decorated – with parrots.
- Flooring throughout the home is old, but practical. In the main communal and dining spaces it is wood laminate – although visibly scratched and worn, the material is of good quality, and easily cleaned and maintained.
- The home appeared generally clean and odour free, during our visit.
- Rooms are cleaned daily, according to residents.

What could be improved?

- Throughout the home, including the communal spaces, toilets and bathrooms, and residents rooms, the décor is visibly dated.
- Walls: The walls have not been painted or maintained for a long time – we noticed marks, scratches and holes. We note that some holes have been filled in – but not painted over.
- Resident's Rooms: As a whole, the rooms do not appear to be comfortable, or cosy. They are sparsely furnished, and lacking in the personal items and touches you would expect to see. The furniture itself is old, scratched and dented. In cases, bed padding is worn, blankets are threadbare. Again, the walls and skirting are generally damaged. In some rooms, the carpet is visibly worn.
- Toilets and Showers: The toilet fittings look to be old. Some of the commodes are quite odd-looking (example on the basement floor – a tapering metal commode) and some are quite low to the ground, making them difficult to use. The rooms themselves are dated, with discoloured floors and walls.
- Taps generally have a twist-control – there are no markings for hot and cold.
- On the second floor, a resident's shower room is dusty (possibly unused).
- Other shower rooms have a 'damp' smell.
- A double room – which has two beds, has only one chair.
- Our observations on general décor are echoed by families – who say the home needs to be 'redecorated, upgraded and modernised'.

Personal and Clinical Care

Notes

- All floors cater for mixed needs, with the first floor largely specialising in dementia.
- The Manager is additionally the Clinical Lead, and a specialist in older people's nursing.
- Nursing cover is two during the day, and one at night.
- The home has a dedicated GP, and is visited by dentists, audiologists, opticians, chiropodists and hairdressers.
- Care planning is electronic, through the 'Caredoc' system. As with similar packages, staff use the system to record information (including routine daily interactions) and to receive instructions. The

system has been in place for '10 years'. All staff members have a login.

- Families can only view the care plan, while on-site at the home - they do not have remote access.
- Each resident receives a 'full monthly' care plan update.
- Handover involves room visits, by day and night staff together. Record-keeping is electronic, with notes also taken.
- The home does not have an intercom system. Instead, staff will either phone the office, or use a walkie-talkie. According to the Manager, this is to 'protect privacy' and the policy is 'working with no issues'.

What has worked well?

- Call bells are located in corridors.
- During our visit, the lounge was well-staffed (we noted a ratio of one staff member, to five residents).
- We observed good interaction between the staff and residents. The general environment and atmosphere was warm and welcoming.
- The residents we spoke with consider staff to be respectful and responsive – frequently 'popping in and out' of rooms to check on welfare, or to 'have a chat'.
- The staff are wholly praised by the families we spoke with (no negative feedback is received). Staff are commented to be kind and welcoming, with a caring and thoughtful approach towards the residents.
- Comments suggest holistic care, with needs and wants understood.
- No issues are reported with grooming, or clinical care. Families say they are 'well informed'.

What could be improved?

- The laundry service receives criticism – for being 'muddled and inefficient'. Clothes have gone missing, and residents, while looking well-dressed and presented, have been seen in 'others' clothing'.

Activities

Notes

- The Activities Coordinator works weekdays (Monday to Friday).
- Popular activities include music and sing-alongs, arts and crafts, bingo, chair exercise and cooking.
- Entertainers visit on Saturdays.
- According to the Manager, residents are taken out (four or five at a time) to the local area – to visit cafes, restaurants and pubs. In the summertime, there are visits to Albany Park, including for picnics. Families may assist with outings.
- The home does not have transport, but can make arrangements where necessary.
- There is no dedicated room for activities. Either the training room, or dining area (outside of mealtimes) are utilised for table-top activities.
- Cultural needs are accommodated, including on diet and faith, the Manager says.

What has worked well?

- The lounge was well-attended, with around 25 – 30 residents present.
- During our visit a chair exercise session was taking place, with some music and dance. The atmosphere was vibrant and positive, with residents and attending staff, appearing to be in good spirits.
- The activity offer is widely praised by residents and relatives.
- Residents are routinely taken to the lounge, we hear.
- For those less inclined or able to take part, staff are on-hand to 'drop in and have a chat'.
- Families who live far, have benefited from photos and newsletters.
- A priest, Father John visits every Thursday.
- The garden is on two levels, and has good access from both the basement and ground floors.
- The lower garden (basement level) has a patio with tables and chairs, and raised beds for planting. Steps lead to an upper garden (ground level) which is a much larger space, with a neatly-cut lawn. Both areas looked to be uncluttered, and well-maintained.
- There is an activity noticeboard in the lounge. There are separate sections for weekdays, Saturdays (visiting entertainers) and for resident birthdays. The board is very well-considered and presented.

- Events, such as the upcoming barbeque are well advertised around the home, including in the lifts.

What could be improved?

- According to a family member, the lounge cannot accommodate all residents – therefore some may occasionally ‘miss out’.
- More outside trips are desired.

Diet and Nutrition

Notes

- The kitchen is located on the basement floor, near the main dining area.
- In-post are two chefs, supported by kitchen assistants.
- There is a seasonal menu, with alternatives.
- Residents make their selection for lunch, the same morning. This is managed by the Activities Coordinator.
- Meals can be taken in rooms.
- There are dedicated ‘snack times’ such as for fruit and a cup of tea. Snacks are available outside of mealtimes as well.
- The Manager says that infection control is ‘strict’. Currently, the home has five stars for food hygiene.

What has worked well?

- The kitchen area has a health and safety noticeboard, with information on hand washing, infection control, choke hazards, denture care and related topics.
- We observed good practice – for example staff members putting on aprons, before entering the kitchen.
- The food is complimented by the residents we spoke with. We hear that preferences are taken into account.
- We are told by families that nutrition and hydration is ‘carefully planned’.
- According to feedback, the residents are encouraged to eat – and some have ‘put on weight’.

What could be improved?

- The mixed dining room/lounge environment is uncomfortable, for one resident.
- While some families visit at mealtimes to assist with feeding, others are unsure – if this option exists.

Visiting, Feedback and Complaints

Notes

- Families may visit at any time, we are told. Visiting during mealtimes is generally discouraged, but not restricted.
- Coffee Mornings take place monthly, for families.
- There's an annual survey.
- A feedback box is sited near reception.
- There are quarterly meetings for residents, families and staff.
- A quarterly newsletter is produced.
- There is a complaints process. The Manager says that no complaints have been received, in the last two years.

What has worked well?

- Visiting is accommodated and encouraged, according to feedback.
- The manager 'quite literally' has an open door policy. This is confirmed by families.
- The residents and relatives we spoke with feel comfortable in raising issues, or feeding back.
- Families are updated 'as a priority', staff suggest.
- The monthly Coffee Mornings (for families) are widely praised – offering networking and updates, as well as refreshments. They are well-attended, we hear.

What could be improved?

- Not everyone is aware of the complaints process – one resident has a 'complaint to make' but 'doesn't know how to'.
- The video link is 'not presently working', we hear.

Staffing and Management

Notes

- There are 27 staff members, plus six 'bank staff'.
- Agencies are not used, according to the Manager.
- Breaks are reportedly an hour, for a 12 hour shift.
- Induction is typically for three days, and consists of shadowing, training, and learning about internal processes.
- Staff also receive supervision and appraisal.
- Training is either online or in-person, depending on the topic. Courses mentioned include Safeguarding, Dementia Awareness, Equality and Diversity, First Aid, Health & Safety, Manual Handling, Food Hygiene and Infection Prevention & Control.
- Every Monday, staff are invited to attend 30 minute refresher sessions.

What has worked well?

- Staff wear badges, which include their name and job title.
- Induction is highly regarded by staff – who say it 'builds confidence'.
- Morale appears to be very high – with staff feeling 'happy, valued and motivated'. Comments suggest good teamwork, and supportive management.
- Staff meetings are quarterly – and attendees feel able to fully contribute.
- Both the Manager and Deputy Manager are complimented by families – for being sincere, helpful and communicative.

What could be improved?

- According to the Manager, staff are instructed to speak in English. While this is the case, we wonder if conversation is sufficiently nuanced.

Residents and Relatives

Feedback Received

4. Resident Feedback

At the visit we engaged with three residents.

Length of residency ranges from two weeks (for respite) to two years.

The residents we spoke with consider staff to be respectful and responsive – frequently ‘popping in and out’ of rooms to check on welfare, or to ‘have a chat’.

One respite patient was ‘disturbed and woken at 3am’ by a staff member, who was unsympathetic, and unsupportive.

Staffing and Personal Care

Positives:

“Staff come quickly if I press the bell. Day staff are helpful, and they’re very respectful with my personal care.”

“I like the staff, they do lots of small tasks for me. They’re most helpful.”

“The staff listen to me. They pop in and out, and I don’t feel lonely – which is a good thing.”

“Staff pop in to make sure I am alright. They are jolly with me and check if I need anything.”

“Staff have time to chat.”

Negatives:

“A staff member came in and disturbed me – it was 3am and I was woken up. They were rude and unhelpful – they wouldn’t adjust my bed, or put the TV on for me. Other than that, staff are usually good.”

Comments suggest good access to health professionals.

Not everybody is aware of the hairdressing service.

Clinical Care

General Comments:

"Nurses clean my feet and a chiropodist has been."

Positives:

"If I needed to see a health professional I only have to ask. It would be arranged."

"I can get my hair done anytime."

Negatives:

"I don't know about the hairdresser."

The food is generally complimented by the residents. We hear that preferences are taken into account.

While some residents recall seeing a menu, others do not.

The mixed dining room/lounge environment is uncomfortable, for one resident.

Diet

Positives:

"The food is very nice, I choose from the menu."

"Food is okay, it's very pleasant and they ask me what I like. I don't recall seeing a menu."

"The food is fine and my preferences are taken account of. There is not a menu."

Negatives:

"There are tables to sit at in the lounge, but we're all in the same room."

The activity offer is widely praised. For those less inclined or able to take part, staff are on-hand to 'drop in and have a chat'.

Activities

Positives:

"Activities – there are lots of things going on."

"I don't take part in activities as I'm bed-bound. It's not an issue though, someone will come in and talk to me."

"Staff drop in to have a chat."

The residents feel comfortable in raising issues, or feeding back.

Not everyone is aware of the complaints process. One resident is 'worried about a bill'.

Feedback & Complaints

Positives:

"I would just talk to staff."

"Staff are always available to talk to."

Negatives:

"I would like to make a complaint (about being disturbed at 3am) but I don't know how."

"I've been asked about a bill, and I'm worried a bit."

Rooms are cleaned daily, we hear.

General Environment

Positives:

"It's very clean, it's done every day."

"I have a nice room."

When asking for any other feedback, the residents express satisfaction with the home, and staff.

Any Other Comments

Positives:

"I feel very safe here."

"I'm really happy, I enjoy living here."

"I have enjoyed my stay here."

"It's been quite pleasant."

"If anyone needed a home I would recommend it. Staff are very kind and do their best."

5. Relative Feedback

At the visit we engaged with five families. Following the visit we spoke with five family members, by phone.

Length of residency of loved-ones ranges from three months to 13 years.

The staff are wholly praised by the families we spoke with (no negative feedback is received). Staff are commented to be kind and welcoming, with a caring and thoughtful approach towards the residents.

A 'positive mindset' is described and we hear that despite being busy, 'nothing is too much trouble'. Good levels of communication are reported.

Staffing & Personal Care

Positives:

"Staff are very kind, caring and helpful. Nothing is too much trouble – even though they're busy."

"Staff have a positive mindset – they're very nice people."

"The staff are really nice, they are always very kind and welcoming."

"Staff are very pleasant and helpful, really nice people, so no complaints about them."

"The staff are very good and thoughtful. They will always answer my questions and give feedback about my wife. They will do anything the family ask."

Comments go on to suggest holistic care, with needs and wants understood.

In one example, a resident has been encouraged to 'walk again' by a staff member – who took a 'special interest'. We also hear that staff are well-able to support residents who are non-verbal, have advanced dementia, or a language barrier.

Staffing & Personal Care

Positives:

"Staff are very approachable. One (new) member of staff has got my wife walking again, after not having walked for years (took a special interest)."

"Dad is very vulnerable as he's non-verbal, but staff understand what he needs or wants."

"I'm very happy with the care. Mum can be quite difficult and the staff are so kind and patient with her. She always looks very clean and well cared for. Also, Mum speaks her mind and would let them know if she was not happy or if anything untoward had happened."

"If they think Mum does not understand anything – as her English is not very good, they will make sure that the family explain everything to her in Turkish."

"I am very pleased with the care. My sister always looks well-dressed and groomed and seems happy and smiles a lot. She cannot give much of an account of how she feels but says the staff are very nice."

Staffing levels, training and competency are also praised.

Staffing & Personal Care

Positives:

"There are usually enough staff around."

"All carers are qualified. The manager believes 'residents first, then families, then staff'. All carers are friendly and helpful."

Both the Manager and Deputy Manager are complimented – for being sincere, helpful and communicative. We hear that management is accessible – with an 'open door' and 'always on-hand'.

Management

Positives:

"The manager is lovely."

"The manager is very good and her deputy is particularly helpful."

"I really like the manager, she works very hard and really cares about the home. I also find the deputy manager to be very open, honest and sincere."

"I speak to the manager regularly, I feel involved and consulted about the care."

“The manager is very accessible and seems like she is always there.”

“Dimple’s door is always open.”

“Things have really improved since the current manager came into post. She really cares and listens.”

Residents are able to access hairdressing and chiropody.

The laundry service receives criticism – for being ‘muddled and inefficient’. Clothes have gone missing, and residents, while looking well-dressed and presented, have been seen in ‘others’ clothing’. One relative now takes the washing home.

Grooming & Laundry

Positives:

“No problem with any of this. Mum sees the chiropodist and hairdresser regularly,”

“My wife has her hair done regularly, and her nails.”

Negatives:

“The laundry is inefficient and muddles up the clothes. I now take Mum’s laundry home, to do it.”

“My sister has very little kept in her room and always seems to be wearing something different. She looks well-dressed but not sure if she is wearing her own clothes. She had a crochet shawl made by a friend which had her name on it but this seems to have disappeared. It is hard to keep track of personal clothing.”

“I’m not sure what happens about clothing. Is there a ‘clothing pool?’”

We are told that clinical needs are met, and that families are informed of appointments and issues.

One relative cites 'dentistry delays' however this is 'not the home's fault'.

Clinical Care

Positives:

"No problem accessing additional services. The GP visits regularly and she has seen the dentist and chiropractor."

"A GP visits."

"Regularly sees the optician and any other services she needs."

"The home arranged a carer to take him to a hospital appointment. I was fully informed and consulted, and met him at the hospital."

"If there are any issues they will get in touch. The nurse is very good."

Negatives:

"Mum has been waiting a long time to see a dentist, but this is not the care home's fault."

It is commented that nutrition and hydration is 'carefully planned'. According to feedback, the residents are encouraged to eat - and some have 'put on weight'.

Supper is described by one relative to be 'hit and miss'. While some visit at mealtimes to assist with feeding, others are unsure - if this option exists.

Diet

Positives:

"I have nothing but praise for the food. Dad ate very well at home, and he eats very well here."

"My wife had not been eating properly for over a year and has now put on weight. Staff assist her with eating, she is on a soft diet. They make sure she is hydrated. We're allowed to visit at mealtimes, if we wish, to assist with feeding. Whenever there, staff make us feel welcome."

"Dad has vegetarian food, he is always encouraged to eat his food, despite a poor appetite. Nutrition is carefully planned."

Negatives:

"Supper is hit and miss."

"At night time there's too much bread."

"I'm not sure if I can come at mealtimes."

The activity offer is widely complimented. Activities are said to be varied, with residents routinely taken into the lounge, and encouraged as appropriate, to take an active part.

There is also praise for the visiting entertainers and social events, such as festivals and barbeques. The home makes 'great effort' we hear.

Families who live far, have benefited from photos and newsletters.

It is suggested that the lounge cannot accommodate all residents, therefore some may occasionally miss out. More outside trips are also desired.

Activities

General Comments:

"He prefers to sit and watch the activities, but sometimes he'll join in. When I visited recently he was doing exercises."

"There are lots of activities, but Mum doesn't get involved."

"My wife is unable to take part in activities, but she is taken downstairs."

Positives:

"Appears to be a good range of activities."

"There are lots of activities. My wife is taken to the lounge every day and encouraged to join in as much as she can manage. She likes the exercise sessions, music and singing. She will sing and dance with staff support."

"Dad is encouraged to join in with the activities - he is taken downstairs and included. They try to involve him at every opportunity."

"Mum is not much of a joiner but they take her down to the lounge most days and encourage her to participate. She particularly enjoys the music and singing."

"The visiting entertainers are really good. One is a band member, and he makes a fuss of Dad."

"Musicians come every week."

"There is also a regular church service held at the home which she likes to attend."

"Staff put a lot of effort into the activities, especially the special events for the friends and families."

"I'm not aware of faith services, but cultural events are very well celebrated. Christmas is great fun, all residents are given a present."

"They celebrate all festivals."

"Barbeques are a fun event with themed dancing, carers all seem to enjoy working there."

"The deputy manager sends me photos of my sister attending activities (such as bingo) and also the special social events, which is appreciated - as I live far away."

"There are newsletters every month - with photos."

Negatives:

"I don't think Mum goes to the lounge every day, possibly because there is not enough room to accommodate all the residents."

"There could be more outside trips."

Visiting is accommodated and encouraged, according to feedback.

The video link is 'not presently working', we hear.

Visiting

Positives:

"There are no issues with visiting, in fact I'm encouraged to. Sometimes I take Dad out, we're back by 6pm."

"I visit every day."

Negatives:

"The video link is not working at present - which is a shame."

The relatives feel confident in raising any issues or concerns. The staff and management are said to be responsive and transparent.

The monthly coffee mornings (for families) are widely praised – offering networking and updates, as well as refreshments.

There are regular meetings, with the agenda and minutes circulated.

Involvement, Feedback & Complaints

Positives:

"I cannot fault the staff. I always tell them if there is an issue."

"I can always talk to staff."

"We feel involved and any concerns are listened to."

"Staff are very prompt in addressing any issues. For example, a broken table was replaced the next day."

"The home, the staff and manager are all transparent."

"There are the monthly coffee mornings. The home has a very friendly, social atmosphere. Families are invited to events, for example a BBQ is happening soon."

"I attend the Coffee Mornings regularly. They are good for networking and getting updates."

"The Coffee Mornings are generally well-attended."

"There are Lots of social events for families to attend and the staff and manager put a lot of effort into making these special. The BBQs are really great. They also have events of mother's day, valentine's, Christmas and more."

"Every two months there are residents, carers and relatives meetings. Staff are present and they will talk about what is planned."

"The deputy manager always sends me the minutes of the meetings (for residents, families and friends) which I very much appreciate. It helps to keep me informed. I always check if my sister is amongst the attendees and she is."

While the general environment is described to be 'cosy and clean', it is also 'shabby and outdated' according to the relatives. We are told the home should be redecorated, upgraded and modernised.

General Environment

General:

"Her room is very comfortable and clean, although the furniture provided by the home is very basic. We have brought items from her flat to personalise the room."

"The corridors and communal areas can feel a bit institutionalised, but always very clean."

Positives:

"This place is nice and cosy."

"The standard of cleanliness is very high."

"We were encouraged to personalise the room and bring whatever we wanted from home."

"Mum's room, the reception area and the lounge downstairs are always very clean and there were no problems about bringing items to personalise the room."

Negatives:

"The décor is a bit shabby and outdated and the whole place could do with a facelift. Also, the furniture in her room looks old and worn. Could do with new chairs and cupboard."

"The home could do with some TLC in terms of the décor. Could do with some money being spent on upgrading and modernising and redecorating."

When asking for any other feedback, the relatives express satisfaction with the home, and staff.

Décor is again criticised.

Other Feedback

Positives:

"I'm extremely happy with the home."

"You cannot fault them."

"I can't praise the home highly enough. I feel that the manager does an excellent job."

"It's worked out really well for my wife. I'm very happy, at how she's settled in."

"The home has done well with Mum, especially given how rude and difficult she can be."

"No residents have 'sores' on their bottoms. Dad looks so well cared for."

"The home is excellent, and I feel that my wife is well cared-for at all times, which is comforting."

"Since the new manager's been in post, it doesn't feel like you're walking into a care home."

"It's a long way to come. If I could pick this home up, and place it closer to home, I would!"

Negatives:

"The only negatives are the need to update and renew the décor and fixtures and fittings."

"All that the home needs is more money, so that they can continue to buy things for the home and residents."

Staffing and Management Feedback Received

6. Staff Interviews

During the visit we interviewed four staff and senior staff members, from varied roles. Length of service ranges from 18 months to over three years.

Induction is typically for three days, and consists of shadowing, training, and learning about internal processes. It is highly regarded by staff – who say it ‘builds confidence’. Staff also receive supervision and appraisal.

Training is either online or in-person, depending on the topic. Courses mentioned include Safeguarding, Dementia Awareness, Equality and Diversity, First Aid, Health & Safety, Manual Handling, Food Hygiene and Infection Prevention & Control. Every Monday, staff are invited to attend 30 minute refresher sessions.

There is awareness of the Safeguarding process.

Induction, Supervision and Training

Induction:

“Induction was three days, plus shadowing for a week.”

“I had an opportunity to shadow. As part of the induction I completed mandatory training.”

“At the induction, I learned about processes, policies and procedures. I could start my role confidentially.

“My induction helped me to feel confident, because the manager and staff were so kind to me.”

“I felt very supported during the induction process. My managers and colleagues made sure I understood each part of the training. Shadowing opportunities were especially helpful, as they allowed me to observe experienced staff and gain confidence in my role. Overall, the support I received made the transition into the job much smoother and more comfortable.”

Supervision:

“I have appraisals, and a quarterly supervision.”

Training:

“Training was both online and physical.”

“There’s training every Monday – to update knowledge. Training has to be renewed every year.”

“I am regularly offered a variety of training opportunities. Additionally, there are refresher courses.”

“Every Monday we can have 30 minutes training. Also annually if I need to complete online sessions.”

Safeguarding:

“I have done Safeguarding training. I’m fully aware of the process.”

Morale appears to be very high – with staff feeling ‘happy, valued and motivated’. Comments suggest good teamwork, and supportive management.

Staff meetings are quarterly – and attendees feel able to fully contribute.

Breaks are reportedly an hour, for a 12 hour shift.

Staffing and Conditions

Job Satisfaction:

“I feel so happy to work at the Albany Park Nursing Home. Managers and staff are supportive. I don’t think I will leave this place. So happy!”

“I’m very happy in my role, I have compassion and empathy.”

“I genuinely enjoy my job and find it highly rewarding. Every day brings new challenges that encourage me to grow professionally. Overall, I feel motivated, valued and enthusiastic.”

"I feel proud to be part of a team that is dedicated to providing high quality, person-centred care. The support from colleagues and management makes a real difference and I am constantly learning and growing in my role."

Management:

"I feel well-supported by the management."

"The manager supports us, we can get advice. I'm very happy here."

"The manager is such a nice lady. If I'm not feeling good, or I don't like something, she supports me a lot."

Staff Meetings:

"There are staff meetings every three months. There is open discussion, and I get an opportunity to share my views."

"Meetings are every three months. We can talk about anything – and put forward new ideas."

Terms (Breaks):

"I work both day and night shifts (8 – 8). There's half an hour for lunch, and two 15 minute breaks."

"I have a one hour break for a long day. 15 minutes in the morning and 15 minutes in the evening. Half an hour for lunch."

"I feel that I have adequate breaks while on duty. It makes a big difference in managing workload and staying motivated on the job."

According to staff, care is dignified, respectful and considerate. Health and wellbeing is monitored – with any issues referred to the nurse.

Handover involves room visits, by day and night staff together. Record-keeping is electronic, with notes also taken.

Personal and Clinical Care

Personal Care:

"I help with holistic care including personal hygiene, feeding, toileting, entertaining, socialising and activities."

"I assist with showering, body washing, grooming and toileting. I serve breakfast, snacks and main meals – I ask the residents what they want. Some eat in their rooms, some are taken downstairs. Most of the residents join the activities downstairs – I also help with this."

"My work with residents is one of the most fulfilling aspects of my role. I support them with their medication, mobility and meal times, always ensuring their dignity, comfort and preferences are respected. I also take time to engage with residents socially."

"I support with feeding and washing. I speak with the residents and it makes them smile."

Care Planning:

"I monitor residents' health and wellbeing through regular observation, communication and accurate record-keeping. I pay close attention to any changes in their physical condition, mood, appetite or mobility."

"If residents are not feeling so good – we report it to the nurse in charge."

"Notes are updated daily on the laptop. For care planning, I liaise with the nurse."

Clinical Care:

"The nurse will make medical appointments."

"The hairdresser visits rooms, if needed."

"We work closely with healthcare professionals and social workers to ensure that residents receive the care they need."

Handover:

“Shifts begin with a handover. Records are updated on the computer. We go from patient to patient, and care staff make notes.”

“At the start of each shift, we have a detailed handover meeting where the outgoing staff provide updates on the residents health, any changes in their care needs and any incidents or important information that occurred during their shift.”

“When finishing the shift, we visit every room with the new shift, and go over each resident.”

“We do room to room bedside handover. We discuss how the resident is feeling, personal care, visiting, medical appointments and specialist things – such as bruises or an injury.”

According to staff, the residents are encouraged to be active, and supported with personal visits, if needed.

Activities

Activities:

“I like to do activities. I dance with them, help them with painting, accompany them to the garden to look at the flowers.”

“I take a gentle and positive approach, offering reassurance and motivation, especially if a resident is hesitant or unsure. By creating a warm and welcoming atmosphere, I help residents to feel more connected, valued and motivated to take part.”

“Most residents go downstairs. The Activities Coordinator comes up as well, to attend to the bed-bound.”

Staff regard conversation to be extremely important, in learning about the resident’s wishes and needs.

Families are updated ‘as a priority’, comments suggest.

Families and Feedback

Families:

"There's a very friendly approach towards family members. If there's a complaint (let's say about the food) I try to resolve the issue."

"I make it a priority to update families on any changes in the resident's health, wellbeing or care plan, and I encourage them to share any insights or preferences they may have."

"Families are invited to social events."

Feedback:

"I take time to speak with each resident individually, making sure they feel heard and respected when expressing their needs, likes and dislikes."

"They're involved by discussing with them – need to give them choices."

"For residents, I make sure to regularly check in on them during one-to-one conversations and while participating in activities, encouraging them to express their likes, dislikes, or any concerns. I maintain open lines of communication for relatives."

"I ask residents if they're happy, and if they have something new to tell us."

"I engage with them using compassion. I approach them in a friendly manner and smile."

"We ensure that they have multiple options for sharing their thoughts, whether it is through regular one-to-one conversations with staff, participation in residents meetings or using feedback forms."

7. Management Interview

During the visit we interviewed the Manager, in post for two years.

The Manager is a long-serving staff member, starting ten years ago as the Clinical Lead, then progressing as the Deputy Manager, and finally Manager..

A summary of the discussion is outlined below:

General Information

- The home may accommodate up to 47 residents and there are currently no vacancies.
- Residents are largely from the local region – Enfield and neighbouring boroughs.

Management

- The manager 'quite literally' has an open door policy.
- Families have her number and there are no restrictions on getting in touch.

Staffing

- There are 27 staff members, plus six 'bank staff'.
- The Manager feels there are 'plenty of staff' and agencies are not used, we hear.
- The home's own bank staff are very reliable – there is 'no lateness' for example.
- Most of the staff are from abroad, including from Africa, India, Sri Lanka and Eastern Europe.
- They are offered free meals, until they adjust and are more settled in.
- Another incentive is the 'Staff Member of the Year' award.

Staff Induction, Training & Development

- Induction is three days. This includes two days of shadowing, and one day of training.
- Every Monday morning there is refresher training.
- Training, depending on the topic can be online, or in-person (for specialist subjects).

Safeguarding

- All staff have completed Safeguarding training.
- Safeguarding incidents are alerted to the Local Authority, and where appropriate to clinical and nursing teams.

Care Planning

- The initial care plan is made 'together' with the family.
- Care planning is electronic, through the 'Caredoc' system. As with similar packages, staff use the system to record information (including routine daily interactions) and to receive instructions. The system has been in place for '10 years'.
- All staff members have a login.
- Families can only view the care plan, while on-site at the home - they do not have remote access.
- The Manager checks records daily. As part of this, nurses reviews are viewed.
- Each resident receives a full monthly care plan update.

Clinical and Personal Care

- The Manager is additionally the Clinical Lead, and a specialist in older people's nursing.
- Nursing cover is two during the day, and one at night.
- Just one resident is bedbound, the Manager says.
- There is a dedicated GP practice – Riley House. Currently there are no ward rounds (weekly visits) but the GP will come, whenever necessary. The home is meeting with the Practice Manager soon, as the ward rounds – which 'stopped in January' ideally need to be reinstated.

- There are visits from dentists, audiologists, opticians, chiropodists and hairdressers.
- Payment for this is 'not an issue' we are told.
- According to the Manager, the home provides toiletries (such as shampoo).

Involvement and Choice

- The home should feel 'homely, not institutional', the Manager says.
- Cultural needs are accommodated, including on diet and faith.
- On diet, the chef 'knows what is needed'.
- On faith, a priest, Father John visits every Thursday.
- Many staff members are undertaking English classes. The staff have strict instructions - to speak in English.

Families and Visiting

- Families may visit at any time, we are told.
- Visiting during mealtimes is generally discouraged, but not restricted.
- Coffee Mornings take place monthly – on the first Wednesday. Hosted by the Activities Coordinator, they are informal and feature cakes, snacks and hot beverages. It's a good opportunity for families to meet each other, and we are told they 'look forward' to coming'.
- More generally, the Manager encourages families to visit the home. With family around, it 'feels like home'.

Activities

- The Activities Coordinator works weekdays (Monday to Friday).
- Popular activities include arts and crafts, bingo, chair exercise and cooking.
- Entertainers visit on Saturdays.
- According to the Manager, residents are taken out (four or five at a time) to the local area – to visit cafes, restaurants and pubs. In the summertime, there are visits to Albany Park, including for picnics. Families may assist with outings.
- The home does not have transport, but can make arrangements where necessary.

- Residents 'like to use' the garden and some are involved in growing and planting. At the moment, the raised-beds have chillis, strawberries and tomatoes, and on harvest – soup is made.

Diet and Nutrition

- The home has a kitchen – with two chefs, supported by kitchen assistants.
- There is a seasonal menu, with alternatives.
- Residents make their selection for lunch, the same morning. This is managed by the Activities Coordinator.
- Meals can be taken in rooms.
- There are dedicated 'snack times' such as for fruit and a cup of tea. Snacks are available outside of mealtimes as well.
- The Manager says that infection control is 'strict'. Currently, the home has five stars for food hygiene.

Feedback and Complaints

- There are several ways to give feedback.
- There's an annual survey.
- A feedback box is sited near reception.
- There are quarterly meetings for residents, families and staff. Families are notified the week before – by email. Following the meetings, the minutes are emailed out.
- Feedback, through any platform (including Google Reviews) is posted on a dedicated noticeboard.
- A quarterly newsletter is produced.
- There is a complaints process. The Manager says that no complaints have been received, in the last two years.

General Environment

- The Manager has decorated the first floor, giving the residents 'lots of things to see'. This is an improvement on the previous 'plain' environment.

We spoke more briefly with the Activities Coordinator, who has been in post for eight years.

A summary of the discussion is outlined below:

Activities

- Music is the 'favourite' activity. Even if activities are not music related – such as a quiz or exercises, they tend to end with a song or a dance. Music gives 'many benefits'.
- Bingo is also popular.
- Recently there was baking and smoothie making.
- There is 'lots of support' and care staff assist with activities.
- The home has 'lots of parties' and events include for Valentine's Day, Pancake Day, Easter, Halloween, Bonfire Night, Christmas, Eid and Diwali.
- Photos are taken and stored in the activities folder. This benefits families, who haven't attended.
- A summer barbeque is planned, it is expected that 300 people will attend.

Families and Visiting

- Families are encouraged to visit.
- Video calls are arranged – for families who live far. Some are overseas.
- The monthly Coffee Mornings are going 'very well'. They are a good opportunity to give updates, and to receive feedback and suggestions. Often families 'don't want to go home' afterwards.

General Environment

- For activities, the training room is usually utilised.
- Resident's artwork is on the walls. The art is uncomplicated, but colourful and fun to do – such as making paint pressings using forks, fingers, or cut potatoes.
- There is an activity noticeboard in the lounge. There are separate sections for weekdays, Saturdays (visiting entertainers) and for resident birthdays.

Any Other Comments

- The Activities Coordinator 'loves the job' – she is very happy and receives a lot of support. She can talk to the manager about any issues or needs. The home 'feels like a family', she says.

Recommendations

Based on the Evidence

8. Recommendations

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

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

Recommendations

Accessibility: Lifts and Stairs

The lifts and stairs have no access control. Keypads are not installed, and doors are not locked.

8.1 For both safety and security reasons, the home would certainly benefit from access controls. On safety, staff cannot monitor residents at all times, around the clock, and it is certainly possible for them to move around the building, unmonitored. On security, it is also entirely possible for visitors to ascend levels undetected. We know that equipment, such as keypads may be expensive, but we urge the home to consider options or measures, to remedy this. It is the home's responsibility – to be safe and secure.

Accessibility: Toilet Mobility Aids

Some of the toilets are not fitted with mobility aids.

8.2 While this may not be absolutely necessary in all toilets, it would be good to know that the home has all the toileting equipment necessary.

Accessibility: Fire Evacuation

We did not see any fire evacuation equipment, such as sledges.

8.3 When visiting homes generally, we routinely see sledges fitted along stairways, on the upper levels. We noted fire extinguishers only. The home should conduct a fire safety audit, with professional assistance if required, to ensure that it is fully compliant with legislation.

Accessibility: Signage

The dementia-friendly signage, such as for communal toilets and bathrooms is inconsistent, in both size and positioning. While some doors are fine, others have signage that is either too small, or too low down (not at eye level). Some of the signs have faded over time.

8.4 The current arrangement is not ideal, and it is not a professional approach. We recommend that the home invests in new signage, and applies it both accurately, and consistently.

Accessibility: Dementia-Friendly Environment

In the upper floor corridors, we were somewhat 'overwhelmed' by the scale, and brashness of the artwork. Features include flowery motifs, and a striking collage of butterflies – projecting from the wall. This is well-intended, but not overly compatible, we feel, with dementia-friendly guidance and protocols.

8.5 There is no doubt, that the artwork is installed to bring some vibrancy and homeliness to the upper floors. However, it is sited on dementia units and may result in claustrophobia and hallucinations. We recommend that the home acquires some expert guidance, to see if the installations are appropriate for their setting. If not, they could certainly be used elsewhere in the home, as they are attractive pieces.

Environment: Décor, Fittings and Furniture

Throughout the home, including the communal spaces, toilets and bathrooms, and residents rooms, the décor is visibly dated.

Our observations are echoed by families – who say the home needs to be 'redecorated, upgraded and modernised'.

- Walls: The walls have not been painted or maintained for a long time – we noticed marks, scratches and holes. We note that some holes have been filled in – but not painted over.
- Resident's Rooms: As a whole, the rooms do not appear to be comfortable, or cosy. They are sparsely furnished, and lacking in the personal items and touches you would expect to see. The furniture itself is old, scratched and dented. In cases, bed padding is worn, blankets are

threadbare. Again, the walls, and skirting, are generally damaged. In some rooms, the carpet is visibly worn.

- Toilets and Showers: The toilet fittings look to be old. Some of the commodes are quite odd-looking (example on the basement floor – a tapering metal commode) and some are quite low to the ground, making them difficult to use. The rooms themselves are dated, with discoloured floors and walls.

8.6 We know that re-décor and refurbishment can be a considerable task, however it is now time, we feel, for that commitment to be made.

8.6a General redecorating need not be costly – it is entirely possible to secure donations of furniture and paint, and for families and volunteers to assist with tasks..

8.6b Some of the toilet facilities do require modernisation and investment, we feel. We hope that the home can consider this – and make plans to upgrade and refurbish, as necessary.

If we revisit the home at a future date, we would certainly be disappointed if the environment has not improved.

Personal Care: Laundry

The laundry service is criticised by families – for being ‘muddled and inefficient’. Clothes have gone missing, and residents, while looking well-dressed and presented, have been seen in ‘others’ clothing’.

8.7 This is reported by several families – therefore it is an issue, that the home should investigate, and hopefully resolve.

Glossary

Other Information

9. Glossary of Terms

As below.

CQC	Care Quality Commission
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10. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.



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