

Enter and View Report

M Power Care Home, October 2024



A report by Healthwatch Lewisham

“Whenever family comes, they always appreciate the improvements they see in their loved ones. They always have good comments.”

Staff member

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Visit Details	
Service Visited	M Power Learning Disability Home 22 Bromley Road Catford, London SE6 2TP
Manager	Mr Luigi Barbieri
Date of Visit	15 October 2024
Status of Visit	Announced
Authorised Representatives	Gaby Alfieri, Sashi Shrestha
Lead Representative	Gaby Alfieri

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch program is to undertake '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 hospitals, care homes, 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 people who live in the home, their families, and their carers. We also speak 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 specifically intended 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 on 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 this date.

1.3 Acknowledgements

Healthwatch Lewisham 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 visit and putting together this report.

2. About the Visit

2.1 M Power Learning Disability Home

On 15 October 2024 we visited M Power Learning Disability Home.

Operated by Eleanor Care Ltd., the home specializes in care for residents with learning disabilities. M Power is staffed by care and support workers that help residents to be confident with living away from family and friends.

The home may accommodate up to 11 residents, and 10 were in residence at the time of the visit.

The home has 19 staff members— 13 full-time and 6 bank staff. Most of these staff are support workers, but this also includes management, cooks, and administration staff.

2.2 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.

Park Lodge was last inspected by the CQC on 1 July 2022. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Effective, Caring, and Responsive and with individual ratings of 'Requires improvement' for Well-led.

2.3 Online Feedback

There are currently no reviews for the home on carehome.co.uk.

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Lewisham to form an impartial view of how the home is operated and how the home is operated and how it is experienced by residents, and to produce a report. As part of its 2024/25 programme, the Healthwatch Lewisham Local Advisory Committee identified learning disabilities as a priority area for Enter and View activity. M Power Learning Disability Home was selected as part of this focus.

3. Summary of Findings

During the visit we engaged with 3 staff members, 1 managers/senior staff representatives, 3 residents, and 4 family members.

15 people were engaged with in total.

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

Outside and Entrance

Notes

- The exterior was quiet and looked well maintained.
- The home is near a busy road but sits on a much quieter street.

What has worked well?

- There was ample security outside the home, including heavy, locking doors and a CCTV system.
- The entrance had a lot of information about residents, activities, and safety procedures on display.

What could be improved?

- There was a lack of external signage, the management informed us it would be added soon.
- The side path along the house may be too small for wheelchair use.

General Environment

Notes

- Staff were friendly to us and observed being respectful to residents.
- The home was lit well and was tidy

What has worked well?

- Overall, a very good system. Things had a place and the home was tidy.
- The laundry system was well organised.

What could be improved?

- Some furniture appeared old and in need of replacement.
- Some general cosmetic wear was noted across the home, including areas where paint was chipped. A fresh coat of paint in these areas would improve the overall environment.

Accessibility

Notes

- The home was generally made to be accessible with suitably adapted toilets and large and manoeuvrable bathrooms. Corridors were generally wide and didn't feel cramped.
- The main accessibility issue was that there were no lifts anywhere... Some stairs were fitted with stair lifts... residents with mobility issues live on the ground floor

What has worked well?

- The home had been made physically accessible for residents. Most hallways were wide and manoeuvrable, and the bathrooms were spacious, had large handles on the doors, and were well signposted throughout the home.
- There are stairlifts throughout the home (although not on all staircases).

What could be improved?

- The house did not have a lift, and so less mobile residents lived downstairs.
- The recreational room in the basement was not wheelchair accessible.

Safety

Notes

- Fire exits and fire extinguishers were available throughout the home and were clearly marked.
- Safety procedures were followed through the home.

What has worked well?

- The fire exits and fire extinguishers were properly marked with lights and signage.
- The emergency procedure was displayed across the home, including the entrance lounge.
- There were no obstructions in any hallway that could be a hazard.

What could be improved?

- We saw no areas for improvement in safety.

Common Areas

Notes

- The main lounge was organised in a way that facilitated socialising among residents.
- Garden had sensory areas for visually impaired residents.

What has worked well?

- The chairs in the lounges are arranged in an open and social way, which allows for socialising among residents and with their visitors.
- The garden was colourful and accessible. Effort had been put into the utility of the garden: there was a sensory area, and many herbs had been planted.

What could be improved?

- The second recreational room, in the basement, was not accessible to all residents and was a bit run down. Though the home only has 11 residents, it should be considered whether a more appropriate quiet room could be set up.

Meals

Notes

- Meals were suitable for a diverse set of needs.
- The food was safely prepared, and residents could be meaningfully involved in the menu and in the preparation of some foods when they wanted to be.

What has worked well?

- Dietary requirements such as Halal food and gluten-free options were catered for.
- There was a mix of cultural options. We saw Jamaican, African, and British cuisines represented on the menu.
- Some residents had the opportunity to help make some snacks and drinks, which worked well as a participatory activity.

What could be improved?

- We saw no areas for improvement in this area.

Staffing and Management

Notes

- Seven staff are always in the home during the day, and three are on site all times at night, which is a good ratio of employed staff to residents.

What has worked well?

- Staff were caring and patient toward the residents when we were there. They interacted appropriately and were observed to know the needs of each resident.
- Staff were encouraging residents to take part in activities.
- Family members we spoke to felt positively about the staff and felt like they were communicated with well.
- The staff felt supported in their role and all complete training regularly.

What could be improved?

- We saw no areas for improvement in terms of staff.

Residents**Notes**

- Residents seemed presentable, social, and meaningfully involved.

What has worked well?

- Residents seemed very happy with the home, and those who were verbal communicators expressed their happiness living at the home and their liking of the other residents.
- Residents were appropriately dressed and well-groomed.
- There was a high level of support available to residents, particularly those with higher dependency. Residents were also included in choosing activities they wanted to take part in. There are communication systems in place for this for non-verbal residents.

What could be improved?

- We saw no areas for improvement.

4. Resident and Relative Feedback

During the visit, we spoke with three residents and three family members in person.

We spoke to two parents and one sibling of the residents. All three were involved in some way in the care of their family member and had some say in the care journey of their family member.

4.1 Personal Care and Involvement

All the residents we spoke to enjoyed living at MPower. They all felt cared for, and they all gave us example of how the staff would listen to them. The residents liked the staff because they “did a lot for them”, gave them a chance to choose what to do, and were “kind” and “listened”.

One family member noted that they had seen their brother before in someone else’s clothes, but that this was a behaviour he had exhibited at home too, and so it was not a cause of concern. The family members were all confident in the home and happy with the quality of care it provided.

Selected Comments

“I like all my friends here”

“I like the staff because they do a lot for us”

“There’s always someone around [to help].”

4.2 Medical Care and Involvement

None of the residents we spoke to brought up any medical issues. The family members mentioned that the staff would deal with medical issues, but that they were always updated promptly. The residents we spoke to also felt they could ask for an update at any time about their family member’s health.

4.3 Activities

The residents expressed positive feelings about the selection of activities. One mentioned that she could choose what activities they did. A third mentioned that they might like to play more games, but this did not seem like a major concern.

One resident also noted that they were able to call people when they liked, if they had family members or friends.

Selected Comments

"I can tell them what I want to do."

"I do puzzles and play cards, I like singing and dancing."

"I help the staff out in the kitchen"

"I do a lot, I like washing up the dishes"

4.4 Staff

All the residents we spoke to spoke positively of their experiences with staff. Most of these residents also say that they feel listened to by staff most of or all the time. This sentiment was shared by the family members.

Selected Comments

"I like the staff because they do a lot for us."

"[The staff] help you a lot, like with personal care and chopping."

"The staff make us laugh" and "we can tell them when we have a complaint."

4.5 Opportunities for Feedback

The residents all felt that staff gave them the space to offer feedback. The relatives felt the same way but noted that they had not had any complaints. One noted that there had been an issue at the home several years ago, but that it was resolved when it had been brought up.

4.6 Other Comments

Other comments underscore resident satisfaction with the care home.

Selected Comments

"She is happier there than she has been elsewhere."

"I've got friends here."

"We help out with the kitchen; we chop the food...I like all of the food and get choices of meals."

5. Staff Interviews

During the visit we interviewed four staff members. This was made up of three support workers and, although we were not able to speak to the manager, we instead spoke to a senior support worker.

5.1 Working Environment

Staff told us that they feel supported at their jobs and spoke generally positively about the work environment. The staff we spoke to all got along with one another and the management.

All the staff could name the trainings they had taken, and they all believed the home was managed well.

Selected Comments

"I've worked in other care homes before, and this is one of the best in London. The managers care."

"I feel adequately trained and supported."

5.2 Management

Overall, staff said that they find the care home to be well run. One staff member said the home is “effectively run” and that management also maintain a good relationship with residents’ family members.

One staff member noted that the recent changes in ownership have been a good transition overall but that certain differences require some adjustment. The staff member explained that the new owner is not usually on-site but that they can be called if needed.

Selected Comments

“The home is run and managed very well. We have good management who make sure the service users are taken care of and that their health and wellbeing is looked after.”

“Senior management is good and cooperative, helping through ups and downs.”

5.3 Residents and Relatives

Staff seemed to genuinely care about the residents. They spoke to us about the need for person-centred care, individual care plans, the need to support different cultures and backgrounds, and learning each of the residents’ verbal cues.

The staff also stressed the importance of being in regular contact with family members and having them be invited to social events at the home, such as barbecues.

Selected Comments

“One service user’s dad comes to pick him up every Sunday...family are invited to BBQs too.”

“No matter where you come from, we try to meet your needs.”

“Everyone is a different culture, so we have to respect that culture.”

5.4 Any Other Comments

Overall, the comments were very positive. One staff member went as far as to say the home was one of the best in London. The only constructive criticism from the staff echoed the suggestion from one of the family members, which was that a “lick of paint” and some new furniture could improve the place.

Selected Comments

“I try to support independence, for example one resident learns to cook with me...we support them to try their best with activities and show them they can do it and encourage them.”

“Whenever family come, they always appreciate the improvements they see in their loved ones. They always have good comments.”

6. Management Interviews

We spoke to a senior support worker who was acting as a stand-in manager.

6.1 Working Environment

The deputy manager spoke highly of the work environment, noting the high level of support and the positive feelings the staff have toward one another.

Selected Comments

“100% we have an excellent manager that gives us a lot of support, we have a good team bond, it is a pleasure to see everybody trying their best to complete their daily tasks.”

“We are very happy to see our users improving their quality of life every day.”

6.2 Residents and Relatives

The deputy manager said the team does its best to provide personalised and tailored care to each of its residents and that residents face no issues accessing health services when needed. Positive behaviour support training (PBS) is the most

commonly refreshed training, but there are also opportunities for the staff to receive training about autism, incontinence, or fire safety, among other things.

It was also made clear that residents have lots of opportunity to communicate with their loved ones, including through phone calls and visits. Those with the capacity can contact their family whenever they please, and others without the capacity are asked regularly if they would like to phone or video call their parents.

To meet the dietary requirements of residents, the home regularly changes the menu and provides options that offer variation and cater specifically to the current residents.

The deputy manager mentioned that they have a complaints policy. They said that there was always room for improvement, and they will always try to act on comments. This reflected what we heard from family members, that the home was responsive to suggestions.

6.3 Any Other Comments

At the time of our visit, management accepted that the place could benefit from renovation, but there were no set plans in place to make substantial changes. We recommend that the home investigates this.

7. Recommendations

Healthwatch Lewisham would like to thank the service for the support in arranging our E&V visit.

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

Recommendations

7.1 Include variation in activities

Residents expressed interest in more games or trips: "Play more games", "We could do more outings or day trips".

Staff noted the current range is good but room for expansion exists.

The basement recreation room is inaccessible to some residents, limiting quiet or alternative activity space.

Review the current activity schedule to identify opportunities for greater variety, particularly around external outings and games. Consider relocating or adapting a ground-floor space to serve as a quiet or creative room for residents who cannot access the basement.

7.2 Plan a refurbishment

The home could do with some refurbishment efforts. Overall the place was clean, but more could be done to make the place seem welcoming and inviting.

We noticed some paint chipping in some of the areas and a new coat of paint could be a great improvement. One family member also noted that a new coat of paint would look good.

Some of the furniture seemed a bit worn and could do with being replaced.

7.2 Improve feedback mechanisms

One family member said they weren't regularly asked for views: "Not really, worries can be expressed though".

Staff confirmed family surveys exist but did not mention frequency or follow-up actions.

Residents with limited capacity rely on body language or communication books.

Consider formalising and increasing the frequency of feedback mechanisms for both residents and family members. Explore opportunities for greater inclusivity, such as scheduled family forums or regular one-on-one check-ins. For residents with limited verbal capacity, ensure communication tools (e.g. visual planners, emotion charts) are regularly reviewed and used consistently across staff.

7.3 Consider improving the accessibility of the home

Overall, we thought the home was in good condition, but some improvements could be made.

The basement, which is a social space, is not accessible to all people in the home. If accessibility cannot be improved, due to the age of the home, this should be reviewed.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
E&V	Enter & View

9. Distribution and Comment

This report is available to the 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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“Here, there are people around, and we’re given adequate attention and care.”

Resident