



Enter & View Report

Green Trees Care Home, 30 July 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

Green Trees Care Home

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Green Trees Care Home
Manager	Amy Cubria
Date & Time of Visit	9.45am, 30 July 2025
Status of Visit	Announced
Authorised Representatives	Elizabeth Crosthwait, Catherine O'Malley, Janina Knowles, Janice Nunn
Lead Representative	Darren Morgan

2.2 Green Trees Care Home

On 30 July 2025 we visited Green Trees Care Home, a residential care home in Enfield.

The home provides residential care for older adults. It specialises in support for dementia, and also offers respite care.

The home may accommodate up to 16 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.

Green Trees was last inspected by the CQC in July 2022, with a subsequent review in July 2023. The inspection [report](#) gave a rating of 'Good' overall, with

individual ratings of 'Good' for being effective, safe, caring, responsive and well-led.

2.4 Online Feedback

Feedback posted on [carehome.co.uk](https://www.carehome.co.uk) gives an average rating of 4.2, out of 5.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with six residents, three staff and agency staff members and the manager. Following the visit we engaged with three families by phone. In total, we spoke with 13 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 in Hadley Wood, a quiet residential area bordering Hertfordshire.
- It is a short walk from the train station, and has a bus connection. Parking is available along the street, and generally in the surrounding area.

What has worked well?

- The building itself, as with others in the area is a 'period house' and looks picturesque, with a well-planted and maintained front garden.
- Signposting is clear.
- On arrival we were asked to sign in, and later out.
- The reception space is small, but functional and tidy.
- A defibrillator is installed, along with a first aid kit. Hand sanitiser and clinical wipes are also available.

What could be improved?

- We found no potential areas for improvement.

Accessibility and Safety

Notes

- Glove stations are installed on walls, and appear well-stocked.
- The upstairs corridors are short, and we note are not fitted with handrails (this may be unnecessary, given the short distances to cover).
- Corridors are quite narrow and can become crowded, as we observed upstairs. However, we noticed no obstacles, or potential trip-hazards.

What has worked well?

- The front door is locked, and requires a keycode.
- Stairs are fitted with handrails – which contrast in colour with the walls.
- Signage is of a good size, positioned well, and contains images (dementia-friendly). Both communal and utility rooms are clearly signed.
- Door handles are marked for push or pull.
- The bathrooms and toilets we viewed are fitted with accessibility aids, and appeared clean. Taps are marked for hot and cold. Reminders to wash hands, are posted.
- The fire evacuation procedure is clearly posted, and fire exits are clearly marked.
- Fire extinguishers and alarms are in suitable locations, we also noticed fire blankets.

What could be improved?

- The lift does not have access controls (such as a keycode).
- Clocks are well-sited and analogue. We did not see a dementia-friendly clock – displaying day and month, in addition to time.

General Environment

Notes

- The building appears to be a former residential house, and not purpose-built for its current use.
- There are three floors.

- The ground floor contains all communal areas – the lounge and dining room, plus the kitchen, utility and wash rooms, and toilets.
- Residents are located on all floors except the top, which houses two live-in carers.
- The manager’s office – a small room, is on the second floor.
- Within the home there are lots of stairs, leading to various floors and alcoves, and these occupy a large volume of space.
- Upstairs is noticeably darker than downstairs. A small ceiling light is fitted in an upper corridor, giving a modest amount of natural light.
- Most floor surfaces are carpeted.

What has worked well?

- The environment is largely homely. Walls are typically wallpapered (not plain) and pictures are varied and interesting – some artistic and others reminiscent. The furniture has character – we noted several period sideboards. Most communal areas have flowers and the lounge, a generous space, has an array of well-placed ornaments.
- The rooms themselves have high ceilings, adding to a sense of spaciousness.
- Most windows downstairs are large, enabling plenty of natural light and we were pleased to see curtains open, and overhead lights off.
- Resident’s doors have their name and a good-sized photo, within attractive-looking gold frames.
- During our visit the home appeared clean and tidy throughout.
- Rooms are cleaned daily, and bedding changed regularly, residents say. Families also describe good levels of cleanliness.

What could be improved?

- A slight smell of urine was noticeable – throughout the home.

Personal and Clinical Care

Notes

- Most of the residents have dementia, with individual capacity varying.
- Some residents (three or four) need hoisting support.

- On care planning, the home has used electronic systems for over ten years, and two months ago upgraded to the 'Blysfull' platform.
- As with other systems, staff use handheld devices – similar in size to mobile phones, to input information and to receive instructions.
- Residents receive a monthly care plan review – on the day of the month that corresponds with their room number.
- On grooming, a hairdresser visits every fortnight and a chiropodist comes monthly. This is self-funded by residents, most of whom are on the 'pamper package'. Some prefer to make their own arrangements.
- Toiletries such as shampoo and soap are supplied by the home.
- As the home is residential-only, it does not employ a nurse. A community matron visits and she knows the residents 'really well'.
- Those discharged from hospital are supported by community nurses – as part of their 'virtual ward' rounds.
- The home has an assigned GP practice (in Cockfosters) and a GP visits on the last Thursday of the month.
- For dentistry, private treatment is secured from local practices.

What has worked well?

- The residents and families we spoke with are positive about the staff, who are considered to be pleasant and approachable, and willing to listen and involve. Good levels of support and response are reported.
- During our visit, we observed a good rapport between the residents and staff.
- Staff wear badges, displaying both name and role.
- No issues with personal care, grooming or laundry are reported.
- According to families, the residents have 'good access' to medical treatment and care, and any issues are 'efficiently' communicated.

What could be improved?

- Call bells are not accessible from resident's beds (as we would expect). Instead, they are placed on the wall, near the door.
- Likewise in the toilets, call bells are not near the commode.
- One of the residents rooms – did not appear to have a call bell.
- On pressing a call bell, one resident felt berated by a staff member – who said 'What's the emergency, you'll wake everyone up!'. Following this experience, the resident is more reluctant now, to use the bell.

Activities

Notes

- There is a part-time activities coordinator, working 9am to 1pm, weekdays. This is a new role, and started around a month ago. The person in-post, has many years of experience in this type of role.
- Activities mentioned include reading (newspapers and books), jigsaw puzzles, knitting, bingo, chair-based exercises, target throwing and bowling. One resident is a regular at the nearby church.
- An entertainer visits every Wednesday afternoon. We are told that 'most' of the residents like to attend, and join in.
- The residents may visit a nearby day centre. This is less popular now than it used to be, but the option is there.
- One of the care plan alerts is on 'isolation' – staff will check the welfare of those less active. We are told that activities such as games can be taken up into rooms.
- Resident birthdays are publicised near the lounge.

What has worked well?

- The families we spoke with are positive about the activity offer. We hear that the residents are taken to the lounge and encouraged to socialise and to join in.
- There is particular praise for the activities coordinator – families are appreciative of the initiatives and future development plans.
- The activities chart (planner) is posted in several locations, and all copies were up-to-date.
- The lounge was reasonably well-attended during our visit. A large television was on, however residents were also occupied with newspapers, jigsaw puzzles and a game of target-throwing. The staff appeared enthusiastic, and the residents looked to be engaged, and comfortable.

What could be improved?

- While the back garden is ornate – complete with a large pond and decking for seating, it is also on a steep slope – not practical for a care home. According to the activities coordinator, there are plans to use a side-garden instead – which is on an even-surface.
- Several residents tell us they would like to 'get out more', into the garden and for wider outings.

- Two residents would like more information, about the activities on offer.
- More activity materials are required, staff tell us.

Diet and Nutrition

Notes

- There are two chefs – separately serving weekdays and weekends.
- Lunch is at 1pm, supper at 5pm and breakfast is more flexible. There are tea rounds at 10.30am, 3pm and 8pm.
- Meals are selected by the residents the day before.
- Some require feeding assistance, or to be observed while eating.
- Meals may be taken in the dining room, or in resident's rooms (there are no restrictions).
- There are 'no issues' with cultural needs or dishes, the manager says.
- Snacks are available outside of main meal times and families can also bring food in. One resident has her own fridge.

What has worked well?

- The families we spoke with are wholly positive about the food offer.
- Comments suggest a holistic approach towards diet – residents have either gained or lost weight, to become healthier and fitter.
- There is choice, according to families, including vegetarian options, and suggestions have been respected and implemented.
- The dining room is 'well-attended' during mealtimes. The manager observes that residents tend to 'eat more, in company'.

What could be improved?

- According to residents, while the food is of reasonable quality and served hot, it can be 'predictable and monotonous'. None of the residents recalls seeing a menu, and a lack of 'real choice' is cited.
- Relatives also – do not recall seeing a menu.

Visiting, Feedback and Complaints

Notes

- Although the manager is based upstairs, she likes to come down and 'do the rounds'. It's important to be 'visible' around the home.
- The home has recently subscribed to 'Ultra', which serves as a 'Facebook for families'. The system will be especially useful for those living afar.
- On visiting, families don't need to book. There are no particular restrictions, however it is expected that visitors will leave by around 8pm.

What has worked well?

- No issues are reported with visiting. Families may come at 'any time' and are able to take their loved ones out, they tell us.
- According to staff, the manager has a good relationship with families and visitors. As well as routine interaction, there are more formal family meetings.
- The residents and families we spoke with feel confident in raising any issues, concerns or complaints.
- The complaints policy is clearly posted in reception.

What could be improved?

- There is limited awareness of resident and relative's meetings.

Staffing and Management

Notes

- Alongside permanent staff, the home uses 'regular' agencies.
- On training, there is an additional focus on 'de-escalation and challenging behaviour', given the ratio of residents with dementia.
- All staff are fully trained on safeguarding, and are aware of the process.
- Supervision is monthly, according to a staff member.

What has worked well?

- Induction is considered to be 'helpful and supportive' by staff.

- Staff morale and satisfaction appears to be at a good level.
- According to staff, the manager has 'supported them well'.
- We hear there are 'several staff meetings' a month, and that opinions are 'valued'. Staff off duty may join remotely.
- The families we spoke with are complimentary of the manager – described as 'spot on' and with a 'plan for change'.

What could be improved?

- We found no potential areas for improvement.

Residents and Relatives

Feedback Received

4. Resident Feedback

At the visit we engaged with six residents.

Length of residency ranges from two months to three years.

The residents we spoke with are generally positive about the staff, who are considered to be pleasant and approachable, and willing to listen and involve. Good levels of support are reported. Those more mobile, are freely able to navigate around the home, we hear.

Some criticism is received. On pressing a call bell, one resident felt berated by a staff member – who said ‘What’s the emergency, you’ll wake everyone up!’. Following this experience, the resident is more reluctant now, to use the bell.

One resident requires hairdressing.

Staffing and Personal Care

General Comments:

“Some are nice, and others are less approachable.”

“I get myself up and washed, most times. A carer recently gave me a shower.”

Positives:

“The staff are lovely.”

“Everything is nice, I like the staff, they listen to me.”

“I’m happy with the way they talk to me. If I require anything, no problem.”

“I’m mostly happy. Staff are well organised and treat me with respect.”

“Staff ask me what I need – for example, if I want to eat something, or if I want to go somewhere.”

“I see staff regularly.”

"I usually find staff if I need someone."

"I feel safe, I can mobilise around the home and garden."

Negatives:

"Staff are usually helpful. But, when I pressed the call bell I was told 'what's the emergency, you'll wake up all the residents'. It's put me off using it."

"I'm happy to stay on a short term basis, but not for the long term. I'm not clear why I can't return to my family. I was happy being at home with my wife and children."

"I need a hairdresser."

No issues are reported with clinical care.

Recently, the manager has assisted a resident to get dental treatment.

Clinical Care

General Comments:

"I will ask if I need to see a doctor."

Positives:

"I can call staff whenever I need to. They help with medication, three times a day."

"I have a long-standing tooth problem. The manager has helped with finances, I'm going to see a dentist next week."

According to residents, while the food is of reasonable quality and served hot, it can be 'predictable and monotonous'. None of the residents recalls seeing a menu, and a lack of 'real choice' is cited.

One resident, who prefers porridge for breakfast, is not always accommodated by staff.

Diet

General Comments:

"The food is okay."

"The food is alright. There's no menu, but staff come round to discuss what is on offer. I eat in the dining room."

Positives:

"We're asked the day before. There's always fish, meat and they cater for vegetarians. It's usually hot and enough. I eat in the dining room."

"I like the food. My daughter also brings things in."

Negatives:

"The food can be monotonous. Staff will tell you what they are preparing for breakfast, lunch and supper. There's no real choice."

"There's no choice, I don't know what's for dinner. For snacks, you have to wait for the rounds."

"In the morning I have porridge, I like it in a small bowl. Some staff do this for me, others ignore my request."

It is commented that activities are more stimulating – now that 'more people' are involved. However, for some residents the activity offer can be 'unappealing and uninteresting'.

Activities mentioned include reading (newspapers and books), knitting, games, chair-based exercises, target throwing and the visiting entertainer. One resident is a regular at the nearby church.

Several residents tell us they would like to 'get out more', into the garden and for wider outings.

Two residents would like more information, about the activities on offer.

Activities

General Comments:

"I read my paper in the morning and play games."

"I do some knitting."

"I mostly enjoy the singer on Wednesdays, also bingo and chair-based exercises."

"I do my own organising. I throw bean bags in a box."

"I enjoy reading books, biographies, that kind of thing, My wife brings them in. I'm not sure if there's a library here at the home?"

"I visit the church on Sunday and have tea and coffee. I'm the only one who goes."

"I have occasional trips (and coach trips) and I enjoy going out for lunch. I've been to a children's concert."

Positives:

"Activities are much better now, as more people are involved."

Negatives:

"I love to go into the garden but no-one will take me. I'm not allowed in the garden or kitchen. I'd like to lay the table, but they say it's not allowed."

"I'd like to go into the garden more, and go swimming."

"There are no trips out."

"I would like more outings."

"I'd like to see more aqua-painting. It's a painting book that uses clear water to bring out the colours."

"I don't go down very often, and I prefer to eat in my room. I know there's a TV downstairs, but I don't know about the activities. I'd like to know a bit more about what's going on, so I can make a choice."

"I would like more activities. I spend most of the day sat down, reading. I would like to have more exercise – go out for walks. The organised activities don't really appeal to me."

"I tend to spend time in my room, the activities are not that interesting."

The residents we spoke with feel confident in raising any issues, concerns or complaints.

There are no residents meetings, apparently.

Feedback & Complaints

General Comments:

"I haven't needed to make a complaint."

"I'd speak to a carer initially, I'd think twice before going to management. But I can always speak to the carers."

Positives:

"I'd just ask the staff, but I haven't needed to."

"I'd speak with a staff member – one I'm happy with, if I had a complaint."

"I'd go to the manager. She resolved an issue – with an unkind staff member."

Negatives:

"I haven't been asked for feedback."

"I'd love to give feedback, but there are only staff meetings."

"I don't know about any resident's meetings."

Rooms are cleaned daily, and bedding changed regularly, according to feedback.

For one resident, the hoovering is 'too early' in the morning.

General Environment

Positives:

"They keep my room clean."

"My room is cleaned every day – dusted and hoovered."

"I make my bed. The duvet cover is changed regularly."

"My toilet is kept clean. I sometimes use the communal ones as well."

Negatives:

"It's okay, my room is cleaned daily. They Hoover too early in the morning though."

When asking for any other feedback, the manager is praised for 'making things more organised'.

Some residents feel engaged and stimulated, while others do not.

Any Other Comments

Positives:

"The new manager has made things more organised."

"No worries."

"I have jobs to do. I lay the table and clear up."

Negatives:

"It's an easy, but boring life in the home."

5. Relative Feedback

Following the visit we spoke with three family members, by phone.

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

The families we spoke with are entirely positive about the staff, who are considered to be 'helpful, willing and responsive'.

No issues with personal care, grooming or laundry are reported.

Staffing & Personal Care

Positives:

"I'm happy with mum's care, I usually visit weekly and have never had any issues. It's absolutely fine."

"Staff are very helpful, willing and responsive."

"The attitude of the carers is really, really good."

"Very helpful staff. My husband is well-looked after and he is always clean and tidy."

"The staff are very friendly, they do everything they are asked to do."

"There's a bit of staff turnover. Mum quite often sees a new face, but this is not a particular problem. Staff are always friendly and courteous. Mum seems happy and settled and never makes any complaints, although she has dementia so it's difficult to get a detailed picture."

"My husband has his hair cut regularly."

"Mum regularly has her hair and nails done."

"The laundry service is efficient."

Compliments are received for the manager – who is 'spot on' and has a 'plan for change'.

Management

Positives:

"Amy, the manager, is 'spot on'."

"The new manager is very positive and helpful and I think she wants to make changes."

We hear that the residents have good access to medical treatment and care, such as GP consultations and chiropody.

The families are 'efficiently' notified of any issues or developments, and feel involved in decision-making.

Clinical Care

Positives:

"The GP calls me promptly as needed. Mum sees an optician and a dentist regularly. I have no concerns."

"It's easy to arrange medical appointments as required. The GP comes in regularly. There are no issues with this and I am always alerted to any problems."

"My husband sees the chiropodist every six weeks because of diabetes. Our daughter takes him to appointments, so the home is very efficient at informing us. He is due to have cataract surgery so has seen an optician. A GP visits weekly."

"I feel fully involved in mum's daily and medical care. If anything happens, or there are changes, I know staff will contact me."

"Staff will contact me about any medical issues. They ask for my opinion about any care and treatment options."

"If there are decisions to be made about my husband's care or medical treatment, they will mention it when I visit, or get in touch. They keep me and my daughters well-informed and concerns are listened to and dealt with."

The families are wholly positive about the food offer. Comments suggest a holistic approach towards diet – residents have either gained or lost weight, to become healthier and fitter.

There is 'choice' including vegetarian options, and suggestions have been respected and implemented.

None of the relatives recalls seeing a menu.

Diet

Positives:

"Mum seems to enjoy the food. She eats in the dining room."

"My friend is vegetarian – as is the chef, and I feel that her dietary needs are well-catered for. She has made some meal suggestions which have been added to the vegetarian offer. Initially my friend had her meals in her room, but staff have encouraged her to go downstairs and she now always eats in the dining room. She was very underweight when she moved in and has now put on 12 kilos and is a much healthier weight."

"Very happy with the mealtime staffing."

"The food is good and there is a choice, usually between meat or fish, roast dinner on Sundays. My husband is diabetic and his dietary needs

are well-catered for and he has plenty of fresh fruit. He was overweight when admitted, has lost some - and he is much healthier for it."

The families are positive about the activity offer. We hear that the residents are taken to the lounge and encouraged to socialise and to join in.

There is particular praise for the activities coordinator (a new post) and a 'development programme' is underway, we are told.

Activities

General Comments:

"The new worker is developing the programme."

"My husband does go to the lounge but he's not much of a joiner. He likes to read the daily paper and there is a good selection of papers every day. He also gets tired and will go to his room to rest. His main interest is reading but he will sometimes join in the games and enjoys the singer who comes every Wednesday."

Positives:

"Lovely new activities organiser. My friend is now joining in activities - previously she didn't. She enjoys throwing games and the chair exercises."

"Mum is regularly taken down to the lounge for activities and I sometimes sit with her, while activities are going on. She enjoys watching and sometimes joins in. There is enough going on to keep her stimulated and she is encouraged to socialise."

No issues are reported with visiting. Families may come at 'any time' and are able to take their loved ones out.

Whenever visiting, 'tea and biscuits are offered'.

Visiting

Positives:

"I can visit anytime."

"I visit my husband as often as I can. My daughters also come and take dad out regularly. The staff are always helpful and there is no problem with this - there is an 'open door'. We are always offered tea and biscuits when we visit."

The families feel confident in raising any issues or concerns, and in giving feedback.

There is limited awareness of resident and relative's meetings.

Involvement, Feedback & Complaints

General:

"I think there might be occasional meetings - but I'm not really sure."

"I have never been invited to a formal meeting - either individual or group. I'm not aware of any meetings for families and friends."

"I'm not aware of any organised meetings but everyone is forthcoming and I feel involved."

Positives:

"If we raise an issue, it is dealt with and staff will get back to us in good time."

"There's a new manager. I don't have much contact with her, but if I have an issue or complaint - it would be easy enough to raise it."

"The manager and owner are both very accessible and happy to spend time talking. I can easily raise concerns with either."

"The manager is very good and very friendly. We chat regularly and I can confidently raise any issues."

The home is 'very clean' and also cosy – as families have been able to personalise rooms.

General Environment

General:

"It is an old house and maybe could do with some updating but very clean and well maintained."

Positives:

"The place is always very clean."

"Very satisfied with the home. It is clean, small and nice."

"We were able to bring things from home – and personalise the room."

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

Other Feedback

Positives:

"Very happy with the home."

"My friend has settled here, it was her choice to move and we looked at a number of care homes, but liked this one because it is small and intimate."

"Mum has been here for five years, and any problems are always dealt with promptly."

"The care is very consistently positive. I usually visit twice a week and come at all different times of the day. I never feel there is anything to hide – 'nothing is being swept under the carpet'."

"I'm very pleased with the care my husband receives and I feel his rather complex needs are well managed. I have no suggestions for

improvements. My husband is treated with respect, given choice and we as a family are listened to. The staff and manager are very approachable.”

Staffing and Management

Feedback Received

6. Staff Interviews

During the visit we interviewed three staff and agency staff members, from varied roles. Length of service ranges from one to ten months.

Induction is considered to be 'helpful and supportive' by staff. As the home is small, there is a lot of focus on the residents themselves, to learn about preferences, medical and other requirements.

On training, we hear that qualifications may be carried over from previous employment. There is an emphasis on 'handling difficult situations', given the ratio of residents with dementia.

Supervision is monthly, according to a staff member.

Induction, Supervision and Training

Induction:

"I shadowed staff."

"The induction process has helped a lot."

"I felt supported."

"I accompanied the carers, to meet the residents and learn about them, and their preferences for activities. The carers and manager were supportive."

"I have responsibility for medication and care plans. During induction I was showed around the home, we talked through the care plans and medication for each resident."

"Induction included training on communication and managing aggression, as sometimes residents with dementia can be unpredictable. Need to make sure it's a safe environment."

Supervision:

"I have appraisals with the manager on a regular basis."

"I have monthly supervision and appraisal."

"I don't have supervision here, I get support from the agency."

Training:

"I've had no specific training. I have over three years of previous experience."

"I previously worked at another care home in Barnet. My mandatory training is all up-to-date."

"I always refresh my knowledge."

"I'm doing care certificate training (level 2)."

"Mandatory training and updates are completed. There is additional training for working with a resident with a learning disability."

"I've learned to use hoists (two people)."

Safeguarding:

"The manager will refer any safeguarding concerns reported by staff."

"We make sure residents are in a good condition and safe."

Staff morale and satisfaction appears to be at a good level. The 'free' daily meal is appreciated. According to staff, the manager has 'supported them well'.

There are 'several staff meetings' a month, and opinions are 'valued'. Staff off duty may join remotely.

Staffing and Conditions

Job Satisfaction:

"I'm very happy working at the home."

"I'm happy in the job."

"It's okay, so far so good. I'm doing days and planning to do some nights."

"I get a meal at the home."

"I could do with a bigger badge."

Management:

"I enjoy the job, I feel well supported by the manager. I work well with colleagues."

Staff Meetings:

"There are staff meetings two or three times a month. We talk about the residents and how to look after them. Opinions are valued."

"There are regular staff meetings – monthly. We can join on Zoom if off duty. We get feedback from staff about how they are managing the job."

Terms (Breaks):

"I get one hour for lunch. There are plenty of breaks."

"For a 12 hour shift, there are three 20 minute breaks (one hour total)."

No issues with clinical treatment or care are reported.

Handover happens at around 8pm. Staff consult their electronic and paper notes, and talk about any issues or concerns.

Personal and Clinical Care

Personal Care:

"For personal care we need two people sometimes. They can all feed themselves."

"If I have any concerns, I will call a carer or the manager."

Care Planning:

"I talk to the residents and check care plans. I keep the care plans up-to-date."

Clinical Care:

"I'm a trained nurse and an experienced senior carer. I update care plans daily and liaise with GPs."

"A community matron visits regularly. She will assess residents and make referrals."

"A GP comes every two weeks."

Handover:

"I record activities on a laptop. I wait for the night staff to start, at around 8pm, for handover."

"At handover we look at all the notes (laptop and paperwork) and discuss the residents."

"The handover meetings between shifts are verbal and we update care plans."

"At handover I'd pass on concerns to other staff."

On activities, we are told that 'competitive games' are a good way to encourage participation.

Activities mentioned include bingo, bowling, walking, reading, jigsaws and the visiting entertainer. Some residents visit a local community centre, known as 'Fin'.

More activity materials are required, we are told.

Activities

Activities:

"There's no stress here. I feel I can do more, and do one-to-ones with residents. As long as people are occupied."

"I get to know the residents. I like to organise competitive games, which everyone can join in. Most of the residents have poor cognitive skills."

"I use gentle persuasion, to encourage participation."

"There is singing on Wednesdays. Jigsaw puzzles and newspapers are popular. Most residents come down for lunch. The food is very nice, we ask the residents what they want."

"Activities, residents can join in daily. We take them downstairs. Bowling and bingo are popular. There is an activities timetable."

"I will ask what people want to do but equally offer different games. Jigsaws, painting, sometimes decorate cakes."

"Residents go to 'Fin' (a community centre). I take residents out for a walk."

"I am asking for activity materials."

According to feedback, the manager has a good relationship with families and visitors. As well as routine interaction, there are more formal family meetings.

No visiting restrictions are reported.

Families and Visiting

Families:

"Sometimes I meet family."

"I talk to the families when they come in."

"Most of the residents are mobile and family can take them out to the church etc, and to medical appointments."

"The manager has regular meetings with families."

"The relatives email the manager and there are relatives meetings."

Visiting:

"Visitors can come whenever they like."

7. Management Interview

During the visit we interviewed the Manager, who has been in post for six months.

A summary of the discussion is outlined below:

General Information

- The home may accommodate up to 16 residents, and is at full occupancy.
- There are 14 residential rooms – this includes two double rooms (residents sharing).

Staffing

- The home has 21 staff members 'on the books' and employs carers and senior carers, chefs, a housekeeper, and activities coordinator (a new post).
- The standard contract is for 30 hours. There is variance, depending on the role and on requirements.
- Care staff cover is usually three during the day, and two at night. Some of the carers live-in at the home, with their accommodation on the top floor.
- The manager says that the home is very 'family run' and retention is very good - examples of long service include 35, 19 and 13 years.
- Staff are paid 'well above' the minimum salary, therefore incentive schemes are not really required.
- The home uses agencies, and has well-established relationships with the providers and staff.

Staff Induction, Training & Development

- Induction is for 30 hours and must be completed, before undertaking the first shift.
- Training may be online or in-person, depending on the topic.
- As most of the residents have dementia there is an additional focus on de-escalation and challenging behaviour, to help 'mitigate risk'.

Safeguarding

- All staff are fully trained and are aware of the process.
- An incident was recently raised, and the home is working with a specialist (occupational therapist) to support the resident concerned.

Care Planning

- The home has used electronic systems for over ten years, and two months ago upgraded to the 'Blyssfull' platform.
- As with similar systems, staff use handheld devices - similar in size to mobile phones, to input information and to receive instructions. Computers may also be used.

- Certain elements are mandatory – requiring staff to confirm instructions or actions.
- This newer system is very good at alert-handling. Each resident has a unique set of ‘vitals’ and we were shown varied examples, including on medication, wound care, end of life care, falls and mobility, behaviour, communication, continence and bathing.
- Actions to be taken are flagged – for one resident we saw that a medical was upcoming (weight and blood pressure reading).
- As well as care planning, the system may be used for wider updates and messaging.
- Residents receive a monthly care plan review – on the day of the month that corresponds with their room number. Main carers are consulted.
- There is a wider six-monthly review, and this may involve family members and others.

Clinical and Personal Care

- Most of the residents have dementia, with individual capacity varying. Some residents (three or four) need hoisting support.
- We are told that none of the residents are on sedation.
- As the home is residential-only, it does not employ a nurse. A community matron visits and she knows the residents ‘really well’.
- Those discharged from hospital are supported by community nurses – as part of their ‘virtual ward’ rounds. One resident currently has this support and the manager says it has ‘gone well’. The nurse comes in and ‘knows what to do’.
- The home has an assigned GP practice (in Cockfosters) and a GP visits on the last Thursday of the month.
- For dentistry, private treatment is secured from local practices. The home is currently assisting one resident with this.
- Mobility is encouraged. The manager says that physiotherapy is available and some residents have ‘gained confidence’, coming downstairs now more often.
- On grooming, a hairdresser visits every fortnight and a chiropodist comes monthly. This is self-funded by residents, most of whom are on the ‘pamper package’. Some prefer to make their own arrangements.
- Toiletries such as shampoo and soap are supplied by the home.
- There is a buzzer system, with control panels downstairs and upstairs.

- One resident, whose behaviour has been 'indecent', has a sensor fitted at the door. The resident is not restricted, however movement needs to be monitored.

Involvement and Choice

- Residents may get up, and go to bed as they wish. Most are 'independent' and 'low maintenance'.
- There are no cultural issues, other than for one resident who is Greek. With age, her English has deteriorated but she is supported by family, and the carers 'know her well'.

Activities

- There is a part-time activities coordinator, working 9am to 1pm, weekdays. The mornings are the 'best time' for activities, as residents tend to become tired during the afternoon. Care staff are on hand, for the more active.
- At weekends, the residents prefer more to rest, we hear. Activities are more likely in the afternoon and there is a 'Sunday Quiz'.
- Popular activities include target-throwing – beanbags or skittles and this helps with coordination. Arts and crafts, games, and puzzles are also popular.
- An entertainer (usually a singer) visits weekly – on Wednesday afternoons. Occasionally, this may be a morning visit. The sessions can be themed, for example on jazz.
- The garden is utilised, but not fully. The manager says that residents tend to 'get cold' and despite encouragement to come out, many prefer not to.
- The residents may visit a nearby day centre. This is less popular now than it used to be, but the option is there.
- There is no visiting priest, as a church is 'literally across the road'. One resident is a regular attender.
- Most of the residents are generally active, we are told, with just 'three or four' tending not to participate.
- One of the care plan alerts is on 'isolation' – staff will check the welfare of those less active.

Diet and Nutrition

- There are two chefs – separately serving weekdays and weekends.
- A 'weekly menu' features meat, fish and vegetarian options. On Sundays, a roast dinner is always available.
- Lunch is at 1pm, supper at 5pm and breakfast is more flexible. There are tea rounds at 10.30am, 3pm and 8pm.
- The manager is looking at introducing a new menu, to bring in 'new food'.
- Meals are selected by the residents the day before.
- Some require feeding assistance, or to be observed while eating. One resident is on pureed food.
- Meals may be taken in the dining room, or in resident's rooms (there are no restrictions).
- According to the manager, residents are encouraged to eat in the dining room, as they tend to 'eat more' in the company of others.
- There are 'no issues' with cultural needs or dishes.
- Snacks are available outside of main meal times and families can also bring food in. One resident has her own fridge.

Visiting, Feedback and Complaints

- Although the manager is based upstairs, she likes to come down and 'do the rounds'. It's important to be visible around the home, we hear.
- The home has recently subscribed to 'Ultra', which serves as a 'Facebook for families'. Viewing is restricted to loved ones only, but with permission, group photos and content may also be accessed. This system will be especially useful for families living afar.
- The system will be integrated with 'Blyssfull', to maximise content.
- On visiting, families don't need to book. There are no particular restrictions, however it is expected that visitors will leave by around 8pm.
- Families are more likely to visit at weekends, and the manager says that most are readily contactable. She is in regular contact with many.
- Family meetings are held every six months (sometimes more often).
- There is a complaints policy and a copy is posted in reception. Any complaints will be responded to 'immediately' and a 28 day timeline will be set for resolution. The manager has not received an official complaint, since starting post.

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

The Lift

The lift does not have access controls, such as a keycode. We spoke briefly with the manager about this, who was quite relaxed. Although residents could (in theory) enter the lift without being noticed, it has 'never happened'. If the lift is needed, residents will 'call staff' for assistance, the manager says.

8.1 While we accept there have been no incidents, it remains the case that residents, and also visitors could enter the lift undetected. It is the home's responsibility to be safe and secure, and we recommend a risk assessment is completed and filed, if not already.

Call Bells

Call bells are not accessible from resident's beds (as we would expect). Instead, they are placed on the wall, near the door.

Likewise in the toilets, call bells are not near the commode.

8.2 Not having a call bell within 'hand's reach' when in bed, or using the toilet does present a risk. For resident's rooms, we recommend that individual assessments are conducted, to see if adjustments are needed.

8.3 For communal toilets, we would certainly expect to see a pull-cord at the commode. We hope that the home considers this.

Recommendations

Staff Attitude

On pressing a call bell, one resident felt berated by a staff member – who said 'What's the emergency, you'll wake everyone up!'. Following this experience, the resident is more reluctant now, to use the bell.

8.4 Taking this incident at face value, it was not handled with the care, or sensitivity we would expect. Discouraging the use of call bells may (at times) be justified – but it is never good practice. If possible, this incident should feature at a staff meeting, for learning and discussion. Residents should always feel confident in calling for support – when they need it.

Activities

Several residents tell us they would like to 'get out more', into the garden and for wider outings.

8.5 Being outside can be vitally important for both physical and mental health. For the residents concerned, we hope that solutions are found (families or volunteers could assist) and that additional support is provided. There is certainly scope, to better-utilise the garden areas.

Two residents would like more information, about the activities on offer.

8.6 The residents did express some interest, in wanting to do more. We feel that additional engagement with them, may encourage a greater level of participation.

More activity materials are required, staff tell us.

8.7 Additional materials, will result in additional options for the residents. It need not cost – donations could be sought from families, and from those in the local community.

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.



healthwatch
Enfield

Healthwatch Enfield
Community House
311 Fore Street
London
N9 0PZ

www.healthwatchenfield.co.uk
t: 020 8373 6283
e: info@healthwatchenfield.co.uk