

Enter & View

Barelycroft Care Home **(Seventh visit)**

Spring Gardens, Romford RM7 9LD

5 November 2025



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

*'You make a living by what you get,
but you make a life by what you give.'*

Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation, and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

Introduction

We have visited Barleycroft Care Home previously, on six occasions between 2014 and 2020. We were unable to carry out a visit during and immediately after the COVID pandemic in 2020, so the visit now reported was our first since then.

There have been several changes of management since 2014, and this was the first time we had opportunity to visit and talk to the current management team, part of the Abbey Healthcare Group * of care homes.

The home can accommodate 80 residents but, at the time of the visit, there were 11 vacancies. The home has three floors. The ground floor accommodates residents who require nursing care; the first floor accommodates residents living with dementia; and the second floor accommodates residents who require care, some of whom are also living with dementia.

* The registered owner is Barleycroft Care Home Ltd, which is part of the Abbey Healthcare Group.

There are 28 residents in the dementia unit who are subject to Deprivation of Liberty Statements (DoLs) and 5 in the residential unit.

This report is in two parts – the notes of a preliminary interview with the management team before the visit, and a description of the visit itself.

Preliminary interview with management team

For the interview, the manager was accompanied by his deputy and the owning company's area manager. The manager told the team that he had recently been away hospitalised but had now returned to duty. He confirmed that he is now registered with the CQC, having been in post since February 2025. Prior to this role, he had experience as a clinician in a hospital and had also worked with residents living with brain injuries.

The team were told that the management arrangements for the home and on-call arrangements were shared between the manager and his deputy.

The manager explained that the staffing complement includes:

- 1 manager
- 1 deputy manager
- 1 administration lead
- 1 weekend receptionist

- 8 Registered Nurses
- 8 senior carers and 50 carers
- 1 activities co-ordinator and 1 part time activities co-ordinator
- 1 chef, 1 assistant chef and 3 Kitchen domestic assistants
- 1 housekeeper, 4 domestic staff and 2 bank domestic staff, and 2 laundry assistants
- 1 Full Time maintenance assistant.

Staffing levels are adjusted according to the needs of residents. At the time of the visit, there were 2 carer vacancies.

Care shifts are carried out in 12-hour shifts with short overlaps for senior carers to carry out handover duties.

The maintenance assistant is full time and is based at the home, carrying out all routine/scheduled duties such as water temperature checks (completed weekly), together with minor repairs etc. Larger issues are dealt with by a group dedicated team and are arranged by the home's management team.

The team were told that a recent mouse infestation had been eradicated some six months ago with the assistance of a new pest control company (Pied Piper).

The team asked about arrangements for the replacement of furniture and other items and were advised that this is carried out during the "Resident of the Day" procedure when rooms are thoroughly surveyed and appropriate renewals are agreed.

Other requirements are reviewed on a regular basis and bids made for funding.

The Lynwood Medical Practice provides GP services to the home during normal surgery hours Monday to Friday, and carries out rounds every Tuesday. All residents are seen routinely, on a monthly basis, as well as for specific issues as need arises. The GP practice does not provide an on-call service and therefore emergencies are dealt with using NHS 111 or the 999 system depending on the severity of the particular issue. When asking about returns from hospital, the team were advised that ED returns are accepted routinely and that this also applies to residents who have only been in hospital for a few days.

Residents who have longer stays in hospital are subject to reassessment prior to readmission. It is usual practice not to accept returns no later than 6.00pm but the manager on duty has discretion to accept a returnee arriving later than that.

Pharmacy services are provided by Boots. Medicines are checked monthly, with spot checks in between. Some residents are on controlled drugs, which are kept in a locked cupboard in a locked room. The team were advised that controlled drugs had hitherto been checked weekly but the area manager advised that they had recently instituted the best practice of checking them at each handover.

The call system is checked by the maintenance assistant and senior staff carry out spot checks during walk arounds. Alarm mats are available for use when appropriate.

The incontinence service provides standard supplies for incontinent residents and these are supplemented by the home if necessary.

Activities carried out for residents include entertainers, festive occasions, birthday parties, outings to shops and garden centres, board games and any other activities requested by residents. There are plans for a gardening club to be set up.

Staff training is carried out both on-line and face-to-face using Blended Learning and Train the Trainers. Staff are paid for their time undertaking training outside their normal shifts. Regular checks are made on progress and sanctions can be applied for those who do not keep up to date – even as far as being placed on unpaid leave until completion of any remaining training.

Meetings with families are held every 6 months but many families prefer the manager's open-door policy when any issues can be discussed during visits.

Abbey Healthcare provide healthcare benefits, financial assistance, reward schemes, £100 per month awards, free meals and beverages on duty.

The visit

First impressions were that the lobby entrance was very clean and tidy, with security and relevant notices in place and there were no unpleasant odours. The gardens were acceptable, but the team were advised that the manager had asked Abbey Healthcare for substantial investment to replenish and improve the state of the building, which was built in the late 1980's and was in need of upgraded bathrooms, flooring, painting, and new fire doors; preliminary agreement to works had been given. The team were advised that the care score for the home had recently risen to 9.2, having previously been 8.1.

The manager told the team he had many ideas to get these projects up and running. He observed that there had previously been some churn of managers, which had disrupted the home, but there were now more stability and steadiness.

The team noted that there is a "You said, we did" board.

The garden is very large but has seen very little attention. However, the manager told the team that he has plans to provide raised beds/planters and to encourage residents to grow flowers and vegetables, which can then be used in the home's kitchens. The current garden furniture is in the process of being replaced. There is small shelter for smokers and this was being used by one person during our visit

The team noticed the resident pet Dexter the tortoise in his home!

The residents on the ground floor were almost all bed-bound but all seemed well cared-for, with TVs switched on. The Manager told the team about concerns for the privacy of these residents but he did not feel that net curtains were appropriate because of infection control; investigations were being undertaken into the possibility of applying solar tints to windows to ensure some degree of privacy. It was noted that one family had put a gate up at the bedroom door to protect their relative's privacy.

The team noticed that the corridor flooring was paint-stained but were told that the flooring is due to be renewed in 2026; they were concerned to note that a dementia-friendly colour scheme was not being used around the home, especially on the second floor, where there are some residents who are living with dementia. They **recommend** that consideration be given to the use of differently coloured door frames, brightly coloured tablecloths and plates and cutlery etc.

The small kitchens attached to the dining rooms were adequate and kept locked and were also equipped with boilers that are code controlled.

In general the dining rooms were bright, clean and neatly kept. The lack of painting to the woodwork was, however, rather off-putting and in need of upgrading.

The team visited the kitchen; they found that the head cook had been working in the home for twenty years; she had three staff to help her. Special diets can be catered for. The food storage arrangements were adequate. Menus were on display in the dining rooms on each floor. The home has a Green Mark for sustainability and the Environmental Health Officer's food hygiene rating was five.

The laundry was well arranged, with the "dirty side" away from the ongoing activity. Numerous clothes were arranged on hangers and baskets used for sorting. All the residents seen by the team were dressed appropriately and were clean and tidy. This was especially noticeable on the third floor, where residents were having a game of bingo, which they were enjoying. The activities co-ordinator seemed bright and bubbly and very motivated. The team were shown the new hair salon, recently completed and the furniture in the lounges was arranged appropriately. The team spoke to some residents, who seemed happy and contented (it was not appropriate to speak to most residents, in view of their incapacities). They also spoke to staff, who were happy at the home, and most had been in post for two or more years.

A Senior Nurse was able to confirm the arrangements for managing residents' medications, and the team were able to observe at the medicine store is air-conditioned, located behind the Nurses Office, and is kept locked at all times, and that the controlled drugs were checked once a week. The team were disappointed to see only one Nurse on duty during the visit, although they appreciate the different shift patterns might have contributed to that. We have since been told that a second Nurse was on duty at the time of the visit but was unable to meet the team; the Deputy Manager is also a Registered Nurse.

Walking around the floors and inspecting bathrooms particularly, the team noted extractor fans needed maintenance but that everything else was in working order, with no scaling on taps etc. It was clear that the resident maintenance assistant was kept very busy. It was also noted that special mouse traps had been attached to residents' bedroom doors to enable the infestation problems experienced recently to be dealt with. The home's hoist had been PAT-tested and all lifts were working normally. Notice boards were visible, with planned activities listed.

The team were impressed to note that outings were frequent, with a forthcoming visit to the Lakeside Shopping Centre advertised, and that pupils from the local Crowlands Primary School would be coming in to entertain residents. It is to be

hoped visits from school children will continue as a regular feature, as in Scandinavian countries, this is a popular activity for the children to come it to talk and befriend residents.

Conclusions and recommendation

Summing up this visit, it was noted refurbishment is needed to upgrade the Home, which will take time and resources but it was clear from conversation with the Manager that he is very aware of this and has approval for some of the funds required to get started. As noted in the introduction, our teams have visited this home on a number of prior occasions and the current team noted that a lot of work is needed, not so much to the residents' bedrooms, but to the communal areas such as corridors and bathrooms etc.

Given the work proposed, the only recommendation team wish to make that this at this time is that consideration be given to adopting a dementia-friendly colour scheme for the redecoration programme.

The team will be carrying out a follow up visit during 2026 to ascertain progress with the refurbishment programme.

Acknowledgments

Healthwatch Havering thanks everyone at Barleycroft for their co-operation before and during the visit.

Participation in Healthwatch Havering

Local people who have time to spare were welcome to join us as volunteers. We need both people who work in health or social care services, and those who were simply interested in getting the best possible health and social care services for the people of Havering.

Our aim was to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This was the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There was no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also was part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there was no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhaverling.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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