

Enter and View Report 1a Erindale Care Home



March 2024

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About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them;
- We gather residents' experiences through surveys, focus groups and face-to-face discussions;
- We act by carrying out Enter and View visits to talk to patients, services users, carers and staff;
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same;
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Executive summary and recommendations

1a Erindale Care home is a purpose-built one-story building located in Plumstead. The care home is in a quiet residential area with easy access to amenities. The home's communal areas are clean and spacious, and each resident's bedroom is decorated to suit their personality.

During our visit, we witnessed a nurturing environment with warmth and respect. Staff were attentive to residents' needs and tailored daily outings and hobbies to their interests.

Family members shared their appreciation for this care, describing the compassionate approach of staff. However, families highlighted concerns with staff turnover and a lack of communication.

Recommendations

1. Consider exploring the factors that may contribute to staff turnover and identify ways to enhance staff retention.
2. Review staff training to improve communication and interpersonal skills.
3. Establish a regular method for group communication and feedback with families, such as a newsletter or group meetings.
4. Improve the sensory room and make it a more vibrant and therapeutic environment for residents.
5. Enforce policy requiring all visitors to sign the visitor's logbook upon entry.
6. Review staff training to include the importance of maintaining accurate visitor logs and ensuring that every visitor signs in.
7. Consider placing signage in the reception area reminding visitors to sign-in.

Acknowledgements and key details

Healthwatch Greenwich would like to thank the service provider, residents, families, and staff for their contribution to the Enter and View programme.

Name and address of premises visited	1a Erindale, Plumstead, SE18 2QQ
Service Provider	Choice Support
Care Home Manager	Eunice Sachie
Date	5th March 2024
Healthwatch Greenwich Authorised Representatives	Kiki Bourcha Pamela Winders
Admission Information	Care home for adults 18 to 65 years of age with profound learning and physical disabilities and with complex needs.
Number of beds	5 beds – 4 beds were occupied at the time of the visit
Staffing levels	3 support workers during the day shift, 2 support workers at night
At our visit	We observed the care and interaction between the staff and 4 residents. We talked with three relatives and three members of staff. We used PORT ¹ to observe the interactions between staff and residents.

¹ [The Person-Centred Observation and Reflection Tool | Leeds Beckett University](#)

CQC Inspection

The Care Quality Commission (CQC) last reviewed² the premises in 2019 when the overall inspection rating was good.

Latest inspection: 12 June 2019 Report published: 24 July 2019

Safe	<u>Good</u> ●
Effective	<u>Good</u> ●
Caring	<u>Good</u> ●
Responsive	<u>Good</u> ●
Well-led	<u>Good</u> ●

Introduction

Enter and View visits

Healthwatch has the legal power to visit health and social care services and see them in action³. Enter & View is not an inspection; we do not look at care plans, medicines management, or clinical issues – this is the role of the Care Quality Commission (CQC). Our role is to offer a lay perspective. We speak to residents, families, and carers, to find out their views and experience of the service. Our focus is on whether a service works for the people using it. Our authorised representatives, responsible for carrying out these visits, are DBS checked and have received training on how to conduct an Enter and View visit. The list of our authorised representatives can be found on our website: [Our Staff | Healthwatch Greenwich](#).

Purpose of our visit

We're carrying out a series of visits to learning disability care homes, supported living, and respite facilities in Greenwich to understand the quality of life, and views of those using the service and the experience and perceptions of relatives and carers.

² [Erindale \(1a\) – Care Quality Commission \(cqc.org.uk\)](#)

³ Enter and the view is a statutory duty of Healthwatch, mandated by the Health and Social Care Act 2012

Method

Our visit was unannounced. We contacted the care home manager to let them know we would be visiting but did not give a specific date and time. Two authorised representatives visited 1a Erindale. HWG authorised representatives use the PORT tool to assess the well-being of residents and the quality of relationships between residents and staff. We spoke to staff and observed interactions between staff and residents. Additionally, we received feedback from three relatives. After the Enter and View visit, our report was shared with the care home. Their response to our findings and recommendations are published as part of this report.

Findings

Residents' wellbeing and staff relationships:

During our visit, care workers were attentive and respectful, making sure each resident was comfortable and relaxed. *Diane, the parent of a long-term resident shared her appreciation for this care *'... I can tell by touching her hand that her skin is well moisturised, I can see they (staff) care, ...my daughter never acts disgruntled. I am very satisfied with her care plan...'*

However, families shared concerns about the high staff turnover. *Leila, told us, *"it would be better for *Frank if there was a bit more consistency. At the moment, it feels like 'Who is this, what's coming now?'".* Leila is worried about the negative impact this is having on Frank. High staff turnover can create a lack of continuity in care, which can be distressing for residents who rely on familiarity and stable relationships with the staff team. Each time a new staff member arrives, it can disrupt the routine with Frank needing to adapt to a new person and their way of providing care. This can be challenging and stressful, especially for residents that benefit from routine and stability. Consistency helps to create trust and rapport, which is essential in providing effective and compassionate care. When staff members frequently change, it can create a sense of instability and uncertainty for both the residents and their families.

Recommendation: 1. Consider exploring the factors that may contribute to staff turnover and identify ways to enhance staff retention ⁴.

Communication

Families are given updates about the well-being of their loved one and are invited to an annual review. Families are encouraged to visit at any time and

⁴ Existing research suggests high turnover of care staff is driven by a range of factors such as low pay and poor working conditions (Skills for Care, 2020; Unison, 2020), lack of career progression (National Audit Office, 2018), insufficient training and support (The King's Fund, 2019), and high job stress and emotional burnout (Health Foundation, 2020). Additional issues include poor workplace culture and management practices (Social Care Institute for Excellence, 2020), heavy regulatory and administrative burdens (Care Quality Commission, 2020), undervaluation of care work (Cavendish, 2013), impacts of Brexit on workforce availability (Migration Advisory Committee, 2018), pressures from the COVID-19 pandemic (The Health Foundation, 2020; Institute for Public Policy Research, 2020), and the prevalence of insecure contracts (House of Commons Health and Social Care Committee, 2021; Social Care Workforce Research Unit, 2019).

Skills for Care. (2020). The state of the adult social care sector and workforce in England. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>

Unison. (2020). Care workers' pay – still unfair and unequal. <https://www.unison.org.uk/news/article/2020/03/care-workers-pay-still-unfair-unequal/>

National Audit Office. (2018). The adult social care workforce in England. <https://www.nao.org.uk/report/the-adult-social-care-workforce-in-england/>

The King's Fund. (2019). Social care 360. <https://www.kingsfund.org.uk/publications/social-care-360>

Health Foundation. (2020). Health and social care workforce. <https://www.health.org.uk/news-and-comment/charts-and-infographics/health-and-social-care-workforce>

Social Care Institute for Excellence. (2020). Improving workplace culture: evidence review. <https://www.scie.org.uk/publications/improving-workplace-culture/>

Care Quality Commission. (2020). The state of health care and adult social care in England 2019/20. <https://www.cqc.org.uk/publications/major-report/state-care>

Cavendish, C. (2013). The Cavendish Review: An independent review into healthcare assistants and support workers in the NHS and social care settings. <https://www.gov.uk/government/publications/the-cavendish-review>

Migration Advisory Committee. (2018). EEA migration in the UK: Final report. <https://www.gov.uk/government/publications/migration-advisory-committee-mac-report-eea-migration>

The Health Foundation. (2020). Understanding the impact of COVID-19 on social care workers. <https://www.health.org.uk/news-and-comment/newsletter-features/understanding-the-impact-of-covid-19-on-social-care-workers>

Institute for Public Policy Research. (2020). Care fit for carers: Ensuring the safety and welfare of NHS and social care workers during and after Covid-19. <https://www.ippr.org/research/publications/care-fit-for-carers>

House of Commons Health and Social Care Committee. (2021). Workforce burnout and resilience in the NHS and social care. <https://committees.parliament.uk/work/494/workforce-burnout-and-resilience-in-the-nhs-and-social-care/>

Social Care Workforce Research Unit. (2019). The recruitment and retention of a care workforce for older people. <https://www.kcl.ac.uk/scwru/pubs/2020/reports/scwru-report-the-recruitment-and-retention-of-a-care-workforce-for-older-people-2020.pdf>

are involved with planning their relatives' activities and helping them decorate their personal space. Some relatives were positive about the level of communication from the home. *Gail said, '*... I am very pleased by the staff's responsiveness and communication skills.* However, another relative did not share this view '*...the staff could receive better training in terms of how they speak and respond to relatives, nobody wants to put their child into care. They should be more understanding...*' This comment suggests that staff can come across as abrasive when communicating with family members. This relative emphasises the need for more attentiveness from staff to relatives concerns and highlights a potential area for improvement in staff training, focusing on interpersonal skills and active listening to better support communication with families.

Although families are given the opportunity to provide feedback through an annual survey, there are no additional channels such as group meetings or newsletters to keep them informed with general updates. This lack of regular general updates may result in families feeling disconnected from developments and events. Having regular group meetings or distributing newsletters could increase transparency and engagement by offering families consistent and timely updates.

Recommendation: Review staff training to improve communication and interpersonal skills.

Recommendation: Establish a regular method for group communication and feedback with families, such as a newsletter or group meetings.

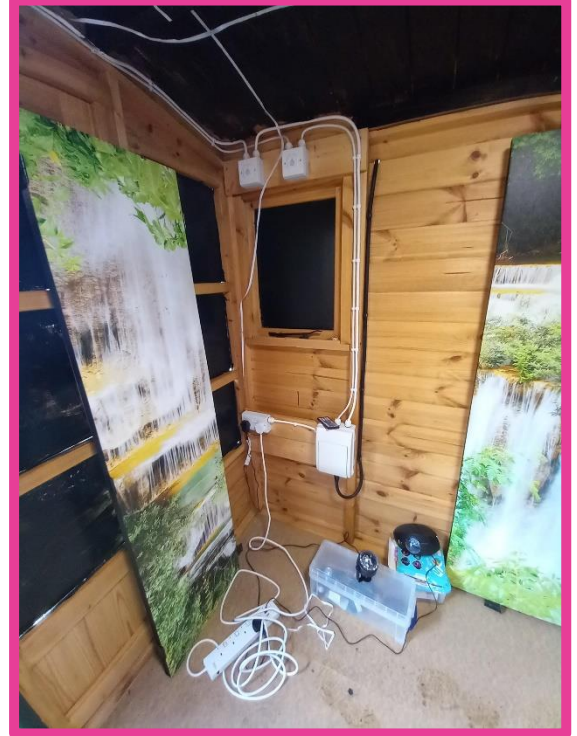
External Environment

Location

The home is in a quiet, residential road, close to Plumstead Common with easy access to local shops and bus stops. It is a purpose-built single-story building with a small garden that has an outside sensory room and off-road parking.

The outdoor sensory room has minimal decorations and lacks the vibrancy needed to make it an inviting and stimulating space. The absence of engaging elements limits the room's effectiveness as a therapeutic environment designed to benefit residents. To improve its therapeutic potential, redecorating the

sensory room with a variety of colours, textures, and interactive features is suggested. Incorporating vibrant visuals, tactile objects, and dynamic lighting would create a more immersive and stimulating atmosphere and encourage residents to fully engage with the space, maximising its intended therapeutic benefits.



Recommendation: Improve the sensory room and make it a more vibrant and therapeutic environment for residents.

Internal Environment

Reception

The small reception area contains a visitor's sign-in book for tracking and recording the presence of visitors. However, on arrival, we were only asked to show our credentials and were not additionally requested to sign in. This practice poses risks as it undermines the accuracy of the visitor log, which is essential for general security and emergency situations. Without a complete record of who is in the building at any given time, it is difficult to account for everyone in the event of an evacuation or other emergency situations. In addition, the lack of a sign-in process could compromise the privacy and confidentiality of the residents, as there is no accurate record of who has had access. Potentially, this could make it easier for unauthorised access.

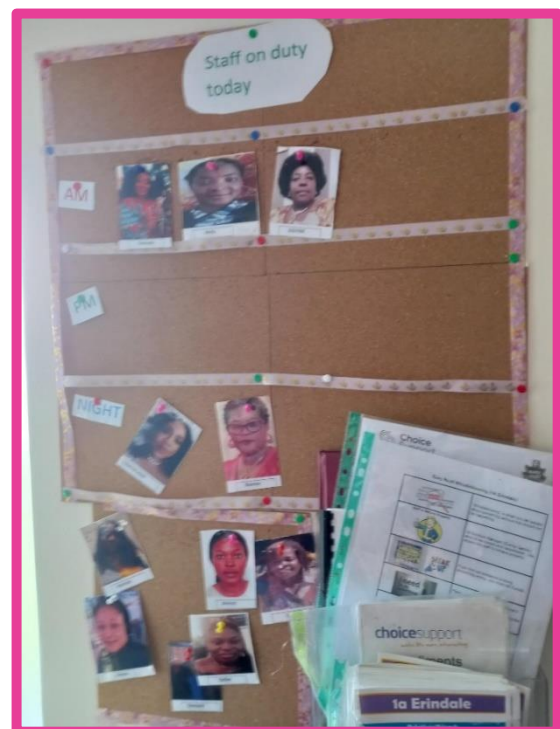
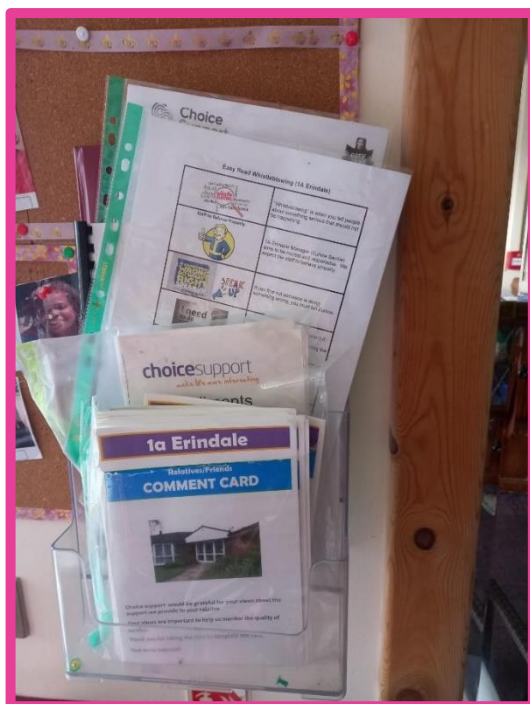
A range of information about the home is displayed in the reception area. Many of these resources are presented in easy-to-read format providing accessibility for residents and visitors. Information on the complaint's procedure is prominently displayed, giving clear directions on how to raise concerns or provide feedback.

A pinboard showcases each resident's daily activities. This visual aid helps keep residents and their families informed about daily routines and events, contributing towards a sense of involvement and community.

Recommendation: Enforce policy requiring all visitors to sign the visitor's logbook upon entry.

Recommendation: Review staff training to include the importance of maintaining accurate visitor logs and ensuring that every visitor signs in.

Recommendation: Place clear signage in the reception area reminding visitors to sign the visitor's logbook.



Access and Mobility

All rooms and corridors are clean, free of clutter, and spacious enough to accommodate the large wheelchairs used by all residents.



Residents' rooms

Bedrooms are clean, spacious, and personalised to reflect each resident's personality. Families have decorated with photographs, memorabilia, and personal touches to create a warm and inviting atmosphere. Bedrooms are equipped with sensory projectors, providing soothing and stimulating visual experiences, and large windows in each room allow ample natural light, creating a bright and airy environment. Bedrooms do not have ensuite bathroom facilities.



Personal Care

The care home contains a single bathroom with a hoist and specialised bath equipment for accessibility and safety. For visitors and staff, two separate toilets are available. Each resident receives a daily bed bath, and a full bath on a weekly basis. The home organises dental check-ups for each resident every six months. During our visit, we observed that all residents were dressed in clean, appropriate clothing and appeared well-groomed, indicating attentive and thorough care by the staff.

The laundry room is clean, well-organised, and efficiently managed by the staff, who take full responsibility for laundering residents' clothing and household linens.



Activities

All residents have personalised daily activity schedules to meet their needs and interests. During our visit, we observed residents taking part in a variety of activities. We saw residents going to a hydrotherapy session, which provides both therapeutic and recreational benefits. We also watched *Maria assist a member of staff to prepare the afternoon tea service. After lunch, we observed residents enjoying a relaxing session with music and sensory lights.

The home demonstrates a strong commitment in supporting residents to maintain their faith and cultural traditions. During our visit, *Noor, sat quietly, following along with their Quran audiobook. Staff had arranged access to a Quran audiobook for them and further allocates a time each day for them to practice their faith.

The home organises regular visits from local community and faith groups. Weekly, residents enjoy a visit from the New Wine Church and monthly visits from a music group, which is a highlight for many residents. In addition, volunteers put on a variety of entertainment shows, adding to residents' enjoyment.

Celebrations hold significant importance at the home and all birthdays and cultural festivals are celebrated with parties. Throughout the home, photos and albums showcase families, staff, and residents enjoying these events together.

Lounge and Dining

The kitchen is clean and well-organised and each resident's food plan is displayed on a notice board. Residents choose meals from a weekly menu that offers various choices. Staff use photographs and other visual aids to help residents make meal choices, ensuring they can participate regardless of cognitive or communication challenges. Staff are responsible for cooking and grocery shopping and meals are adapted to accommodate residents requiring soft or mashed food.

Mealtimes are a communal experience, with residents gathering in a cozy lounge area that feels homely and welcoming. The space is ample enough to comfortably accommodate wheelchairs. During our visit, we observed staff supporting residents with their meals in a manner that was both attentive and nurturing. Staff engaged with each resident, asking for their input on food and drink preferences and checking if they were enjoying their meal. This approach undoubtedly helped residents feel relaxed and valued, with many smiling and expressing satisfaction as staff spoke to them and helped them with their meal.



Response from Provider

Gunnery Works
9-11 Gunnery Terrace
London
SE18 6SW
020 8301 8340 or info@healthwatchgreenwich.co.uk

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by local Healthwatch to a service provider/commissioner.

Report & Recommendation Response Form

Report sent to:	(a) Eunice Sachie (b) Choice Support(provider)
Date sent:	<u>25/07/2024</u>
Title of Report:	Enter & View Report on 1a Erindale Care Home 1a Erindale, Plumstead, SE18 2QQ
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 22 August 2024). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	4/8/24
Healthwatch Greenwich Recommendations	1.Consider exploring the factors that may contribute to staff turnover and identify ways to enhance staff retention. 2. Review staff training to improve communication and interpersonal skills, emphasising empathy and emotional intelligence. 3. Establish a regular method for group communication and feedback with families, such as a newsletter or group meetings. 4. Improve the sensory room and make it a more vibrant and therapeutic environment for residents. 5. Enforce policy requiring all visitors to sign the visitor's logbook upon entry.

	<p>6. Review staff training to include the importance of maintaining accurate visitor logs and ensuring that every visitor signs in.</p> <p>7. Consider placing signage in the reception area reminding visitors to sign-in.</p>
General response ⁵	
<p>Response to recommendation</p> <p>1.Consider exploring the factors that may contribute to staff turnover and identify ways to enhance staff retention.</p>	<p>There is no high staff turnover, the last staff that was employed has been in post since April 2023, No staff has left since 2020 and those staff that left were because of Covid and government guidelines regarding working in a care and covid injection. The service is fully staffed</p>
<p>Response to recommendation</p> <p>2.Review staff training to improve communication and interpersonal skills, emphasising empathy and emotional intelligence.</p>	<p>Staffs are continually being trained to improve on their communication and interpersonal skills.</p> <p>Well note</p>
<p>Response to recommendation</p> <p>3.Establish a regular method for group communication and feedback with families, such as a newsletter or group meetings</p>	<p>Almost all families prefer to be contact by email and phone calls and they are always contacted with update and feedback</p>
<p>Response to recommendation 4</p> <p>Improve the sensory room and make it a more vibrant and therapeutic</p>	<p>New sensory things have been added and the service user seems to be enjoying it more.</p>

⁵ Please expand boxes as needed for your response.

environment for residents.	
Respond to recommendation 5. Enforce policy requiring all visitors to sign the visitor's logbook upon entry.	There is visitors and contractors book that is at the reception for everyone entering the building to sign in
Respond to Recommendation 6. Review staff training to include the importance of maintaining accurate visitor logs and ensuring that every visitor signs in.	There is visitors book and any visitor that enters the premises is asked to sign in. Staff have been reminded to make sure every visitor to sign and out when leaving the service. Signage is in place to remind staff and visitors about signing
Respond to Recommendation 7. Consider placing signage in the reception area reminding visitors to sign-in.	That has been taken on board and implemented
Signed:	es
Name:	Eunice Sachie
Position:	Service coordinator

Contact us

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Website: www.healthwatchgreenwich.co.uk Twitter: @HWGreenwich

If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and your family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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