

Enter and View Report

Eliza House, 8th November 2022



A report by Healthwatch Enfield

“The staff are absolutely fantastic and make us all feel so welcome.”

Relative

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Visit Details	
Service Visited	Eliza House, 467 Baker Street, Enfield, EN1 3QX
Manager	Bhima Dookhit
Date & Time of Visit	Tuesday 8 th November 2022, 10.00am
Status of Visit	Announced
Authorised Representatives	Darren Morgan, Elizabeth Crosthwait, Janina Knowles & Margaret Brand.
Lead Representative	Darren Morgan

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, 4 Enter and View Authorised Representatives attended the visits. 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.

2. About this Visit

2.1 Eliza House

On 8th November 2022 we visited Eliza House, a residential care home in Enfield.

Operated by Peaceform Limited, the home specialises in residential care for older people with dementia. It also provides specialist care for respite and short stays, hearing, speech and visual impairments, epilepsy, and schizophrenia.

The home may accommodate up to 26 residents and was fully occupied at the time of the visit (no vacancies). 22 staff members are employed.

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.

Eliza House was last inspected by the CQC in April 2022. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Effective, Caring, Responsive and well-led.

2.3 Online Feedback

The [reviews](#) posted on Google give an average rating of 4 (out of 5) stars. There is currently no feedback posted on the carehome.co.uk [review page](#).

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Enfield to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report.

3. Summary of Findings

During the visit of 8th November 2022 we spoke with 5 residents, 1 relative, 2 staff members and the manager (9 people in total).

The Authorised Representatives made the following notes and observations:

- On arrival, we were asked for proof of identification. Our temperatures were taken, we were then instructed to sign in.
- All staff were polite, helpful and punctual throughout the visit. We were offered refreshments on several occasions.
- We were able to access all areas, and engage with residents, visitors and staff as appropriate.
- During our visit the GP and a Chiropodist were in attendance.
- We did not notice an Enter and View visit poster on display.
- On leaving, we were asked to sign out.

Entry and General Accessibility

Notes

- There is parking for 6 vehicles, which is adequate considering the size of the home.
- The front door is securely locked, requiring a keycode to either enter or exit.
- Residents may smoke in either garden.

What has worked well?

- The home looks very pleasant from the outside - set-out like a train station with ornamental fixings.
- The front garden is paved, spacious, tidy, and uncluttered. Together with the building façade it is an appealing space.
- The reception area is small but functional and uncluttered.
- The noticeboard contains a good amount and balance of information, with notices including upcoming activities and meetings, safeguarding policy and Covid protocol.
- The information is displayed logically and is relatively easy to digest in a short time.

- On accessibility, dementia friendly (pictorial) signs are used throughout the home to designate communal spaces such as the lounge, dining room, shower, lifts/stairs, and hairdressing room.
- The doors to resident's rooms are each coloured differently along the corridors and have the appearance of house front-doors, complete with bevelled panelling. This gives a homely feel, while at the same time helps residents to remember their room.
- All stairs and corridors are fitted with handrails. The corridors are wide and during the visit were clear of clutter and obstacles.
- Fire extinguishers are logically located, such as in corridors and at the top/bottom of stairs. Fire doors are marked and are equipped to automatically close in the event of fire or an alarm press.

What could be improved?

- It was difficult to find the home from the main road - there is signage, however small and easily missed. The main sign indicates 'this way to the car park' however it does not state that this is also the main pedestrian entrance.
- We did not notice a fire escape route plan upstairs.
- Some of the upstairs corridors are very old, with uneven, noticeably creaky floors - constituting a trip hazard and unpleasant, noisy environment especially at night.
- At the top of the stairs there is a very 'steep step' which is not marked, presenting a clear trip, or falling hazard.
- The lighting in the staff lift is very dim, we did not clearly see the press-buttons.
- In one of the resident's rooms a piece of lino was missing from the floor - resulting in raised, sharp edges.
- The pictorial dementia friendly signs would be more effective if colour contrasted with the walls.
- We did not see a dementia friendly clock (containing date as well as time). Some of the clocks, such as a pink one in the lounge are not user friendly.

Covid-19 and Visiting

Notes

- A Covid-19 risk assessment is in place.
- There is no routine testing but the home temperature-checks staff daily and residents twice a day.
- Staff are required to wear masks on duty.
- The visiting pod in the front garden will be utilised throughout winter, to minimise the spread of viral infections.

What has worked well?

- Our temperature was taken on arrival.
- Hand sanitiser and disposable gloves are located in the reception area.
- Covid protocols are clearly displayed.
- Staff were observed to be always wearing masks.

What could be improved?

- We found no areas for potential improvement.

General Environment

Notes

- The downstairs communal area is a large open planned space in an 'L' shape, with a spacious lounge at either end. A nurses' station is at the intersection between the lounges with good visibility of all residents.
- There is a small back garden accessible from one of the lounges. We are told that during the warmer months the sliding-door is left open. The space itself has tables and chairs for around 10 people, with some planting (pots) along one side. It is used for wheelchair storage, which is not ideal, however the chairs are placed safely.
- There is a 'sensory room', with items and bric-a-brac to touch and smell. The room works at two levels - as usual with the light on, or with the light off for a coloured laser display.
- The resident's rooms are a moderate size - neither too small or large. All the rooms we visited have a large window enabling plenty of natural light, appeared tidy, and have an ensuite fitted with either a bath or shower.
- The rooms were personalised with pictures and ornaments.
- Very few rooms had a name, photo, or biography alongside the door. The manager says that this is being considered for all residents, however choice and privacy must also be respected.
- The corridors are adorned with pictures, and some have bric-a-brac attached.

What has worked well?

- The lounges have a vibrant atmosphere - they are spacious, well-lit (with a good amount of natural light), the chairs appear comfortable and are not arranged around the televisions, thereby stimulating discussion and activity.
- The downstairs layout is very thoughtfully planned, enabling a more efficient staff to resident ratio, while maintaining safety.
- The manager's office is located directly off one of the lounges and the door is always open. The manager says, 'it is good to see what's going on' and residents are welcome to come in and sit down.

What could be improved?

- Cleaning was taking place; however the general cleanliness of the home was not of a high standard - we observed dirty skirting boards, doors, walls and shelving, dust on chairs, and floor surfaces that were not completely clean.
- The toilets had a strong odour of urine (and of bleach) and we noticed dust and grime on some of the toilets. Shower fittings were also dirty.
- Drainage is clearly an issue, upstairs there is a very pungent, unpleasant smell in the corridors and to a lesser extent in the resident's rooms and bathrooms, and main bathrooms and showers.
- The sensory room was tidy, however we felt it was a little incoherent with random contents - including some shop-front style mannequins, which may have a startling effect on some people.
- The plastic seats in the back garden are not easy to get in (or out) of. We note the centrally placed astro-turf has a raised edge and therefore is a potential trip-hazard.

- There is a large noticeboard in the lounge area containing lots of photos of activities, this was a little overwhelming and perhaps could be better served by fewer, larger images.
- While some upstairs corridors are well-lit, others appear quite dim.
- The home overall, upstairs, and down would benefit from some redecoration.

Personal Care

Notes

- During the visit there were 4 staff members, including a nurse on duty in the lounges.
- 2 toilets are available for the residents downstairs, these are fitted with accessible aides. There are separate toilet facilities for staff.
- The main communal shower is located upstairs - this is a large wet-room and has accessible fittings. We understand that very few residents use their own baths or showers.
- A hairdresser attends every Friday, and the service is said to be 'very popular'. A dedicated hairdressing salon is located upstairs.
- The resident's rooms have hospital-style beds, and each has a cushion, to minimise the risk of pressure sores.
- The rooms are fitted with a wireless cordless alarm, which may be docked on the wall alongside the bed or detached and taken around the room - such as over to a chair.
- Handover includes visiting all the resident's rooms and is conducted both verbally and in writing.
- Residents may go to bed and get up as they wish.

What has worked well?

- Staff are commented by residents and relatives to be 'nice, caring and helpful' and we receive varied examples of personalised care, such as being asked what to wear, when to wash, or what to have for breakfast.
- Residents are encouraged to come downstairs as they can more easily be monitored, and we note that attendance in both lounges was good. We are told that 'very few' residents remain in their rooms during the day.
- We observed a very good rapport between the residents and staff members, the atmosphere was friendly and welcoming. You could see that staff are committed.
- When in bed, either a sensory mat or very substantial crash mat is placed alongside.
- There is an alarm panel (console display) in the lounge and upstairs corridor, so that alerts can be quickly made and responded to. There is also a live camera in an upstairs corridor.
- We observed the hairdressing salon was locked.

What could be improved?

- The ensuite showers have small cubicles and a raised step - this is unsuitable for people with dementia, as are the baths.
- We note that while the bed linen was of good quality, the towels in some of the rooms were frayed and discoloured.
- While the detachable alarms are convenient for use during the day, we are unsure if they are returned to their bedside docking stations at night.
- The hairdressing salon was cold and looked 'dreary'. It was also dirty in places.

Medical and Clinical Needs

Notes

- A District Nurse/Matron visits weekly or when needed to make special visits or bring equipment, the GP visits on a Tuesday. The Chiropodist comes every 6 weeks.
- The residents are monitored with temperature and blood pressure checks and routinely observed, with any concerns reported to the District Nurse/Matron.
- On medical appointments, issues with securing transport are cited. We are told that eligibility criteria for NHS transport is very strict and taxis that accommodate wheelchairs are prohibitively expensive. Sometimes families are asked to assist.

What has worked well?

- Relatives tell us that updates are given in the event of illness.

What could be improved?

- One resident, with a tooth problem comments on not having seen the dentist 'for a long time'.

Activities

Notes

- The home has a dedicated Activity Officer.
- Popular in-house activities include bingo, cards, movie nights, entertainers, karaoke (residents love to sing), pantomime, foot spa, manicure and pet therapy. Over 30 activities are reportedly on offer.
- Staff can also accommodate 3 or 4 residents on a shopping trip, or 6 or 7 for a walk, with those in wheelchairs supported.
- During the warmer months there are family barbeques.
- In-house celebrations were held to mark Valentines Day, Pancake Day, the Queen's Platinum Jubilee, Halloween, Bonfire Night and Remembrance Day. The manager says that staff and residents 'really get into the spirit'.
- Outside trips include to Capel Manor, Forty Hall, Middleton House and sightseeing in Central London (Christmas Lights and Shopping).
- Additionally, there are sessions with a health focus, such as chair exercise delivered by a physiotherapist or gardening or dancing to 'get the blood pumping' (good for cardiovascular conditions). Fire awareness sessions are also routinely held.
- We are told that residents may make suggestions and some one-to-one outings are available, such as visits to a specific church, community centre, café or pub.

What has worked well?

- The activities are wide-ranging and greatly enjoyed by the residents.
- Birthdays are marked, with cakes made, informal parties given, and photos taken.
- All activities and parties are logged in the folder, along with the photos taken which may be shared with relatives.
- Some activities have been funded through raffles.

What could be improved?

- While staff say they give encouragement to attend activities including going out for walks, this is disputed by one resident who has not been taken out - despite repeated requests.

Diet and Nutrition

Notes

- The dining room may comfortably seat 16 people at one time. Arranged with 2 large rectangular tables, there is plenty of room to move around.
- Images of the main menu dishes are displayed on the wall.
- Main mealtimes are 'protected' with visitors encouraged to come outside of these times. Lunch is served at around midday.
- The manager says the menu is rotated every 4 weeks. As well as the set menu, cook will 'ask residents' what they would like. When asking residents about options, some say there is a choice, others suggest there is not.
- Special diets, such as vegan or halal are catered for as well as cultural preferences including Mauritian and Caribbean dishes.
- Those at risk of choking have special diets (mashed or pureed food). Some require personal assistance at mealtimes and any needs are outlined in care plans.
- While residents may choose where to take their meals, the vast majority use the dining room.

What has worked well?

- The residents we spoke with are complimentary about the food.
- Lunch on the day was fish, mashed potato and peas. The food appeared hot, well-cooked and nourishing, and the residents were visibly enjoying their portions. Almost all plates were finished.
- We saw staff assisting residents in the dining room and lounge. One resident had a bowl.

What could be improved?

- The pictorial menus looked a little uninspiring, and without descriptions may be confusing for some.

Feedback and Complaints

Notes

- There are regular, separate meetings for residents, relatives and staff. All meetings are documented, with minutes taken. The dates are clearly posted on the reception area noticeboard.

What has worked well?

- We hear about good levels of involvement and opportunities to feedback. Residents say they are asked whether they enjoyed activities and are occasionally asked about their general welfare.
- Families have the opportunity to attend meetings, complete a quarterly survey, or speak with staff members - who are proactive at making weekly contact.
- There is a mailing list and a regular newsletter.

What could be improved?

- One resident, we believe in a short stay arrangement is unclear as to why he was admitted, and when he will be leaving.

Staffing and Management

Notes

- 14 staff members are employed and are of diverse nationalities, including from Ireland, Greece, Turkey, France, India, Azerbaijan, Ghana, Sri Lanka, Zimbabwe, Mauritius and the Caribbean.
- Training is offered, with recently completed courses including safeguarding, fire safety and upholding dignity. Sessions are either remote (e-learning) or in-person (group sessions) depending on the topic.
- Staff members are aware of the safeguarding process.

What has worked well?

- Staff are regarded as 'brilliant, fantastic, helpful and welcoming' by residents and families. Good levels of resident care and hygiene are cited.
- Staff comment on good, even 'great relationships' with families and this is reinforced by the family with also spoke with.
- We hear that the home is a 'popular placement' as it is well-known for its wide range of languages covered. Some residents, as part of their dementia condition, have reverted to speaking primarily in their own language so this 'is important'.
- The induction process, which features training, and a tour is considered to have been helpful.
- Training on Falls Prevention is said to have helped reduce the number of cases.
- General working conditions are complimented, with breaks regarded as adequate.
- Comments suggest that morale is at a high level.
- Staff find the manager to be 'friendly, approachable and supportive' and we hear that freedom is generally given to complete tasks and remits.
- Suggestions made by staff are not only respected but supported as well.
- Monthly staff meetings are advertised, and the meetings themselves documented, with minutes taken.

What could be improved?

- We found no areas for potential improvement.

Based on findings, we have made several recommendations (see section 7).

4. Resident Feedback

During the visit we spoke with 5 residents, on various floors. Length of residency ranges from 3 months to 5 years.

Questions were asked around staffing, cleanliness and environment, activities, diet, medical and personal care needs, involvement and feedback.

To uphold confidentiality, responses have been grouped, and placed randomly for each question.

4.1 Staffing

Staff are commented to be ‘nice, caring and helpful’ and we receive varied examples of personalised care, such as being asked what to wear, when to wash, or what to have for breakfast.

Levels of support are variable, such as sometimes having to wait after a bell press, however staffing coverage and presence is said to be good overall.

When asked, all of the residents say they feel safe and secure.

Selected Feedback

Do you feel supported by the staff?

“They are nice, they help me to wash and to get dressed.”

“Very nice staff, I can dress myself. I have a call bell, when I press sometimes they are busy.”

“Staff are all fine, they offer me a cup of tea! They’re helpful.”

“Everybody is busy and there’s no-one to help me to go out. Staff have too much to do.”

“They are alright with you, if you are alright with them.”

Do you feel listened to, for example are you involved in decisions and able to make choices?

“Yes, they are kind and come over to help. They give me lovely meals.”

“They’re all very nice, caring and helpful - they have a good attitude.”

“I’m able to choose what I want to wear, eat (I’m vegetarian) and what I want to do.”

“Staff look after me but they’re too busy.”

How often do you see the staff? Do you see them quite often, or would you like to see them more often?

“All the time, they are always walking up and down and come if I call them. Sometimes they sit and chat as well, and help me if I get stiff sitting down.”

“There are quite a few staff. No-one is unkind to me.”

“I don’t really need the staff to assist but they come around and I can ask them to do things.”

“They pop in my room from time-to-time. Due to limited mobility I have my meals up here (in my room). I go downstairs monthly, in a wheelchair to attend a service with a priest. I went down for St Patrick’s Day.”

Would you like to say anything else about the staff?

“I like them, they are always up for a chat. They let my son come and make coffee for me and him so we can have a chat every day.”

4.2 Cleanliness and Environment

Residents are able to personalise their rooms and all are satisfied with the level of cleanliness.

One resident would welcome ‘a touch of paint’ to uplift the room.

Selected Feedback

Do you like your room - do you have all you want in it?

“I’ve got lots of pictures of my family and get loads of visitors who bring me ornaments.”

“I have my personal things. I have my own bottle and can make a drink.”

“I’m happy with my room.”

“The room is OK but it’s not home. I don’t have many personal items or a TV, but I don’t think I’ll be here long.”

Are you happy with the standard of cleanliness in your room? Is your room cleaned regularly?

“The cleaning is first rate.”

“Yes, happy with the cleanliness.”

“They clean the room every day. I keep my bathroom clean myself.”

“Yes, but I think the place needs a touch of paint.”

4.3 Activities

The activities on offer are enjoyed by most of the residents we spoke with. Popular activities include sing-a-longs, the visiting entertainer/comedian, themed parties (such as for Halloween) and outside trips. Staff take photos of activities, which may be shared with families.

Some residents tell us they'd like to go out more often, with a daily walk suggested.

Selected Feedback

Are you taken to the garden, shops, park or out for trips?

“I've been to the ‘Halloween Do’ and I go out to the garden and have a barbeque.”

“I go into the garden when sunny.”

“Occasionally my daughter will take me out.”

“I want to attend church - I have to go by myself, as staff are busy.”

How do you know what activities are available?

“I don't know what activities are available - so don't join in.”

Which activities do you enjoy the most?

“I like to see the singer and comedian. Also enjoy the tea dances.”

“I have weekly exercises in my room. There were Halloween activities - I sent pictures to my daughter.”

“I want to go out, I don't often do the activities. Sometimes I join in the singing.”

“Everyone has their own thing. I don't join in but like to watch others.”

Are there any activities you would like to see, or see more of?

“No, I’ve plenty to do - Jan has lots to offer.”

“No. I have been to Morrisons, had cake and coffee, taken to the pub (before Covid).”

“It’s not bad here but I like going out - I don’t like being indoors all week. I’d like a daily walk, and maybe a visit to Forty Hall.”

4.4 Diet and Nutrition

The food is considered to be of good quality and is popular with the residents. When asking about choice, some say they are given options, and others say they are not.

Selected Feedback

What do you think about the food?

“The food is fine, I’m trying to lose weight and can tell the cook what I want - such as fish and green vegetables.”

“I like the food.”

“The food is okay, I eat anything anyway. I get plenty of it and if I am hungry I ask Shirley to get me a biscuit.”

“The food is alright, it’s edible. We can’t choose, but it’s not bad.”

4.5 Medical and Personal Care Needs

Most of the residents have accessed either a health professional (GP, Nurse/Matron or Chiropodist) or the in-house hairdressing.

One resident, with a tooth problem comments on not having seen the dentist ‘for a long time’.

Selected Feedback

Are you able to see a doctor, nurse, dentist or other health professional if you need to?

“I am a diabetic so the doctor keeps an eye on me.”

“I have schizophrenia and wear glasses. I see the doctor, nurse, optician, chiropodist and have my hair cut every 3 weeks. I wanted more medication in the afternoon but this was not agreed.”

“I have seen the hairdresser and podiatrist.”

"I do my own hair and choose what to wear."

"I have to see the dentist, but have not been for some time."

4.6 Involvement and Feedback

We hear about good levels of involvement and opportunities to feedback. Residents say they are asked whether they enjoyed activities and are occasionally asked about their general welfare. Some families actively attend the relative's meetings.

Selected Feedback

Are you encouraged to give feedback about the home?

"After the activities Jan always asks us if we have enjoyed it. My family go to meetings as well."

"From time-to-time staff will ask me if everything is alright. They keep in contact with my daughter."

"I keep myself to myself."

What would you do if you were not happy about something or needed to make a complaint? When you have a complaint do you feel listened to?

"I would tell Shirley (member of staff) or my son."

"I would tell staff."

"I would phone you. I am fed up because I want to go out, I have told the staff this. I'm also concerned about getting my pension."

4.7 Any Other Comments

When asking for any other feedback, residents are generally satisfied. One resident, we believe in a short stay arrangement is unclear as to why he was admitted, and when he will be leaving.

Selected Feedback

Would you like to say anything else about the home?

"It's fine here."

"It's serving a purpose, I have no real complaints."

“I had constipation and staff were reluctant to give me anything. My daughter sorted it out.”

“There are no problems but I don’t know why I’m here. I’d prefer to be at home.”

5. Relative Feedback

During the visit we spoke with 1 relative, whose mum has been resident for 2 years.

Questions were asked around staffing, activities, diet, medical and personal care needs, involvement, and feedback.

5.1 Staffing

Staff are commented to be ‘brilliant, fantastic, helpful and welcoming’.

Selected Feedback

Do you find staff to be helpful?

“Very helpful, really brilliant - Jan is lovely and Shirley is fantastic! They greet you when you come in and we can make coffee.”

Are you involved in decisions and if you have any concerns, are they listened to?

“Yes, they helped when a ring went missing.”

Would you like to say anything else about the staff?

“They are absolutely fantastic and make us all feel so welcome.”

5.2 Activities, Diet and Nutrition

The activities and food on offer are also complimented.

Selected Feedback

Do you think there are enough activities within the home?

“Yes, they went with Jan (Activity Officer) on a minibus to visit Capel Manor, attend a Halloween Party and to see the Christmas Lights.”

Are there any activities that you think could be initiated or improved?

“No I cannot fault anything.”

Does your family member enjoy the food? Do the food options meet their dietary and nutritional needs?

“Cook knows that they like. We bring eels and cream cakes.”

5.3 Medical and Personal Care Needs

The resident has access to health professionals, a social worker and hairdressing and manicure. We hear that updates are given in the event of illness.

Selected Feedback

What are your views on medical and personal care needs?

“A doctor comes weekly. Mum had Covid and felt a bit rough, we were kept updated. There’s a regular hairdresser and chiropodist, staff do nails. There’s a new social worker who checks on mum’s welfare and financial issues.”

5.4 Involvement and Feedback

Invites to relatives’ meetings, and surveys are received.

Selected Feedback

Are you invited to regular meetings for family/friends or residents?

“We are invited to the meetings but I don’t always go.”

Do you have the opportunity to give feedback on how things are done in the home?

“We get surveys from Jan and complete them on a regular basis.”

5.5 Any Other Comments

Staff are again praised, with good levels of resident care and hygiene cited.

Selected Feedback

Any other comments?

“Wonderful, lovely staff. Mum is always clean and lots of friends come to see her.”

6. Staff Feedback

During the visit we interviewed 2 staff members of varying roles and experience. Length of service ranges from 4 to 7 years.

Questions were asked around induction and training, staffing, management, residents, involvement, and feedback.

To uphold confidentiality, responses have been grouped, and placed randomly for each question.

6.1 Induction and Training

The induction process, which features training, and a tour is considered to have been helpful. Training is offered, with recently completed courses including safeguarding, fire safety and upholding dignity. Sessions are either remote (e-learning) or in-person (group sessions) depending on the topic.

Selected Responses

Please tell us about your induction process?

“I had a 3 day induction which covered all activities, fire procedure, health and safety, plus a tour of the home.”

“I was given a daytime and night time induction.”

Did you feel supported during the induction process?

“Always. Bhima is the best, spends time with me and supports me totally. She shows trust in me and I like her very much.”

“Yes. Although I’ve worked elsewhere, every home is different so it’s helpful.”

Did your induction process help you feel confident about taking up your new role?

“Fully supported.”

Are you regularly offered training opportunities by your employer?

“I’ve done a mixture of in-house and e-learning. The most recent courses were safeguarding, dignity and fire safety. Medication training is being arranged.”

“I’ve just had safeguarding and fire safety training. Sanjee (staff trainer) comes on a Saturday. I’d like to do some NVQ diplomas.”

6.2 Staffing

General conditions are complimented, with breaks regarded as adequate. Comments suggest that morale is at a high level.

Selected Responses

How do you feel about your job?

“I love my job, I have such a passion. I know everyone and the residents are happy and pleased.”

Do you feel you have adequate breaks?

“Yes, 1 hour for lunch and it’s flexible - you can break it up if needed (such as 20 minutes at a time).”

“1 hour for lunch and 15 minute coffee breaks. Timings depend on the shifts.”

6.3 Management

Staff find the manager to be ‘friendly, approachable and supportive’ and we hear that freedom is generally given to complete tasks and remit. Suggestions made by staff are not only respected but supported as well.

Monthly staff meetings are advertised, and the meetings themselves documented, with minutes taken. Both staff members are aware of the safeguarding process.

Selected Responses

Do you feel supported by the management?

“Very much so. Bhima has raised the home to five stars - she is really dedicated, always on the floor and available.”

“We have regular supervision, Bhima is always interested in different activities I have thought of and supports me to implement them.”

“The manager is friendly, approachable and supportive. I ask about medication if I’m not sure. If staff under my supervision are not doing what is needed, I give them a friendly prompt. We’re a small and happy team.”

How often are staff meetings held? Do you have an opportunity to share your views and contribute to set the agenda?

“Every month - the list is posted on the noticeboard.”

“Monthly and adhoc if something comes up. Our views are written down and the manager does her best to sort it.”

Are you aware of the process of how to raise a safeguarding alert?

“Yes, I’d report to the manager. Incidents mainly involve falls.”

Do you have access to clear safeguarding information at work?

“Yes.”

6.4 Residents

We are told that care given is person-centred, with residents able to make decisions on clothing, washing and diet. The residents are monitored with temperature and blood pressure checks and routinely observed, with any concerns reported to the District Nurse.

While staff say they give encouragement to attend activities including going out for walks, this is disputed by one resident who has not been taken out - despite repeated requests.

Handover includes visiting all the resident’s rooms and is conducted both verbally and in writing.

On medical appointments, issues with securing transport are cited. We are told that eligibility criteria for NHS transport is very strict and taxis that accommodate wheelchairs are prohibitively expensive. Sometimes families are asked to assist.

Selected Responses

How do you support the residents?

“All the residents are different - so we support according to needs. I help with personal care - feeding, changing, toileting, mobility.”

“I deliver the activities, serve food and assist residents to eat.”

How do you monitor residents' health and wellbeing?

"I check for changes - if they're not drinking or too tired. I notify the manager of any concerns."

"I take their temperature and blood pressure. I know them all, and can spot when they are unwell. If I have any concerns I'll call the matron and discuss."

How do you support residents to have a say in what they want, and in what the home offers?

"Care is personal - I ask the residents if they'd like to have a shower or bed wash. I ask them what they'd like to wear or have for breakfast."

How are you able to encourage residents to be involved in activities?

"I plan them - activities are planned a month ahead. We go out on trips, recently did fireworks, cooking. We take photos and all activities are recorded in the activity book."

"We take them to the shops."

"I ask them if they're interested. I ask if they want to go out for a walk, some prefer to sit outside with a cup of tea."

Can you tell us about the handover process between shifts?

"Shifts are 8am to 8pm. I meet with the other Senior 10 minutes beforehand, we visit all of the residents' rooms."

"As I am an Activity Officer I come in the afternoons. I leave activities for staff to deliver in the mornings and get feedback before I start my shift."

What means of communication is used by staff during the handover process?

"Verbal and in writing. We talk about what happened during the day (or night) and discuss who didn't have much to eat, who didn't participate in activities as usual, any changes in mood or behaviour."

"We record attendance at activity sessions."

Do the residents face issues accessing community health and social care services?

"Sometimes we have to cancel medical appointments as there is no suitable transport. Eligibility criteria for NHS transport is very strict and taxis that accommodate wheelchairs are expensive. Sometimes we ask families to help."

6.5 Involvement and Feedback

Staff comment on good, even ‘great relationships’ with families and this is reinforced by the family with also spoke with. Families have the opportunity to attend meetings, complete a quarterly survey, or speak with staff members - who are proactive at making weekly contact.

Selected Responses

Are residents aware of how to provide feedback to the home?

“If not residents (many have dementia) the families are very much involved and will speak about any concerns, ideas etc.”

How do you engage with residents and relatives to encourage them to share feedback?

“I pass any suggestions to the manager.”

“I send out surveys, speak on a regular basis to families and residents to know what is working and what is not. There are regular residents and family meetings. I have a folder which documents activities and attendance, minutes of meetings and future planning.”

Do you have any involvement with family or friends?

“I have forged great relationships with families. Every Sunday I send a WhatsApp to every family with updates. I know every family member who visits and we have a good rapport.”

“When they come we take their temperature etc and make them a cup of tea. The families are good and nice. I contact them if the residents are unwell, or if we need something.”

6.6 Any Other Comments

On closing the discussions, staff reiterate their passion for, and enjoyment in their roles.

Selected Responses

Do you have any additional comments?

“I love this job, I love working with my colleagues and especially with the residents. If I won the lottery I wouldn’t leave - I would buy the home!”

“I enjoy working with the residents, we always say hello, good morning etc. When I’m back from holidays they’re very interested in my stories - we’re like a family. I enjoy the small things, talking to residents when they’re down, lifting spirits, having a chat.”

6.7 Interview with the Manager

We also interviewed the manager, who has been in post for 3 years.

The manager says ‘There were 13 residents when I started and the home is now at full capacity (26) with a waiting list. A lot of hard work has been done - I can’t believe it’s the same home! We are still driving improvements to be more person centred.’

This positive and progressive attitude is reflected in many of the policies, and practices we discussed during the interview.

Summary of Discussion

Service Overview

- The home may accommodate 26 residents. All rooms are occupied and there is currently a waiting list.
- As well as long-term care, the home also has provision for short stays and respite.
- 14 staff members are employed and are of diverse nationalities, including from Ireland, Greece, Turkey, France, India, Azerbaijan, Ghana, Sri Lanka, Zimbabwe, Mauritius and the Caribbean.
- The residents are also from diverse backgrounds.
- We hear that the home is a ‘popular placement’ as it is well-known for its wide range of languages covered. Some residents, as part of their dementia condition, have reverted to speaking primarily in their own language so this is important.
- Referrals are largely by word-of-mouth as the home, being private is well-regarded.
- Social services and hospital teams may also refer.
- Prospective residents may view the home before making a decision.

Staffing

- The manager says ‘I believe in team work and we always work as a team. Staff come straight to me and feel comfortable. We’re not a corporate home, we need to have a personal touch and family feel’.
- Flowers and small gifts are bought for staff to make them feel valued, and to say thank you.
- Training on offer includes Infection Control, Safeguarding, Dementia Awareness, Health and Safety, Mental Capacity, Moving and Handling and Nutrition.
- In-house (group sessions) are preferred if available.
- Training on Falls Prevention is said to have helped reduce the number of cases.
- Additional topics include choking, diabetes, skin care and creams.
- Safeguarding posters are clearly displayed.

Residents and Relatives

- Preferences, likes and dislikes are established at the initial assessment. The manager says that once you get to know the residents, you ‘get to know their habits’.
- Residents may go to bed and get up as they wish.

- Those at higher risk are encouraged to get involved (come downstairs during the day) as they can be better monitored and supported. On this, privacy and choice is respected.
- Some residents go to church and there are also pastoral visits to the home.
- The new sensory room, which was previously used for storage can help residents with their sense of smell, taste and touch, as well as their memory. Exercises such as guessing what's in the box by touching or smelling are among the activities offered.
- On medical care, a District Nurse/Matron visits weekly or when needed to make special visits or bring equipment, the GP visits on a Tuesday. The chiropodist comes every 6 weeks.
- Residents are invited to the residents' meetings whether they 'have the mental capacity or not'. Relatives' meetings are held separately. All meetings are documented with minutes taken.
- Relatives receive a weekly call, are on a group mailing list, and receive regular surveys and newsletters. We are told that during lockdown, the survey was completed through phone calls.

Activities

- A comprehensive array of activities is available.
- Popular in-house sessions include bingo, cards, movie nights, entertainers, karaoke (residents love to sing), pantomime, foot spa, manicure and pet therapy. Over 30 activities are reportedly on offer.
- Staff can also accommodate 3 or 4 residents on a shopping trip, or 6 or 7 for a walk, with those in wheelchairs supported.
- During the warmer months there are family barbeques.
- In-house celebrations were held to mark Valentines Day, Pancake Day, the Queen's Platinum Jubilee, Halloween, Bonfire Night and Remembrance Day. The manager says that staff and residents 'really get into the spirit'.
- Outside trips include to Capel Manor, Forty Hall, Middleton House and sight seeing in Central London (Christmas Lights and Shopping).
- Additionally there are sessions with a health focus, such as chair exercise delivered by a physiotherapist or gardening or dancing to 'get the blood pumping' (good for cardiovascular conditions). Fire awareness sessions are also routinely held.
- Birthdays are marked, with cakes made, informal parties given and photos taken.
- All activities and parties are logged in the folder, along with the photos taken which may be shared with relatives.
- Some activities have been funded through raffles.
- We are told that residents may make suggestions and some one-to-one outings are available, such as visits to a specific church, community centre, café or pub.

Diet and Nutrition

- There are no visiting times but mid-morning is encouraged, as main mealtimes are 'protected' to avoid distractions. Children and pets may also visit.
- The menu is rotated every 4 weeks. As well as the set menu, cook will 'ask residents' what they would like. Special diets, such as vegan or halal are catered for as well as cultural preferences including Mauritian and Caribbean dishes. Those requesting new types of food have inspired other residents to try.
- Residents can choose where to eat their meals. There is no regime, as 'it's their home'.

- Those at risk of choking have special diets (mashed or pureed food). Some require personal assistance at mealtimes and any needs are outlined in care plans.

Covid-19 Protocols

- A Covid-19 risk assessment is in place. The manager complains that regulations and requirements are overloading and it is possible to 'lose track'.
- There is no routine testing but the home temperature-checks staff daily and residents twice a day.
- Staff are required to wear masks on duty.
- It is proudly commented that the home has had no fatalities as a result of the pandemic - this featured in a full-page article in the local press. We are told that the home decided to lockdown a week before the official guidance was given.
- As a precaution, a Covid-19 wing was assigned.

Any Other Comments

- The manager closes by saying 'I enjoy the little things and every day brings a new challenge. Staff and residents are brilliant as well. The atmosphere is relaxed and as long as it gets done, I give the staff the independence they need.'
- Social Services are found to be unresponsive at times.
- It is also commented that residents are 'dumped' at the home without any possessions, finance, and often in a poor state of health and wellbeing. It is the home that 'picks up the pieces' in these cases to support the residents.

7. Recommendations

The Authorised Representatives would like to express thanks for the arrangements to visit the service.

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

It is our view, based on the interviews and observations that the home provides a fundamentally excellent service.

It is well-managed, with effective systems and procedures in place, and has a staff team that is diverse, in good morale, skilled, and is clearly dedicated and hard-working - resulting in personalised, high quality care, with good levels of involvement and support for both the residents and their families.

We note there is a shared vision of continual improvement and this is borne out in the increasing popularity of the home - which is operating at full capacity, with no vacancies and a growing waiting list.

On the estates side of the service, the outside of the building, poor signage aside, is very well adorned, homely and inviting. The layout inside is also well thought out, with the residents clearly visible at all times, dementia friendly protocols observed, and the space itself generous, tidy and on the whole health and safety compliant.

The fabric of the building is certainly in need of attention, with ageing fixtures and fittings, and a level of cleanliness that should be of a higher standard. It is in this area that the majority of our recommendations are focussed.

We make 6 recommendations on entry and general accessibility.

7.1 Entry and General Accessibility

It was difficult to find the home from the main road - there is signage, however small and easily missed. The main sign indicates 'this way to the car park' however it does not state that this is also the main pedestrian entrance.

7.1.1 We recommend that the home reviews its exterior signage, perhaps asking for feedback from families and visitors, so that it may be more easily located.

We did not notice a fire escape route plan upstairs.

7.1.2 This should be investigated, and addressed as required.

Some of the upstairs corridors are very old, with uneven, noticeably creaky floors, constituting a trip hazard and unpleasant, noisy environment especially at night.

7.1.3 Ideally the corridors should be inspected and assessed, to see if floor boards can be replaced or strengthened, and/or floor surfaces modified. It may be cheaper to address this in the shorter term, as the condition of the building will deteriorate further over time.

At the top of the stairs there is a very 'steep step' which is not marked, presenting a clear trip or falling hazard.

7.1.4 This particular step needs urgent attention, with (at the very least) a cautionary sign in the short term, and a more permanent solution found for the longer term. If not addressed, it is very likely that accidents will occur.

The lighting in the staff lift is very dim, we did not clearly see the press-buttons.

7.1.5 We assume a routine maintenance visit may resolve this.

In one of the resident's rooms a piece of lino was missing from the floor - resulting in raised, sharp edges.

7.1.6 This section of floor needs to be covered to prevent tripping or cutting. It would be reassuring if the home also assesses all residents' rooms with a basic health and safety checklist, to identify and remove other potential hazards.

We make 5 recommendations on the general environment.

7.2 General Environment

Cleaning was taking place during the visit; however the general cleanliness of the home was not of a high standard - we observed dirty skirting boards, doors, walls and shelving, dust on chairs, and floor surfaces that were not completely clean.

7.2.1 The home, without any doubt would benefit from a 'deep clean'. This may be done in stages to minimise any disruption and cost. We recommend a plan is drafted and implemented, perhaps utilising checklists, to ensure that areas are regularly and methodically cleansed.

The toilets had a strong odour of urine (and of bleach) and we noticed dust and grime on some of the toilets. Shower fittings were also dirty.

7.2.2 Toilet and washing areas should be cleaned several times a day - a checklist posted on the wall (as in commercial services) would help to ensure that this is done. It might be an option to appoint a staff member with overall responsibility for cleanliness checks, we also hope it is discussed at staff meetings.

Drainage is clearly an issue, upstairs there is a very pungent, unpleasant smell in the corridors and to a lesser extent in the resident's rooms and bathrooms, and main bathrooms and showers.

7.2.3 We are unsure if this is due to the home's own plumbing and drainage, or wider conditions in the area. Whatever the case, this does need to be addressed as without remedy, the environment will remain an unpleasant one for residents and staff.

While some upstairs corridors are well-lit, others appear quite dim.

7.2.4 Presumably, this is something that a routine maintenance inspection could address.

The home overall, upstairs and down would benefit from some redecoration.

7.2.5 Areas that have long been neglected would benefit from a fresh coat of paint, perhaps new pictures and fittings. We realise that resources are very limited, so suggest this can be achieved in 'modest' stages, there may be grants available from local and national bodies. It might also be possible to fund-raise from families and local community.

We make 4 recommendations on personal care.

7.3 Personal Care

The ensuite showers have small cubicles and a raised step - this is unsuitable for people with dementia and older people generally, as are the baths.

7.3.1 We would encourage the home to consider what can be done, to modernise its ensuite facilities. It may be possible to proceed on a 'room at a time' basis and achieve this over a number of years.

We note that while the bed linen was of good quality, the towels in some of the rooms were frayed and discoloured.

7.3.2 Of course it would be more dignifying if residents had access to good quality towels and other basic essentials. Donations could be sought from local companies and organisations. It might also be reasonable to apply a surcharge to those services who have placed residents without any possessions or financial support.

While the detachable alarms are convenient for use during the day, we are unsure if they are returned to their bedside docking stations at night.

7.3.3 It would be reassuring to know if this is addressed at handover, or if a procedure exists.

The hairdressing salon was cold and looked 'dreary'. It was also dirty in places.

7.3.4 The space itself is fine and has a lot of potential, a simple 'coat of paint' and deep clean would make the salon more appealing, perhaps more popular as well.

We make 1 recommendation on activities.

7.4 Activities

While staff say they give encouragement to attend activities including going out for walks, this is disputed by one resident who has not been taken out - despite repeated requests.

7.4.1 We would ask the home to gauge interest in daily walks, and to facilitate wherever possible. This can only be a good thing for the wellbeing of residents and would certainly be worth the investment in time and effort.

8. Provider Response

Following production of our report, the provider has offered the following response:

Entry and General Accessibility

- We do have a [fire escape] sign in place and it has always been there.
- As an old building there are some areas looking old but there are not uneven areas, trip hazards and an unpleasant and noisy environment. We do conduct regular floor walks and will rectify issues as soon as possible. Will not leave anything which can have impact on residents.
- We do have a [steep step] sign in place and it has always been there.
- A resident has a habit of breaking things in his room [area missing from lino] and this has been identified in his care plan. So, every time he breaks things it has been identified and repaired.

General Environment

- Standard of cleanliness - only casual cleaning was taking place. We have a domestic assistant who works from 8am to 1.30pm daily.
- Strong odour of urine - some residents can't flush themselves.
- Shower fittings observed to be dirty - cleaning was not done at that time? We do deep cleaning - one resident of the day and general cleaning.
- The home has a refurbishment plan in place.

Personal Care

- Ensuite facilities not suitable - [resident] does not use the ensuite shower and the home has adapted bath to shower.
- Frayed and discoloured towels - changed very often.
- Staff make sure [personal alarms] are in place at night while residents are in bed and also, we do hourly checks on the residents. These call bells work wireless.
- Hairdresser responsible for cleaning and keeping her room tidy. And she does clean weekly every Friday before she attends to the residents. And, the hairdresser's room is always locked up.

Medical and Clinical Needs

- Lack of dentistry - this resident has capacity, and he does manage his own appointments independently. He accesses the community independently.

Activities

- Lack of walking opportunities - that relevant resident has kept refusing to join the outdoor activities on several attempts. This has been reported to her social worker and advocate. Moreover, she doesn't have financial support for outings which has

been reported to social services. She always participates in indoor activities, and we have enough evidence to support this.

Feedback and Complaints

- Lack of awareness about admission - this relevant resident has lack of capacity and dementia. He is very forgetful, and family are unable to manage his needs at home that's why social services have placed him and family are in agreement.

9. Glossary of Terms

CQC Care Quality Commission

10. Distribution and Comment

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

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

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“I love this job, I love working with my colleagues and especially with the residents.

If I won the lottery I wouldn't leave - I would buy the home!”

Staff Member