

Enter and View Report

Nairn House, 21st June and 14th July 2022



A report by Healthwatch Enfield

“The nurse puts on my slipper, I enjoy that, it shows they are taking care of me.”

Resident

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Visit Details	
Service Visited	Nairn House, 7 Garnault Road, Enfield, EN1 4TR
Manager	Jacob Mante
Date & Time of Visits	21 st June 2022, 10.00am - 2.00pm 14 th July 2022, 10.00am - 2.00pm
Status of Visits	Announced
Authorised Representatives	21 st June 2022: Caroline Frayne, Elizabeth Crosthwait, Jasvinder Gosai, Margaret Brand and Pauline Hooper. 14 th July 2022: Caroline Frayne, Jasvinder Gosai, Janina Knowles, Margaret Brand and Darren Morgan.
Lead Representative	21 st June 2022: Claudia Newton 14 th July 2022: 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, 5 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 Nairn House

On 21st June and 14th July 2022 we visited Nairn House, a nursing and residential care home in Enfield.

Operated by Bupa, the home provides residential and nursing care to older people and younger adults, with specialist care available for respite and short stays, recovery post-operation or after illness, Parkinson's and palliative care.

The home may accommodate up to 61 residents, 51 were in occupancy at the time of the visits. The daily staffing complement includes 13 clinical staff (with 3 nurses) and 70 support and care staff members.

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.

Nairn House was last inspected by the CQC in March 2021. The inspection [report](#) gave a rating of 'Requires improvement' overall, with individual ratings of 'Good' for being Caring and Responsive, and 'Requires Improvement' for being Safe, Effective and Well-led.

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback - the average rating given is 8.2 out of 10.

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 visits of 21st June and 14th July 2022 we spoke with 13 residents, 4 relatives, 8 staff members and the manager (26 people in total).

The Authorised Representatives made the following notes and observations:

- On arrival, we were asked to sign in.
- All staff were polite, helpful and punctual throughout the visits.
- We were able to access all areas, and engage with residents, visitors and staff as appropriate.
- The Enter and View visit posters were clearly displayed.
- On leaving, we were asked to sign out.

Entry and General Accessibility

Notes

- The home is on a quiet residential street in Enfield. It was easy to find, and is very well signposted on-site.
- Parking is available for at least 10 vehicles.
- Inside, the reception area is small, but functional.
- At the first visit, the reception area appeared untidy, with masks and hand gel on the table. At the second, we saw no clutter.
- Residential and service lifts are available, however cannot accommodate beds.

What has worked well?

- Security arrangements at the main entrance include key-code entry and a prominent video camera.

- On mobility, corridors are wide and all staircases and corridors are fitted with handrails.
- Key-code entry is required to exit the two upper floors.
- Fire safety precautions look to be adequate, with fire doors, extinguishers, emergency exit and meeting points clearly visible or signposted.
- The wi-fi password is clearly posted on noticeboards.

What could be improved?

- The trolleys and floor-standing fans in corridors may be potential trip hazards.
- The Activity Plan on the downstairs noticeboard was very small, and not easily visible for wheelchair users.

Covid-19 and Visiting

Notes

- In line with national guidance, visitors no longer need to prove a negative Covid-19 test, or show proof of a vaccine, however 'common sense' measures of mask wearing and social distancing are still in place.
- Visitors do not need to book a slot, however visiting is discouraged during lunch and supper time.
- On use of face masks, resident's views are mixed - while comforting for some, others say they hinder effective communication, especially with staff who 'have accents'.

What has worked well?

- Guidance is clearly posted on the main front door.
- Residents commenting on Covid-19 feel safe on the whole.
- During both visits, staff were observed to be wearing PPE (Personal Protective Equipment) at all times.
- A dedicated mobile phone is available for relatives to use and we are told that assistance is given in using personal tablets and devices.

What could be improved?

- Staff are confident in infection control measures, however some with long term conditions (such as diabetes) are concerned about their own health, and with the phasing out of testing, others are worried about their family members.

General Environment

Notes

- The home has a ground floor and two upper floors - layout in each is very similar. In addition to residents' rooms, the floors contain a large dining/activity room and a nurse's station and separate office.
- Resident's rooms are a moderate size, neither spacious or too small, with compact and modern washroom facilities. The beds we viewed are hospital-style - large, fully

adjustable and suitable for a range of needs. Furniture appeared to be well maintained. All of the rooms we viewed were tidy.

- A professional hairdressing facility is available. Currently a care staff member, who is trained and licenced to do so, offers a hair cutting service.
- During the first visit, we felt that décor was an issue, with walls and corridors 'blending into each other' causing disorientation. At the second, we note the addition of pictures and a brighter feel, giving a better sense of place.

What has worked well?

- Call buttons are installed behind the resident's beds, the most logical and suitable place.
- The lounges are spacious and well-appointed with furniture, such as pianos and decorative clocks. Chairs are substantial and appear to be very comfortable, with adjustable tables available.
- The second visit took place during a very warm summer day, however all areas of the home felt cool. The lounges in particular, with large open windows and floor-standing fans had good air flow.
- During our visits all areas of the home appeared to be very clean. Relatives also compliment the levels of cleanliness.

What could be improved?

- While some of the resident's rooms were personalised with pictures and photos, a noticeable number were not. We therefore wonder if residents, including those on respite (shorter stays) are given 'full encouragement' to feel at home.
- The names on the doors are small and plain, which did not feel welcoming.
- Large mirrors in the corridors reflect some of the resident's rooms, when the door is open - this may impinge on privacy.
- Toilet signage is not clear - just pictorial male and female signs (no wording). The lock on one toilet door was not working, and was observed to compromise privacy during one visit. In this toilet, we also note the pull-chord was tied up, so could not be used.
- We note that at 12.30pm, overhead lights were on in the lounges, giving a clinical, hospital-ward like feel. With very large windows and therefore plenty of natural light available, we are unsure if lighting is necessary during daytime, especially in summer.
- During the second visit the windows were being cleaned. Those still to be done looked visibly dirty, so cleaning frequency may be an issue.
- A lack of maintenance is highlighted - with one resident's faulty radiator switched on permanently around the clock.
- Some of the residents commented on feeling cold.
- The garden, a very large space is clearly lacking potential. The grass was nicely cut, however the greenhouse looks untidy (it also has a broken window) and the wooden shed in the corner is used for wheelchair storage. There is not enough safe seating.

Medical and Clinical Needs

Notes

- During our visit two professional chiropodists were on-site (a service paid for by the residents).
- None of the residents we spoke with recall having a booked GP visit.

What has worked well?

- We receive compliments about a community nurse, who liaises with residents and health services.

What could be improved?

- Residents who are perhaps short of funds would like assistance in obtaining clothes and toiletries, and in getting their hair and nails cut.

Activities

Notes

- The lounge/dining rooms, sited on each floor may easily accommodate 20 residents.
- Music related activities are most popular, with flower arranging also mentioned.
- Many of the residents we spoke with stay largely in their rooms - either as a preference, or due to limited mobility, with puzzles, reading and watching television common ways of keeping occupied.

What has worked well?

- We observed staff assisting residents with one-to-one activities, such as colouring in.

What could be improved?

- During our visits, we note the lounges were not well-attended, with fewer than 6 residents in each.
- Those who are bed-bound complain of a lack of company, and with it limited opportunity for games or crafts.
- While the activities on offer are considered to be good, availability - especially at weekends is questioned by relatives.
- Younger residents, such as those in respite, or on a shorter-term stay complain of a lack of suitable activities for them.
- It is reported that a lack of materials prevents arts activities.
- Relatives suggest that the garden would be better utilised, if the space was more appealing. It is also commented that access to the garden is restricted for those in need of supervision.

Diet and Nutrition

Notes

- 12.30pm to 1.30pm and 6pm to 7pm are regarded as 'protected mealtimes' to ensure that residents are able to eat without distractions. While visiting during these times is discouraged, it is not prohibited and visitors will be admitted.
- On the second visit we observed lunch in all 3 dining rooms.

What has worked well?

- Before lunch, staff took great care in encouraging residents to choose from the menu.
- At lunchtime, the residents were asked where they would like to sit.
- Pictorial menus were placed on tables.
- A choice of drinks was offered.
- The atmosphere in the rooms was ambient, with music playing in some.
- We observed meals to be fresh, of good quality, and well portioned. Dishes served during our second visit included chicken, sausage casserole and cottage pie and all appeared appetising. One resident said his meal 'tasted good'.
- Staff gave assistance with cutting and feeding, we also observed residents helping each other. Carers were seen to check on those eating in their rooms.
- Extra portions were offered.

What could be improved?

- Residents highlight limited choice - either through a lack of menu options, meals served differing from what was ordered, and repetitive use of some staple ingredients, such as 'the same 3 or 4 vegetables'.
- Many of the residents we spoke with comment on a lack of appetite - the limited or repetitive options may be a contributing factor to this.
- We are not sure if lunch was served on time.
- One resident, observed to be eating with a fork, would have been better able to manage with a spoon.
- While talking with one resident in their room, we note that no water was in the cup and no jug was available.

Feedback and Complaints

Notes

- When asked about awareness of the complaints process, residents tell us that if making a complaint they would either speak with a person in charge, the home manager, or ask a family member to intervene.

What has worked well?

- The complaints procedure is clearly posted on noticeboards.
- Residents and visitors are encouraged to contact Bupa directly if they have any concerns. This initiative, known as 'Speak Up' has a dedicated hotline.
- During our second visit we observed a suggestions box, and 'You Said, We Did' noticeboard in reception (neither were present during the first visit).

What could be improved?

- Few residents have felt encouraged to feed back about the home, and some would value the opportunity to have a 'more open conversation'.
- None of the relatives we spoke with recall being invited to meetings.

Personal Care

Notes

- The manager says that all potential applicants are clinically assessed prior to acceptance.
- Each resident has a care plan, with a 'My Day, My Life' section, compiled by the Activities Coordinator, with input from families as appropriate, giving an overview of likes, dislikes and preferences.
- Cultural and dietary needs are 'catered for' and language has 'not been an issue'.

What has worked well?

- The majority of residents, and relatives we spoke with find staff to be caring, compassionate and respectful.
- On personal involvement and choice, similarly there is a good level of general satisfaction, with some exceptions.
- We observed good personal interaction between staff and residents (for example, residents in one lounge were actively engaged and encouraged to chat, or sing).
- We also saw residents smiling and waving at staff.
- A 'Resident of the Day' initiative is in place - essentially a card system, with the resident at the front receiving a care planning check, then placed at the back of the pile. While this method is simple, it ensures that residents are evenly rotated for care plan updates.
- Care plans are locked securely in cupboards, within the nurse's offices.

What could be improved?

- We observed a resident being moved from a chair to the bed - it was a 'bit muddled' and no hoist was used.
- Levels of support vary - in some cases we are told that call bells are responded to quickly, while in others, delays of '30 minutes' are reported. In the event of a delay, staff are said to be apologetic.
- The 'Resident of the Day' cards are placed openly in corridors. While this ensures that staff are more likely to be aware, it may also compromise confidentiality.

Staffing and Management

Notes

- Working at the home is regarded by some staff to be 'stressful but rewarding'.
- All (but one) of the staff members is aware of the safeguarding procedure. Information and guidance is said to be widely available.

What has worked well?

- Inductions are commented to be 'comprehensive' with learning directly relevant to the job role, and good levels of support offered. The induction experience has been confidence-building for some.
- Breaks are generally regarded as sufficient.

- The manager is commented by staff to be visible on the floors, approachable, and happy to speak with staff - including agency workers, and residents.
- When nurse's offices are vacant, the manager, on passing checks to see if they are locked.
- The manager feels that being part of a larger group (Bupa) brings certain benefits, for example advice can be sought from fellow managers and other colleagues.

What could be improved?

- Few staff give examples of recent training offered or undertaken.
- Some staff members indicate that team meetings take place daily, however colleagues are largely unaware of this.
- Challenges cited by staff include levels of responsibility, staffing shortages, low pay and at times, the 'demanding and abusive' behaviour of residents.

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

4. Resident Feedback

During the visits of 21st June and 14th July 2022 we spoke with 13 residents, on various floors. Length of residency ranges from 3 weeks to several years.

Questions were asked around staffing, medical and clinical needs, involvement and feedback, activities, diet and nutrition, and Covid-19.

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

4.1 Staffing

The majority of residents we spoke with find staff to be caring, compassionate and respectful. It is noted that experiences may differ, depending on the staff member, with some accounts of a lack of compassion and consideration given.

On personal involvement and choice, similarly there is a good level of general satisfaction, with some exceptions. The importance of family involvement, in helping to ensure preferences are understood and respected is underscored.

Levels of support vary - in some cases we are told that call bells are responded to quickly, while in others, delays of '30 minutes' are reported. In the event of a delay, staff are said to be apologetic.

While staff visit often enough for most residents, interactions are commented to be brief, with limited opportunity to chat, or build on relationships. One of the residents we spoke with said she hadn't yet been washed.

It is noted by some residents that staff are generally happier when staffing levels are good. Ability, competence and training is complimented, however there is some doubt about hoisting and lifting.

Selected Feedback

Are you treated well by the staff here?

"Most of the staff here have been absolutely delightful!"

"They're very polite and helpful."

"The nurse puts on my slipper, I enjoy that, it shows they are taking care of me."

"The staff do look after me - I get treated like the others."

"I don't know. Some work for the money, not because they want to."

"If I had to put a figure on it, I'd give them 80% overall. I object to being thrown around at 6am to change the bed - I'm not a sack of potatoes."

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

"Yes I do."

"They come around and ask what I want for dinner."

"It varies - depends what kind of people they are. Some are not respectful and are rather bullying - I feel patronised."

"I want to have a say in anything I do, I find my family helpful in that way. They visit at the weekend."

How often do you see the staff?

"I have a call button (which is working) and staff come when they are called."

"They come eventually when I ring the bell, but they do apologise when late - sometimes it can be half an hour. I'm not sure the bell is working properly at their end."

"I'm happy, they drop in often enough."

"Pretty good but they're very brief visits with no chats."

"No-one takes much notice of me."

"I haven't had a wash yet."

Would you like to say anything else about the staff?

“They helped me when I lost my friend.”

“I had my hair cut two weeks ago. Staff brush my hair every day which is a help.”

“I see and talk to the managers. I like to see them looking after me.”

“If there are 4 staff they are often very good. If there are 1 or 2 it makes them feel miserable and overworked.”

“Most staff are kind and well-trained, that said not so sure about hoisting or lifting!”

“I notice there are a lot of agency workers.”

“I cannot walk and staff assist me, some are alright and others are not - look at my bruises. I don't feel they understand that I'm short and they should lower things.”

4.2 Medical and Clinical Needs

None of the residents we spoke with recall having a booked GP visit. We receive compliments about a community nurse, who liaises with residents and health services.

Selected Feedback

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

“It's very difficult to see a doctor, even if you put your name down. The doctor just pops in.”

“I can't get to see a GP, but the community nurse, who visits weekly co-ordinates care with the hospital. She is fantastic and very organised.”

“I didn't know I could.”

4.3 Involvement and Feedback

Few residents have felt encouraged to feed back about the home, and some would value the opportunity to have a 'more open conversation'. We hear that staff have occasionally checked on general welfare.

When asked about awareness of the complaints process, residents tell us that if making a complaint they would either speak with a person in charge, the home manager, or ask a family member to intervene. In one case, which was reported as a potential safeguarding incident during the second visit, a resident fears that complaining about a particular staff member may bring repercussions.

Selected Feedback

Are you encouraged to give feedback about the home?

"Sometimes a nurse comes in and the activities officer asks if I'm happy."

"If I'm worried or upset, I think I would talk to them."

"No feedback has ever been asked for - I would appreciate a more open conversation."

"Not really."

"I don't always do it as I don't like to ask. I watch TV a lot. I miss having people to talk to."

What would you do if you needed to make a complaint?

"I know how to, but I'm happy."

"I'll talk to the person in charge if something is bothering me."

"I would tell the manager - there are no visitors to support me."

"My daughter would deal with it."

*"Go to the top. There is a nurse who ill-treats me as she knows my right hip hurts - she is very unhappy and makes everyone else - definitely me unhappy and things get worse if I report it again." **

* After hearing this, we flagged the comment to the nurse in charge and manager, who lodged a formal safeguarding alert.

4.4 Activities

Music related activities are most popular, with flower arranging also mentioned. Many of the residents we spoke with stay largely in their rooms - either as a preference, or due to limited mobility, with puzzles, reading and watching television common ways of keeping occupied.

We hear that staff occasionally drop in to encourage participation. When asking about preferences for additional activities, music again is the most desired, with walking also mentioned. It is commented that a lack of materials prevents arts activities.

Those who are bed-bound complain of a lack of company, and with it limited opportunity for games or crafts.

Selected Feedback

Which activities do you enjoy the most?

"Flower arranging and music."

"Puzzles, mathematics, crochet and embroidery. I love reading and have a lot of magazines."

"I go downstairs. I like writing and classical music. My interest in music started during the war."

"During the day I watch television and write letters - which staff post for me."

"I usually go to see them - music for example but I rarely join in."

"I go to the activities but had a bad fall and cannot use my hands. I enjoy socialising."

"I watch TV in my room. I don't know what activities are available - maybe music."

"I don't want to do it."

"I would like to do art but no paper or pens. Would also like to go walking - it's important to get out and to have more activities organised."

Are you encouraged by staff to take part in activities?

"Yes, the activities person has checked on me, I'm content to read by books, magazines and watch TV."

"Sometimes, but not always."

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

"Not really, my family come often."

"I don't read books, I prefer to play games on the phone."

"Listening to classical music in the dining room."

"Singing and music - I enjoy these and would like to have a bit more. It would be nice to have some speakers on various topics."

"There's no-one to do the activities with. I used to play scrabble - I would love a one-to-one session in my room."

"Crochet - if someone is around I can make a blanket. I'm confined to my bed."

4.5 Diet and Nutrition

The food is largely considered to be of good quality, however residents also highlight limited choice - either through a lack of menu options (curries are said to be unavailable), meals served differing from what was ordered, and repetitive use of some staple ingredients, such as 'the same 3 or 4 vegetables'.

Many of the residents we spoke with comment on a lack of appetite - the limited or repetitive options may be a contributing factor.

Selected Feedback

What do you think about the food?

"I get food I like."

"It's good, you do get a choice."

"The food is edible, there's sometimes too much but it's always on time. I don't get a choice."

"The food is reasonable, there's not much choice but then I'm particularly fussy. I don't know what I'm having today."

"I usually have a couple of rounds of marmalade on toast in the mornings. Today it's sausages and bacon but I prefer my toast. I get coffee and afternoon tea and biscuits."

"It's the same menu and I get fed-up with it. I would love a boiled egg but never get it. The tray of food is not always good, either cold or hot. I can feed myself in bed."

"I have a cup of tea in the morning, but afternoon tea is a myth! At times the menu can be a complete fairy story, you place your order the day before (hotpot), and then get something completely different (corned beef hash)! Another time I ordered salmon and got roast pork - it's edible but I wish I'd been told."

"There's not much substance, for example the 'ham platter' is processed ham, a little amount, one lettuce leaf and the rest of the plate is bulked up with potato salad. The veg is a bit repetitive, usually peas, beans or cauliflower - we seldom get broccoli or cabbage."

"I like spicy food such as Indian or Thai, but don't see it on the menu. In the mornings I get tea or coffee - would also like fruit juice."

"It's not very impressive."

"There are two choices. I have a poor appetite."

"It's okay, but I can't eat a lot of it."

"I didn't eat toast this morning, I'm saving room for lunch."

4.6 Covid-19 Protocols

Those commenting on Covid-19 feel safe on the whole. On use of face masks views are mixed - while comforting for some, others say they hinder effective communication, especially with staff who 'have accents'.

Selected Feedback

With regards to Covid, what do you think about the arrangements? Do you feel safe?

"I've never felt unsafe"

"I'm not worried about it."

"I don't like it when people wear masks, with their accents I can't hear or understand half of what they're saying."

"No, I got Covid and Pneumonia. But I suppose they do wear masks and gloves."

Do you get visits from your family or friends?

"My daughter comes every day, usually after lunch."

"No visitors at all."

4.7 Any Other Comments

Those who are perhaps short of funds would like assistance in obtaining clothes and toiletries, and in getting their hair and nails cut. Loneliness, by one bed-bound resident is expressed, while another complains of disrespectful treatment by staff. A lack of maintenance is also highlighted - with one resident's radiator switched on permanently around the clock.

The relatively peaceful setting is appreciated by one resident.

Selected Feedback

Would you like to say anything else about the home?

"I'm worried about buying new clothes or toiletries."

"I would like to have my hair cut. My finger nails feel dirty and my toe nails are getting long."

"I feel sad that we cannot talk to each other and see other residents. I'm bed-bound and don't get any one-to-one activity in the room."

"I'm fed-up with being treated like a baby. I've all my faculties - I wish I didn't as I'm too aware of what's going on. Issues with bath step."

"My radiator is permanently on and it's been like that since I got here - around 3 months ago."

"It's nice and quiet here."

"Would like to see top-down change at the home. It starts at the top."

"We rarely see anyone out in the garden."

5. Relative Feedback

During the visits we spoke with 4 relatives. Length of residency of loved ones ranges from 4 weeks to several years.

Questions were asked around staffing, medical and clinical needs, involvement and feedback, activities, diet and nutrition, and Covid-19.

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

5.1 Staffing

On the whole, the relatives we spoke with find staff to be pleasant, polite and helpful, however it is suggested that interactions with loved ones are not always as respectful.

One relative is particularly pleased that her mum is checked on 'around the clock' while a friend suspects that staff do not approve when he takes the resident out. It is also felt that this resident, who is somewhat younger than most, is not appropriately placed.

Selected Feedback

Are you treated well by the staff here?

"All the staff are very pleasant and take time to chat with me."

"I find the staff to be very polite and helpful."

"Always, but my grandmother is not listened to."

"Staff have been negative about me taking him out - I get the impression they prefer him to stay in his room."

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

“Every time I have made a request, it has been done.”

“Not all of the time. I don't raise issues with staff but have told the social worker he isn't appropriately placed - needs to be with younger people.”

Would you like to say anything else about the staff?

“Only that they are lovely.”

“Mum always has company and they check on her around the clock - pretty much 24 hours a day. The checks are logged somewhere. Mum is extremely well looked after.”

5.2 Medical and Clinical Needs

While medical support is complemented, one family complains of having to buy skin cream for their loved one.

Selected Feedback

Is your family member able to access a GP and other clinical services?

“Now mum is 100 we phone almost every day to check on medical issues and staff are very supportive and informative. Mum gets all the treatment and care she needs. Very pleased.”

“We couldn't get skin cream, the nurse said the GP would have to write it up, it's ridiculous, we went out and got some from a pharmacy.”

5.3 Involvement and Feedback

Nobody recalls being invited to relative's meetings. One relative believes her sister has had opportunities to feed back.

Selected Feedback

Are you invited to regular meetings for family and friends?

“Not so far.”

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

“Yes, my sister usually does.”

“I wasn't informed about CQC visits. Never had any meetings with the managers, however since the new manager started, notices have gone up.”

“Not really.”

5.4 Activities

We hear that staff have been supportive in encouraging loved ones to keep active and to socialise, with some exceptions. One person says that her friend does not receive either one-to-one support, or assistance in attending activities, with those on offer not suitable for his younger age.

While the activities on offer are considered to be good, availability - especially at weekends is questioned. There is some uncertainty about the status of activities, following the easing of restrictions.

Selected Feedback

Do you have any thoughts about the activities?

“Nurses are very kind and caring and encourage mum to socialise. They take her to the dining room and to activities.”

“My friend enjoys music but the Activities Coordinator is on her own and can't give any one-to-one attention or encourage him to engage. Staff have now stopped supporting him to attend. Music is aimed at a much older age group. They've only put the garden furniture out recently and the cushions are sometimes wet.”

“Staff don't ask any questions about what he likes to eat, what he enjoys doing, or prefers to watch. He doesn't have a working TV as there is no remote control, so he watches in the lounge.”

“I come in the morning and quite often find my friend asleep. Thanks to the staff his mental health has improved, but there could be more activities.”

“The activities are good but only an hour each day and none at the weekend.”

“I know before lockdown the activities were pretty good. Not sure about the present arrangements.”

5.5 Covid-19 Protocols

On Covid-19, staff are observed to wear PPE (Personal Protective Equipment) while one relative notices that general precautions have become 'lax'.

Selected Feedback

Do you feel the home has the right amount of infection control measures?

“All staff wear PPE.”

“They did, but it’s a bit lax now.”

“There are lots of infection control measures in place.”

How did the home encourage you to have contact with your relative?

“They provided PPE to visitors to keep everyone as safe as possible.”

How do you think your relative has been affected by the changes made in the way the home operates, since the start of the pandemic?

“A bit more isolated.”

“Not much, the visit slots had to be pre-booked and mum got fewer visitors than usual.”

5.6 Any Other Comments

Cleanliness and personal hygiene are complimented by one relative. Occasional staffing shortages are noted, it is also commented that phones are not always answered - a cause of anxiety for some.

When asking about potential improvements, the ability to leave phone messages is desired. It is also suggested that the garden would be better utilised if more staff were available to supervise, and the space was more appealing.

Selected Feedback

Any other comments?

“It’s very clean here, cleaning and washing is done frequently. Dad and his room always look spotless whenever I come.”

“My sister and I have been visiting mum for many years. Occasionally, but not very often, they do appear to be a little short of staff.”

“Sometimes I can’t get through on the phone and there’s no facility to leave a message. Given mum’s age, any wait for information or an update is an anxious one.”

“The staff don’t understand my friend’s condition and can’t deal with the more challenging aspects of his behaviour. They treat him more like a stroke victim.”

Do you have any suggestions on how to improve services within the home?

“None really. We are very happy overall with the service provided.”

“Not really, but not sure if there are enough carers. They often seem busy and stressed.”

“An option to leave phone messages would be good.”

“We used to take dad out into the garden quite a lot. If it looked more inviting we may do that again soon. The building site right next door is also a put-off.”

“Additional staff to support with activities, also more staff to support residents to go out into the garden. Residents cannot access the garden without supervision.”

“When my friend is agitated and restless he is able to use the lift - there is no access code.”

“The home is good at meeting physical and health needs, but not so much on psychological and social needs - emotional needs are not being met. The garden is very under-used. Possibly more activities could take place in the lounges.”

6. Staff Feedback

During the visits we interviewed 8 staff members, of varying roles and experience. Length of service ranges from 19 months to over 20 years.

Questions were asked around induction and training, staffing and management, residents and families, and Covid-19

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

6.1 Induction and Training

Inductions are commented to be ‘comprehensive’ with learning directly relevant to the job role, and good levels of support offered. The induction experience has been confidence-building for some.

When asked about training opportunities, few give examples of recent training offered or undertaken.

Selected Responses

Please tell us about your induction process?

“1 week, I was showed around the home, did some buddying and had a conversation with the manager.”

“4 days, toured different care settings. Did defibrillators, safeguarding and first aid training - with a test at the end.”

“4 days of training and 2 days of shadowing.”

“Induction was comprehensive, covering environmental awareness, fire procedure, meeting place, clinical treatment room, medication, fridge temperature and recording.”

“The trainers were knowledgeable and good at imparting practical processes, toward achieving effective person-centred care for our residents. The shadowing process was satisfactory. I was able to work effectively thereafter.”

Did you feel supported during the induction process?

“Yes, it was explained well and I passed the test.”

“It’s helped me a lot.”

“I have worked in care homes before - so was told what I needed to know from an RGN (Registered General Nurse) perspective.”

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

“It was refreshed, different to the one I did two years ago. Policies have changed.”

“Yes and I enjoyed it very much.”

Are you regularly offered training opportunities by your employer?

“I’ve done fire safety and maintaining equipment.”

“Completed wound care, the Mental Capacity Act and virtual care plan training.”

“No, as I’m an experienced carer.”

“Not yet, nor before - two years ago. I did want to go into nursing, and to do medication training.”

6.2 Staffing

Working at the home is regarded by some to be ‘stressful but rewarding’. Challenges mentioned include levels of responsibility, staffing shortages, low pay and at times, the ‘demanding and abusive’ behaviour of residents.

Breaks are generally regarded as sufficient, however not all staff are able to take their full entitlement, depending on the situation.

Selected Responses

How do you feel about your job?

"It's great caring for the elderly, I find it very rewarding. Being in charge is quite a responsibility, especially in the event of accidents. As an agency nurse I'm not familiar with the procedures or policies here but information is on the noticeboard in the office, should I need it."

"It is very stressful, but rewarding at the same time. Residents can be demanding and abusive at times."

"It's alright, but at times there are staff shortages."

"A lot could be done but on my own and on a minimal wage it is harder and stressful at times. The new manager is looking to recruit a volunteer to help out. I do need help - with the maintenance and gardening etc. I sometimes feel I can get higher pay somewhere else with less stress. I do have empathy for the residents and staff."

Do you feel you have adequate breaks?

"Breaks are for 1 hour (over a 12 hour shift). 15 minutes in the morning, 30 minutes for lunch and 15 minutes for supper."

"Yes, breakfast and lunch."

"After the resident's breakfast and lunch. I think the entitlement is fine."

"I am diabetic so ensure that I take my breaks."

"Paid breaks - sometimes very difficult to get breaks."

"I am called out of hours if there are issues as well."

6.3 Management

The manager, who has been in post for almost 3 months, is commented to be visible on the floors, approachable, and happy to speak with staff - including agency workers, and residents.

Some staff members indicate that team meetings take place daily, however colleagues are largely unaware of this.

All (but one) of the staff members is aware of the safeguarding procedure. Information and guidance is said to be widely available.

Selected Responses

Do you feel supported by the management?

"Yes, no issues."

"The new manager walks around and sometimes speaks with us about residents."

"I'm an agency nurse, but colleagues here say they're happy - the manager is always on duty, I cannot comment but he is very visible and does go around so you can speak with him."

"I'm an agency worker, but feel I can approach the manager and I'm confident I will be listened to."

"There is an open-door policy of managing and I can consult/liaise with my managers whenever the need arises. Information is escalated to me frequently so I am always well-informed and updated. I am offered development and training whenever the opportunity arises."

"I don't know the new one, and I'm not sure he knows me by name."

Are there regular staff meetings that you participate in? If so, how often are they?

"The new manager has been in post now for two and a half months and has team meetings at 2pm every day - where we can share concerns/issues - so hope we can get help and money."

"Weekly, or on request if we need to know any new information."

"Daily huddles. Weekly clinical meetings - also when there aren't any changes to note."

"Before it was every Monday, but there's new management and now I'm not sure."

"I have not attended any meetings for staff and do not know of them."

"Not really, only once or twice."

"Never had one."

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

"Yes, if there are any issues we report it to nurses."

"I'd report it to the senior person first - in every case."

Do you have access to clear safeguarding information at work?

"Yes, of course."

“No. I’m not a carer so will go directly to the nurse.”

6.4 Residents

Various examples are given of involving residents in their care - this includes offering drinks, giving a choice when washing, opening or closing windows and doors according to preferences, and chatting to gauge wellbeing. The importance of utilising care plans is underscored. Those helping residents to make menu selections say that gesturing (pointing) can be beneficial.

Several staff members tell us they encourage residents to attend activities. When asking about opportunities to give feedback about the home, we hear that residents are generally likely to speak in the first instance with carers, who will escalate.

Handover is overseen by the nurses, who together visit the residents in turn, and document any issues or actions.

No issues are reported in accessing community health services.

Selected Responses

How do you support the residents?

“Personal care, feeding, taking to activities. I talk and try to make time, while delivering the service.”

“I ask them if they need a drink - either in the common room, or in their own rooms. At mealtimes I lay tables.”

“If washing I give them a choice of what they want - bath or shower. I help with feeding and toileting. Some residents can be demanding.”

“You have to assess them to accommodate their needs. Some residents want their doors and windows open, some don’t.”

“By achieving goals in care - nutrition (assessing eating and drinking), pain relief (having a chat). We have a list of residents who have clinical needs, such as wearing a catheter, nil-by-mouth or diabetic.”

“I help with all kinds of care - palliative and respite. It is satisfying to see someone get back on their feet - one example a hospital discharge, following our care the resident is now eating and drinking much better.”

“Help with gardening. Legionella testing (temperature of water) - all showers were changed. Keep pathways to fire doors clear and remove hazards. Toilet unblocking.”

How do you monitor residents’ health and wellbeing?

“For wellbeing, the care plan has an individualised list of likes and dislikes - I refer to that. We have an Activity Coordinator who engages residents according to what they like or dislike.”

“We speak to them and try to make them happy.”

“I pop into rooms every 30 minutes and chat and engage in conversations.”

“Nurses do a temperature check. If there is an issue we report it and go straight to the nurse.”

“Residents used to come out a lot in the garden (not now as they’ve cut down on staff). We also do not have enough chairs for the garden. It used to be good for them to be out in nature and the fresh air.”

“I’m not a nursing or care staff member. Always report a fall.”

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

“Explain the options available (for example menus, snacks, tea, coffee). Residents can use the call bell and request if they need anything.”

“I encourage the residents to express their likes, dislikes or concerns. I would offer them choices, be it giving personal care, meals or entertainment. I always tailor my care giving to meet the individual's person-centred care needs.”

“I speak to the nurse if they need a hairstyle or if they want anything special for tea, such as a boiled egg.”

“I go around with a menu and help residents to choose meals. Hand gestures (pointing) are sometimes useful.”

“At mealtimes I ask the residents what they want, and point at selections.”

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

“We tell them what activities are planned, and offer to take them down.”

“If there are enough carers we can take them into the garden, or on outings.”

“While we chat I let them know what is on that day. I attend the activities and do the drinks and biscuits!”

“I speak to them and ask them if they want to join. I also speak with the Activity Coordinator, who sees them in their room.”

“If bed-bound we can’t bring their beds to the main activities.”

“The Activity Coordinator has very good ideas for garden activities.”

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

“If they are oriented and able to verbalise, they know they can give any feedback they have to the nurse or the manager when he does his walk-around or to request to see him. Sometimes the family members give the feedback, especially if the resident is unable to. There is a feedback/comments book on each floor and also a suggestions box in the reception area.”

“Residents don’t usually ask for the manager, they normally communicate with carers, and carers report to nurses.”

“Residents are sometimes not sure themselves, so we just talk.”

Can you tell us about the handover process?

“At handover, we each have allocated residents to cover.”

“We (the nurses) walk along the corridor, room by room, and handover each resident - all evidenced with acknowledgements. As part of the handover we discuss any incidents in the last 24 hours and actions taken.”

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

“A chiropodist comes (she has a list of patients). If they can’t afford, we cut the nails.”

6.5 Family and Friends

Staff say they discuss the residents with their relatives, on issues including toiletries, likes, dislikes and concerns. We hear that relatives are treated cordially, examples include being offered tea and coffee, or granted access to facilities.

A dedicated mobile phone is available for relatives to use and we are told that assistance is given in using personal tablets and devices.

Selected Responses

Do you have any involvement with family or friends?

“Resident’s families are always welcome to phone or come in personally and discuss resident related issues with me and the nurse. I would also get in touch with families should there be a concern about their loved one, or if medication has been changed/ they have a medical appointment, or if they have asked for assistance in getting in touch.”

“I speak with them when they come and give updates.”

“I talk to them if residents want any toiletries etc.”

“There have been some activities, barbeques and jubilee events. I talk with them and we touch on likes, dislikes or concerns.”

“Sometimes I make them tea or coffee. They can also access the kitchen.”

“Only the lady whose mum died - she used to come and help water the flowerpots at the entrance and reception.”

What support are you able to provide, to help residents speak to or see their family and friends?

“When restrictions were in place we had a plastic panel so relatives could visit. They were tested beforehand.”

“As care assistants we are not able to phone the family but report anything to a nurse in charge. We have a mobile phone which we can take to residents, and we help with their own tablets.”

6.6 Covid-19

Staff are confident in infection control measures, however some with long term conditions (such as diabetes) are concerned about their own health, and with the phasing out of testing, others are worried about their family members.

Consequences of the pandemic include a staffing shortage and ‘neglect’ of the garden.

Selected Responses

On Covid-19, what do you think about the home’s infection control measures and general policies?

“There is a PPE (Personal Protective Equipment) station. We have a weekly mattress check which is documented, also a maintenance book.”

“We have all the PPE required, it’s well-stocked.”

“Separate rooms for testing.”

“Everything is in place.”

During the pandemic, what do you feel were the biggest challenges for residents, families and friends?

“Residents were upset as they couldn’t see people as often.”

“Isolation and loneliness, also not able to attend hospital appointments. Some residents do not like wearing masks.”

“The garden has been neglected as residents stopped coming out. It’s overgrown with grass and in some places uneven surfaces. Everything got neglected.”

And what do you feel were the biggest challenges for staff members?

“New virus, lots of staff were off during Covid - covered shifts and absences.”

“Shortage of staff.”

“I do worry now as I have a family to go home to - there is no more testing and visitors can come and go.”

“I worked during Covid, then got a rash and then resigned as I am diabetic, and worried for my health.”

6.7 Any Other Comments

When asking for any other feedback, staff would like a pay increase, enhanced staffing levels, plus better communication with management. Some staff members have found their reassignment of roles to be a challenge.

It is also felt that GPs and community support services could resume in-person activity.

Selected Responses

Do you have any additional comments?

“I’d like an increase in pay, more order, and better communication with management.”

“More staff in all departments of the home. GPs and community support services to start visiting the home(s) instead of phoning in or doing virtual assessments.”

“I used to be the maintenance person and the gardener and now it’s more multitasking. We used to have a handyman - there was a budget for this, the post was reallocated to something else - so no handyman - that is now me. All the maintenance jobs have now blended. As well as taking care of the premises, nurses ask me to move furniture as well. It’s like putting a plaster on things that need changing or replacing - very frustrating.”

6.8 Interview with the Manager

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

The manager says that all potential applicants are clinically assessed prior to acceptance. Each resident has a care plan, with a ‘My Day, My Life’ section, compiled by the Activities Coordinator, with input from families as appropriate, giving an

overview of likes, dislikes and preferences. Cultural and dietary needs are catered for and language has not been an issue.

In line with national guidance, visitors no longer need to prove a negative Covid-19 test, or show proof of a vaccine, however 'common sense' measures of mask wearing and social distancing are still in place. Visitors do not need to book a slot, however visiting is discouraged during lunch and supper time.

The manager 'likes to be visible' and spends a lot of time out of the office, talking with staff and residents. Being part of a larger group (Bupa) brings certain benefits, for example advice can be sought from fellow managers and other colleagues.

Summary of Discussion

Service Overview

- The home may accommodate up to 61 residents, there are currently 51 in occupancy.
- Residents are referred from the Local Authority, CCG (Clinical Commissioning Group) and they may also self-refer.
- All potential applicants are clinically assessed prior to acceptance, however the home 'will never say no' without exploring all options.
- The daily staffing complement includes 13 clinical staff (with 3 nurses) and 70 ancillary staff including carers.

Staffing

- Staff rotas are flexible, to accommodate family (and other) commitments such as collecting school children.
- The staffing team represents a diverse range of ethnicities, including Filipinos, Spanish, Nigerians, Ghanaians, West Indians and White British.
- Residents are also from a broad ethnic mix.

Residents and Relatives

- The home does not cater for people with dementia, however if the condition develops while in residency, it may be possible to stay, as appropriate (there is also a Bupa home close by which specialises in dementia care).
- To meet cultural and personal needs, resident's files have a 'My Day, My Life' section, compiled with the Activities Coordinator, which outlines likes, dislikes and general preferences. This is very useful in delivering person-centred care (the home does not make assumptions based on age or ethnicity).
- Special diets, such as halal are catered for.
- For residents who do not speak English well, care planning can be done in partnership with families. Staff members also cover a range of languages and to the manager's knowledge, language is not an issue at the home, or others in the group.
- Visitors may come without the need to book. There is no limit on numbers of visitors per resident (this used to be 5) and children and pets are welcome.
- Group activities take place downstairs and one-to-one support is available for those who are unable to attend, or do not prefer to. Staff members and the manager

himself often engages with residents and this is documented. Activities are 'back to pre-pandemic levels'.

Diet and Nutrition

- Meals are ordered the previous day from a set menu, and alternative options are always available. Taster sessions are available.
- The manager himself encourages residents to eat and hydrate, especially in hot weather.
- Residents may eat in the dining room, their own rooms, or as appropriate in the garden (this must be individually risk assessed and supervised).
- 12.30pm to 1.30pm and 6pm to 7pm are regarded as 'protected mealtimes' to ensure that residents are able to eat without distractions. While visiting during these times is discouraged, it is not prohibited and visitors will be admitted.
- The food is also eaten by the staff and management, so that 'nothing goes to waste'.

Covid-19 Protocols

- A risk assessment is in place.
- The home is currently 'Covid free'. An outbreak is declared if 2 or more people test positive, in which case everyone will also be tested.
- Some unvaccinated staff, who previously left, have returned.
- Visitors are no longer required to prove a negative test, in line with national guidance.
- Mask wearing and social distancing are strongly encouraged. Restrictions may have been eased, but we 'have to be sensible'.

Any Other Comments

- The manager 'likes to be visible' and spends a lot of time out of the office, talking with staff and residents.
- Being part of a larger group (Bupa) brings certain benefits, for example advice can be sought from fellow managers and other colleagues.

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.

We make 1 recommendation on Covid-19 and visiting.

7.1 Covid-19 and Visiting

Staff are confident in infection control measures, however some with long term conditions (such as diabetes) are concerned about their own health, and with the phasing out of testing, others are worried about their family members.

7.1.1 We recommend that the home, through team meetings, or a dedicated staff survey consults on present infection control measures and records the nature and variety of concerns. As the numbers of cases remains high, any anxiety on the front line is entirely understandable.

We make 6 recommendations on the general environment.

7.2 General Environment

Large mirrors in the corridors reflect some of the resident's rooms, when the door is open - this may impinge on privacy.

7.2.1 Location of mirrors should be assessed, so that privacy and with it dignity, is upheld.

Toilet signage is not clear - just pictorial male and female signs (no wording). The lock on one toilet door was not working, and was observed to compromise privacy during one visit. In this toilet, we also note the pull-chord was tied up, so could not be used.

7.2.2 Again to protect privacy, locks fitted to doors should be in working order - we understand that visitors also use the toilets. A tied pull-chord may represent a health and safety risk, should residents or others have an accident or need assistance. On signage, a combination of words and images is recognised to be most accessible.

We note that at 12.30pm, overhead lights were on in the lounges, giving a clinical, hospital-ward like feel. With very large windows and therefore plenty of natural light available, we are unsure if lighting is necessary during daytime, especially in summer.

7.2.3 We would encourage the home to assess whether artificial lighting is required at all times - especially during mid-day. Access to pure natural light may improve the mood and wellbeing of residents and staff alike.

A lack of maintenance is highlighted - with one resident's faulty radiator switched on permanently around the clock.

7.2.4 In this case, the radiator had been faulty for at least three months, which seems a very long time. We may also assume that other maintenance tasks have

been delayed, and therefore suggest an audit of timescales, and perhaps procedure in reporting faults through to resolution.

Some of the residents we spoke with commented on feeling cold.

7.2.5 Given that we visited in summer, this is somewhat of a concern. When conducting general welfare checks, we urge that environment and with it the temperature is assessed.

The garden, a very large space is clearly lacking potential. The grass is nicely cut, however the greenhouse looks untidy (it also has a broken window) and the wooden shed in the corner is used for wheelchair storage. There is not enough safe seating.

7.2.6 We are told that the garden before the pandemic was a popular space and very well-utilised by residents and their visitors. Since the pandemic, it has been visibly neglected - we understand there are plans to 'revamp' the area, pending approval from senior management. We hope that this is prioritised, and given the attention and resource necessary, as the garden is a fantastic, and possibly the home's best asset.

We make 1 recommendation on medical and clinical needs.

7.3 Medical and Clinical Needs

Residents who are perhaps short of funds would like assistance in obtaining clothes and toiletries, and in getting their hair and nails cut.

7.3.1 One such resident showed us her toenails, which were without doubt in need of cutting. We recommend that care plans are updated to recognise financial capacity as an issue, so that residents do not have to worry about basic essentials and hygiene. With this, we hope that the home strives to achieve a good level of equality within the service.

We make 4 recommendations on activities.

7.4 Activities

During our visits, we note the lounges were not well-attended, with fewer than 5 residents in each.

7.4.1 While accepting that some residents are bed-bound, and others prefer to stay in their rooms, we also hope that the home encourages opportunities to socialise and where this is possible, makes every effort to assist mobility and other needs.

Those who are bed-bound complain of a lack of company, and with it limited opportunity for games or crafts. Some would like the opportunity to get some 'fresh air' outside.

7.4.2 Again, we hope that loneliness and isolation issues are given a good level of attention. If not already, there may be scope to utilise volunteers, or to look at innovative solutions within other homes. Those wishing to utilise the garden or to go outside need to be accommodated as often as is practicable.

Younger residents, such as those in respite, or on a shorter-term stay complain of a lack of suitable activities for them.

7.4.3 Given that the home is mixed-purpose, ideally there should be alternative provision for those who are clearly younger or more mobile. We suggest that these residents are consulted with, to establish what may be possible - use of the garden with minimal supervision may be one solution.

It is reported that a lack of materials prevents arts activities.

7.4.4 Assuming the materials in question are not overly expensive (pens and pencils) we urge the home to look at this. Donations may also be one solution.

We make 2 recommendations on diet and nutrition.

7.5 Diet and Nutrition

Residents highlight limited choice - either through a lack of menu options, meals served differing from what was ordered, and repetitive use of some staple ingredients, such as 'the same 3 or 4 vegetables'.

7.5.1 While the food was observed to be of very good quality, restrictive choice (in terms of menu rotation) and repetitive ingredients would not inspire or stimulate residents at mealtimes, especially those with limited appetites. We suggest the home consults with residents and where appropriate families, to see if anything could be done differently. We also urge that if chosen meals are not available, this is communicated to residents at the earliest opportunity, to avoid disappointment.

While talking with one resident in their room, we note that no water was in the cup and no jug was available.

7.5.2 We would advise that staff are reminded to check on availability of water, as without doubt this is an essential care element.

We make 2 recommendations on feedback and complaints.

7.6 Feedback and Complaints

Few residents have felt encouraged to feed back about the home, and some would value the opportunity to have a 'more open conversation'.

7.6.1 If not already, we recommend that the home surveys the residents and their families/friends at intervals, to establish trends or any personal needs that should be addressed.

None of the relatives we spoke with recall being invited to meetings.

7.6.2 We are unsure if relatives meetings exist and while this is certainly not a requirement, it would be an opportunity for learning, for all involved, and a good way to establish relationships.

We make 2 recommendations on personal care.

7.7 Personal Care

We observed a resident being moved from a chair to the bed - it was a 'bit muddled' and no hoist was used.

7.7.1 We recommend that the home assesses training in this area and reminds staff that moving of residents should be conducted competently and safely.

Levels of support vary - in some cases we are told that call bells are responded to quickly, while in others, delays of '30 minutes' are reported. In the event of a delay, staff are said to be apologetic.

7.7.2 It is our view that call bells are responded to in a timely manner and while staff may be busy, a 30 minute turnaround is certainly too long, and very likely unsafe. In this case, the resident was bed-bound and unable to do many things independently.

We make 1 recommendation on staffing and management.

7.8 Staffing and Management

Some staff members indicate that team meetings take place daily, however colleagues are largely unaware of this.

7.8.1 As team meetings are an essential part of any professional setting, we recommend that team leaders notify their staff, and also give them adequate opportunity to participate.

8. Glossary of Terms

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
PPE	Personal Protective Equipment
RGN	Registered General Nurse

9. 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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“My sister and I have been visiting mum for many years.

Occasionally, but not very often, they do appear to be a little short of staff.”

Relative