

# Enter and View Report

Neem Tree Care Centre - August 2023





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Visit Details	
<b>Service Visited</b>	Neem Tree Care Centre
<b>Manager</b>	Hansa Menon
<b>Date &amp; Time of Visit</b>	10:00 AM August 8 <sup>th</sup> , 2023.
<b>Status of Visit</b>	Announced
<b>Authorised Representatives</b>	David Crawley, Angel Huang
<b>Lead Representative</b>	David Crawley

# 1. Visit Background

## 1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and social care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service, but can also be made 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 team and the staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter & View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

### **1.1.2 Safeguarding**

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If, at any time, an authorised representative (AR) observes anything they feel uncomfortable about, they will inform their lead who will inform the service manager, ending the visit.

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 this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

### **1.3 Acknowledgements**

Healthwatch Ealing would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

## 2. About the Visit

### 2.1 Neem Tree Care Centre

On August 8<sup>th</sup>, we visited Neem Tree Care Centre, which is located in Greenford

The service is operated by Neem Tree Care Limited.

The care home can accommodate up to 57 residents, and 56 people were in residence at the time of the visit.

The home has a staffing complement 38 full time care staff, 6 Bank care staff and 15 ancillary staff

### 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.

Neem Tree Care Centre was last inspected by the CQC in January 2022. The home has [an overall rating of 'Good'](#).

### 2.3 Online Feedback

On [carehome.co.uk](https://carehome.co.uk), Neem Tree Care Centre has a Review Score of 8.2 (8.237) out of 10 based on reviews in the last 2 years. Over all time Neem Tree Care Centre has 15 reviews with an average 'Overall Experience' of 4.6 out of 5.

### 2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Ealing to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report. This visit took place as part of a series of visits to CQC rated 'Good' homes in order to ascertain and showcase good practice present across the sector.

## 3. Executive Summary

This section of the report details the key findings from our observations, and the feedback we collected from residents and staff during our visit.

### Observations

#### What has worked well?

- There is dementia-friendly signage all throughout the home. It is clear and displayed well.
- The reception area acts as an “airlock system”. Those entering the home are unable to access other parts of the facility without being let through the code-controlled double doors.
- There are code-controlled doors at reception and all throughout the building. Making it near impossible for someone from the outside to get into the home without permission.
- One resident wrote instructions for staff to knock and give them a moment to get ready before entering the room. They put this note on their door. This is respected by staff.
- Listening to the feedback from family members, new outdoor furniture was recently added to the home.
- There are two kitchens, one for vegetarians, and the other for meat options. There is very little chance of cross-contamination due to this.
- The home does a “You Said, We Did” presentation for families where they show how their feedback leads to actual change. Examples include, a weekend receptionist being hired, more outside time for residents, and new outdoor furniture.
- An AR observed a sing-along activity. The residents were enthused – this was an activity that they requested be done more frequently. The Activity Coordinator made sure to get more quiet residents involved.

#### What could be improved?

- There was a sign on the door indicating that masks must be worn at all times. However, this was not observed by representatives on the day, and we were not asked to wear masks. More than likely, this sign is left over from the pandemic and simply has not been removed.

- During an activity, the representative observed a majority of residents in wheelchairs rather than the armchairs they normally had in the lounge.

## Resident Feedback

### What has worked well?

- All residents were satisfied with the cleanliness, helpfulness of staff, visiting arrangements, support from care staff, and the garden/outer space.
- All residents surveyed felt safe and happy in the care home.
- All residents surveyed were happy with the food: the variety, and the flavour.
- Residents reported being happy with the cleanliness of the home.
- Most residents reported that they felt listened to. One even went as far as to say they see immediate action on their part.

### What could be improved?

- Residents have reported not being happy with the transport that is used for outings. They were often left waiting longer to get picked up. The home reported that they are looking into solutions to this issue.
- A resident reported difficulty getting staff to answer the bell between 7 and 8pm.
- One resident mentioned to us that they would appreciate having their showers earlier in the day.
- One resident reported that they do not feel like they are listened to.

## Staff Feedback

### What has worked well?

- All staff surveyed were satisfied with the cleanliness of the home, efficiency of the management, and helpfulness of their direct supervisor.
- Staff reported having training such as moving and handling, peg feeding, infection control, fire drills, safeguarding, and advanced care planning.
- Most staff reported being satisfied with their break and handover time.
- Some staff members mentioned that at the end of their shift, they feel satisfied.
- When asked if staff members know how to raise a safeguarding alert, all answered 'yes'.

### What could be improved?

- Three members of staff reported that they did not get a chance to take a break and that they would need an extra hour to fully complete their duties.

- Two staff reported not remembering training from their induction. One reported not having been offered any training recently.
- One member of staff reported being very dissatisfied with their leave/sick time.

## 4. Full Findings

During the visit we collected responses from 11 residents, 9 members of staff, 2 family members, and the head manager (23 people in total).

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

### 4.1 Observations

During our visit, our team of Authorised Representatives made observations on Entry and General Accessibility, General Environment, Safety and Visiting, Personal Care and Activities, and Staffing and Management. We have highlighted both good practice and areas for improvement.

#### Entry and General Accessibility

##### **Notes**

- Neem Tree is located in Greenford, with a bus stop situated right outside of the main gate. It is a short bus ride from different tube stations.
- The front door, which is automated generally, was not working when we conducted our visit. However, it was scheduled to be repaired on the day after we visited.
- There is a new outdoor gate, which is locked at night.
- The codes for the doors are changed once every three months.
- There is parking for visitors, and number plates must be registered at check-in.



### **What has worked well?**

- Signage was clear; the sign for the home being the first thing one notices after alighting the bus at the bus stop in front of the facility.
- The reception area acts as an “airlock system”. Those entering the home are unable to access other parts of the facility without being let through the code-controlled double doors.
- There is dementia-friendly signage all throughout the home. It is clear and displayed well.
- There are handrails throughout the building, which helps to keep residents stable on their feet.
- All residents are assisted with their mobility. Even those who can walk unassisted are accompanied through the building to ensure their safety.



### What could be improved?

- There was a sign on the door indicating that masks must be worn at all times. However, this was not observed by representatives on the day, and we were not asked to wear masks. More than likely, this sign is left over from the pandemic and simply has not been removed.

## General Environment

### Notes

- The building has three residential floors and a basement.
- The basement contains two main kitchens, and a laundry room.
- There are kitchenettes on each floor.
- There is a large enclosed outdoor area.
- Each room contains a TV.

- Every room has ensuite facilities including a shower and toilet. All residents are either bathed by staff or supervised by staff so that they do not fall.
- The first and second floor is designated for residents from Asian backgrounds where the care provided is culturally specific.
- There are two elevators, one larger than the other. They are modern and well-maintained.

### **What has worked well?**

- The home has a very calm presence to it. The only area of the home that was not quiet was the basement, where the laundry is done, and the food is cooked. Patients cannot hear any of this noise from the other floors.
- Despite Neem Tree being 12 years old, the facility felt very new. The home was brightly lit, well decorated, and fresh. This is due to a constant refurbishment process that occurs every three years.
- The Multi-Faith room is large and well-decorated.
- In accordance with the feedback from family members, new outdoor furniture was recently added to the home.
- It was observed by an AR that older indoor furniture was being thrown out, this is a part of the rejuvenation effort for the home.
- Pictures of staff and their names are displayed on the wall on the ground floor. This is helpful for both residents and visitors.
- Pictures of residents and their names are displayed on each resident's room door. This helps those with dementia remember which room is theirs.
- One resident wrote instructions for staff to knock and give them a moment to get ready before entering the room. They put this note on their door. This is respected by staff.
- Residents are free to decorate rooms as they wish. Some rooms had their own personal shrines in them.

### **What could be improved?**

- During an activity, the representative observed a majority of residents in wheelchairs rather than the armchairs they normally had in the lounge.

## Safety and Visiting

### **Notes**

- There are fire alarm tests weekly, on Wednesdays at 11am.
- Hallways and stairways are wide.
- There are handrails installed all throughout the building.

- There were no hazards obstructing hallways or stairways.
- Both of the main kitchens were clean and well-organized, with food appropriately labelled.
- Medication is kept behind two locked doors in the nursing stations. Each fridge for medication is locked as well.

#### **What has worked well?**

- There are code-controlled doors at reception and all throughout the building. Making it near impossible for someone from the outside to get into the home without permission.
- While the visiting hours are officially from 10am to 8pm (with lunchtime somewhat as a protected time), that is merely a guide. The home is open to visitation whenever it is best for families.
- They do ask that family assist with feeding their resident if they do come during mealtime.
- Residents told us that their families can come and go as they please, they never have any issues with the home preventing visits or anything of that nature.
- All members of staff are trained in safeguarding, and none of those surveyed reported that they were not aware of safeguarding techniques.

#### **What could be improved?**

- We observed no potential areas for improvement.

## Personal Care, Diet, and Activities

### **Notes**

- There are two activity directors, with one of them delivering activities for residents from Asian backgrounds as part of the culturally specific care.
- Activities are released on a monthly schedule; weekly schedules are also sent to residents.
- The home holds bi-annual meetings for family members to come and give feedback. This is done through satisfaction surveys.
- Menus are displayed throughout the home in advance, showing residents what the upcoming options are.
- Residents are surveyed the day before to see which meal option they would like to have the next day.

- The home has invested in a Mobii “magic box” which is an altered reality device that projects interactable images onto surfaces. An activity where residents hit moving eggs to make them crack was observed by a representative.

### What has worked well?

- There are two kitchens, one for vegetarians, and the other for meat options. There is very little chance of cross-contamination due to this.
- Staff was observed offering drinks to residents outside of mealtime times; water, tea, and juices are available on demand.
- During hot weather, fans are brought into patients’ rooms, and they are closely monitored. Water is given throughout the day.
- The home does a “You Said, We Did” presentation for families where they show how their feedback leads to actual change. Examples include, a weekend receptionist being hired, more outside time for residents, and new outdoor furniture.
- An AR observed a sing-along activity. The residents were enthused; this was an activity that they requested to be done more frequently. The Activity Coordinator made sure to get more quiet residents involved.
- Residents who do not typically want to be involved, or go outside, are still encouraged to get involved.
- The bed-bound residents are taken outside when the weather is nice to enjoy some fresh air and sunshine.



### **What could be improved?**

- Residents have reported not being happy with the transport that is used for outings. They are often left waiting longer to get picked up. The home reports they are looking into solutions to this issue.
- A resident reported difficulty getting staff to answer a bell between 7-8pm.
- One resident mentioned to us that they would appreciate having their showers earlier in the day.

## Staffing and Management

### **Notes**

- The home has a staffing complement 38 full time care staff, 6 Bank care staff and 15 ancillary staff
- Languages spoken by staff include Hindi, Gujarati, Punjabi, Malayalam, Polish, and Swahili.
- Staff all wear colour-coded uniforms that depict their role.
- Management wear business attire.

### **What has worked well?**

- Due to the feedback given by families, a weekend receptionist has been hired.
- The staff we observed on our visit had an upbeat positive attitude.
- It is clear that staff and management have good relationships with the residents.
- The home has implemented a visa sponsorship program to help combat turnover and improve recruitment efforts.
- There is a "loyalty bonus" for staff members who stay at the care home for more than 3 years.
- Management has an open-door policy that enables staff to have one to one time with them.

### **What could be improved?**

- We observed no potential areas for improvement.

## 4.2. Resident Feedback

During the visit we collected feedback from 10 residents. It should be noted that staff helped us translate responses from non-English speaking residents.

Length of stay of those surveyed ranged from a month to 3 years.

### **General Feelings**

- All residents were satisfied with the cleanliness, helpfulness of staff, visiting arrangements, support from care staff, and the garden/outer space.
- All residents surveyed felt safe and happy in the care home.

### **Staff**

- All residents reported being satisfied with the staff.
- While some residents acknowledged that staff can, at times, be very busy, most reported that any issue that they have is dealt with in a very short time.

### **Environment**

- Residents report being happy with the cleanliness of the home.
- When asked about their thoughts on the environment, residents said such things as: "calming", "peaceful", and "very good".

### **Food**

- All residents surveyed reported being happy with the food: the variety, and the flavour.
- One resident said that they very much look forward to mealtimes; they find the food to be that good.

### **Improvements**

Residents made the following suggestions for improvements:

- Improved response to bell calls in the evening, particularly between 7 and 8pm.
- More TV channel options.
- Having their shower earlier in the day, or at a time that is preferred by the resident, when possible.

### **Feedback and Complaints**

- Most residents reported that they felt listened to. One even went as far as to say they see immediate action on their part.
- One resident reported that they do not feel like they are listened to.

## **Selected Comments**

### **General Care**

*"I had an issue with my skin on my neck; staff listened to me, and got to work on it instantly".*

*"The environment of the home is very nice and comfortable"*

### **Thoughts on Staff**

*"They are lovely. They put my words into action".*

*"They are good. They do the best they can. They can get very busy."*

*"The staff is very nice, helpful and good"*

### **Activities**

*"[Activities are] very nice and love the playing and singing"*

### **Diet and Nutrition**

*"I love the meals! They are my favourite part of the day. Particularly the lunches"*

*"The European food is very good."*

## **4.3. Staff Interviews**

During the visit we received feedback from 10 staff members, from varied roles. Length of service ranges from one month to 12 years, with most staff serving over 1 year.

### **General Feelings**

- All staff surveyed were satisfied with the cleanliness of the home, the efficiency of management, and the helpfulness of their direct supervisor.
- Most, but not all, staff are satisfied with their leave and sick time.
- When asked what the staff members enjoy the most about their job, the majority mentioned working with other team members.
- When asked what they find difficult, one staff member mentioned verbal abuse from residents.

### **Selected Comments**

*"I enjoy working with other individuals and being part of a team player."*

*"Working together, [I received] verbal abuse from some residents."*

### **Training**

- Staff reported having training such as moving and handling, peg feeding, infection control, fire drills, safeguarding, and advanced care planning.
- Peg feeding and care training have been reported in particular to be very helpful.
- Two staff reported not remembering training from their induction. One reported not having been offered any training recently.

### **Selected Comments**

*"[I recall] peg feed training, [which] helped me gain confidence in handing our resident on peg feed and offering quality care to ensure safety."*

### **Break and Handover Time**

- Most staff reported being satisfied with their break and handover time.
- Three members of staff reported that they did not get a chance to take a break and that they would need an extra hour to fully complete their duties.
- One member of staff reported being very dissatisfied with their leave/sick time.

### **Accessing community health and social care services**

- No issues have been reported in terms of residents getting the care they need; specialists visit fortnightly. The home's close relationship with a local dentist has allowed residents to attain easy access to a dental appointment.

### **Communicating with patients and their family**

- Most staff did not find themselves having issues regarding communicating with patients and their families.
- One staff member reported that having different levels of understanding can sometimes cause misunderstandings.

### **Selected Comments**

*"Having different levels of understanding can sometimes cause misunderstand  
What works well is keeping a positive attitude towards individuals"*

*"[I] have to rush with cleaning; one extra hour would be helpful"*

*“Disturbance in between and doing three things at a time”*

### **Feelings at the end of a shift**

- Some staff members mentioned that at the end of their shift, they feel satisfied.
- A few members of staff say they would like more hours, so they would have the opportunity to get work done.

### **Selected Comments**

*“[I] have to rush with cleaning; one extra hour would be helpful.”*

### **Improvements**

Suggestions for improvements include:

- Residents being more understanding when staff is busy and cannot respond immediately.
- Residents being more respectful and kinder to staff.

### **Safeguarding**

- When asked if they know how to raise a safeguarding alert, all staff members answered ‘yes’.

## **4.4 Management Feedback**

We also spoke with the manager of the home, Hansa Menon and the director Meera Shah, about a variety of topics.

### **In Summary**

#### **Identifying Healthcare Needs**

- A heavy weight is put upon pre-assessments, word from the GP, and family’s input. Care plans are constructed from these elements.
- Residents are routinely monitored, and any concern raised is immediately reported to a nurse/GP and acted upon.

#### **Supporting Cultural and Religious Needs**

- Two kitchens were put in because for Asian residents, being vegetarian is not just a dietary choice, it is a religious requirement.
- The prayer room contains shrines, it is large, clean, and quiet. Families whose resident is reaching the end of their life tend to spend a lot of time in it.
- Visits to temples and churches are arranged for residents. Religious officials also visit the care home itself.
- There are members of staff who can speak a multitude of languages.

### **Raising Safety Concerns**

- All members of staff are trained in safeguarding techniques.
- Approximately 2 concerns are raised a month.
- Safeguarding concerns are mainly(not all) raised internally by the Home to the Safeguarding Team.

### **Challenging Aspects?**

- Turnover has been an issue that the home is facing; staff turnover at a care home can be high. The care home has implemented a visa sponsor programme so that they can combat the turnover problem. It has seen far less turnover since the programme began.
- Transport for residents has been an issue we have run into. The care home is exploring the options currently.

### **Improvements**

- Earlier this year the care home underwent a big refurbishment; they are aiming to repeat every three years to help the home feel new and fresh.
- The care home issues a newsletter quarterly to let families know of goings on at Neem Tree.
- The care home is striving to make improvements continuously. They are finding it particularly helpful when the families of residents give us feedback at bi-annual meetings.

## 5. Recommendations

Healthwatch Ealing would like to thank the service for the support in arranging our E&V visit.

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

### Recommendations

#### Entry and General Accessibility

- There was a sign on the door indicating that masks must be worn at all times, However, wearing of masks was not observed by representatives on the day, and we were not asked to wear masks. More than likely, this sign is left over from the pandemic and simply has not been removed.

*5.1: "We suggest that the sign be removed if the mask policy is no longer in effect. If it is in fact intended to be in effect, then it should be enforced. We ask that the home clarify one way or the other."*

**Response:** "The sign regarding wearing masks has been removed. It was an oversight left over after we changed the policy earlier this year. Just to clarify—the mask policy is no longer in effect." "In event of outbreaks or any circumstances that may require masks to be worn again, signs will be put up as and when required and taken down when no longer needed."

#### General Environment

- During an activity, the representative observed a majority of residents in wheelchairs rather than the armchairs they normally had in the lounge.

*5.2: "We suggest rearranging furniture to allow for more residents to sit in chairs rather than wheelchairs for activities."*

**Response:** "Chairs have been rearranged and more chairs have been put in the lounge, however on many occasions (as on the day of the observation, we had 3 residents from another floor and 3 residents from the first floor who prefer/choose to stay in their own wheelchairs for a variety of reasons. This is reflected in their care plans and staff have to respect their choices." "Going

forward armchairs will be offered rather than wheelchairs where possible upon entering the lounge to be sure it is what the resident wants.”

### **Personal Care, Diet, and Activities**

- A resident reported difficulty getting staff to answer a bell between 7 and 8pm.

*5.3: “The home should investigate what is causing this issue. Is it simply due to other duties taking place during this time frame? Residents should be notified if that is the case.”*

**Response:** “We have investigated and it is due to other duties taking place at the end of the shift in that timeframe” “The issue has been addressed in a staff meeting and it has been reiterated to staff that whilst other duties do need to be completed, residents needs should come first and they are to respond to residents straight away. A medium to longer term solution we may consider is investing in software that can tell us the length of time it is taking to answer call bells so we can establish any patterns and use the system to make improvements.”

- One resident mentioned to us that they would appreciate having their showers earlier in the day.

*5.4: “We recognise that running a care home involves a complex balance of tasks. We recommend examining the personal wants and needs of patients’ schedules and seeing where things can be adjusted to help meet them. “*

**Response:** “This issue was resolved as it was only that particular morning that their shower had been delayed due to another resident having a hospital appointment. This was explained to the resident; however we have asked staff to inform residents well in advance if there is a change in their preferred schedules.” “In general staff do try to respect resident wishes and cultural needs and try their best to accommodate them.”

### **Staffing and Management**

- Three members of staff reported that they did not get a chance to take a break and that they would need an extra hour to fully complete their duties.

*5.5: “The break policy must be clarified with staff, and those who are eligible for breaks must be ensured an opportunity to take them. Review workloads staff undertake and determine the most efficient way that duties can be completed.”*

**Response:** "All staff who are entitled to breaks are well aware of the break policy. Some staff who do 4 or 5 hour shifts are not entitled to breaks and this is clarified before they start the role." "We constantly review resident needs and staffing levels using a dependency tool and ensure we have adequate staffing in place."

- Two staff report not remembering training from their induction. One reports not having been offered any training recently.

*5.6: "We recognise that staff that have been working at the facility for many years might not fully remember every single training that they had during their induction. Having said this, the home should review staff's training. The care home should monitor whether any refresher staff training needs to take place and whether certifications need to be renewed for staff with longer tenures."*

**Response:** "Our training matrix evidences that all staff have been allocated training recently and whilst some staff have been with us a long time, refresher training booklets are used to ensure that knowledge is kept up to date." "We continually monitor the training matrix to ensure that all staff are trained to the required standards and within our own training policies."

## 6. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V

## 7. 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.



“The staff is very nice, helpful and good”

- Resident.

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