



Enter & View Report

Autumn Gardens, 25 March 2024

healthwatch
Enfield

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Visit Background

About Enter and View

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, 8 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 Visit Details

The visit was conducted as below.

Service Visited	Autumn Gardens 73 Trent Gardens, London, N14 4QB
Manager	Martina De Vizia
Date & Time of Visit	25 th March 2024, 10am
Status of Visit	Announced
Authorised Representatives	Margaret Brand, Janina Knowles, Elizabeth Crosthwait, Pauline Hooper, Holly Smith
Lead Representative	Darren Morgan

2.2 Autumn Gardens

On 25th March 2024 we visited Autumn Gardens, a residential and nursing care home in Enfield.

Operated by Ourris Properties Limited, the home specialises in residential and nursing care for older people with dementia. It also provides specialist care for mental health, physical disabilities and sensory impairments.

The home may accommodate up to 85 residents and 82 were in residence at the time of the visit.

The home has a staffing complement of 115.

2.3 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.

Autumn Gardens was last inspected by the CQC in August 2020. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being effective, caring, responsive and well-led, and 'Requires Improvement' for being safe.

2.4 Online Feedback

The [reviews](#) posted on Google give an average rating of 4 (out of 5).



Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with 2 residents, 10 relatives, 5 staff members, the operations manager and home manager (19 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.

Location and Reception

Notes

- The home is located in a quiet residential area, in Southgate.
- It has good road access, and is within walking distance of bus and underground links.
- There is on-site parking for around 10 vehicles.

What has worked well?

- External signage is effective.
- The front garden appeared well-kept, with neatly cut grass, a row of olive trees and other attractive planting.
- Hand sanitiser is available outside the building (alongside the front door) so visitors may use before entry.
- The front door is secure, requiring key code entry.
- On entering we were immediately met by friendly staff members. We were asked to sign in on arrival, and out on leaving.
- Our Enter & View poster was clearly displayed in the reception area.
- The reception itself appears organised and uncluttered.
- On display we noted staff photos/titles, certificates, awards and trophies, and CQC inspection summaries.

What could be improved?

- We found no potential areas for improvement.

Accessibility and Safety

Notes

- The toilets in communal areas are fitted with alarm buttons, not conventional pull-cords. A staff member said that these toilets 'are not often used' by the residents.

What has worked well?

- The lift, and doors leading to exits require key code entry.
- Corridors are wide with good wheelchair access. We observed residents using mobility aids (such as walking frames) without difficulty.

- The lift doors have a slow-closing mechanism, giving people extra time to get in, and out.
- Most of the resident's rooms have automatic (power assisted) doors and for the rooms without this there are fire guard retainers (portable automatic door closers) available for those who wish to keep their door open.
- All of the toilets we observed – both in communal areas and residents rooms were accessible, with mobility aids fitted.
- During our visit, we noted no obstacles, or potential trip-hazards.
- The lino and tiled floor surfaces are hygienic and look well-maintained.
- Rooms, such as toilets have dementia-friendly signage (large wording and an image).
- Floors and walls are plain – there is no patterned carpet or wallpaper.
- Handrails are fitted along all corridors and stairs. In natural wood, they contrast with the white walls.
- Intercom stations are widely installed, such as in corridors.
- Fire extinguishers and blankets are suitably placed, including near doorways and along the stairs. Fire exits are clearly marked and we noted the fire evacuation procedure in corridors.
- There is a dedicated smoking area.

What could be improved?

- Signage generally could be larger, and clearer. The home is 'maze like' inside – it is easy to get lost.
- We did not see signposts for the stairs.
- The doors do not contrast with the walls – both are painted white.
- In the toilets, not all taps were marked hot or cold. Toilet seats did not contrast with the basins.

General Environment

Notes

- The home has 3 floors. Residents are not located according to needs (there are no specialist areas or units) so each floor has a mixture of residents with dementia, nursing or other support requirements.
- Most of the communal spaces – such as lounges are downstairs.
- Residents rooms are of various sizes and layout. Each has an ensuite toilet with sink. The beds are substantial (some hospital-style).

What has worked well?

- All areas of the home appeared clean, tidy and uncluttered – in both communal areas and in resident's rooms. Waste bins had been recently emptied.
- The cleanliness of the home is highly praised by the residents and relatives we spoke with.
- The internal décor is pleasant, walls are adorned with artwork, all communal spaces have flowers or plants. The home, inside and outside looks to be well-maintained.
- Generally, we noticed no unpleasant odours.

- The home is well-lit throughout, with large windows in lounges, the dining room and resident's rooms. Areas without natural light (such as corridors) have effective overhead lighting.
- The lounges appeared spacious, cosy and uncluttered.
- There is a large screen in the foyer, with a slideshow of residents at activities.
- Residents doors have their name, and photo.

What could be improved?

- On the first floor, we noticed an unpleasant odour near the Clinical Room. When speaking with staff, we were told that dirty/soiled linen is processed in a nearby bathroom, and this is usually completed mid to late morning.
- Issues with lounges are reported. One relative says that noise levels are too high - and this makes it extremely difficult, to have conversations with her husband. We are also told that on occasions, there are no staff present in Jasmine Lounge, and this presents a risk to both residents and visitors.

Personal and Clinical Care

Notes

- The care planning system is paper-based and 'that works' for the home, the manager says.
- In addition to the main care plan, there are summary care records and these are often located in resident's rooms - serving as checklists for toileting, communication, mobility, nutrition and evening care etc.
- The home has been allocated a dedicated GP practice, and a GP visits every Tuesday.
- The home also works with community health teams.
- Dentistry – a domiciliary dental service (Precious Smile) visits, additionally the home utilises a dentist in Cockfosters. For bed-bound residents, dentistry is handled by specialists from Whittington Hospital.
- There is in-house hairdressing, and chiropody is available.
- In addition to residential and nursing care, the home offers a day centre service, operating 7 days a week.

What has worked well?

- During our visit, we observed a good rapport between staff, residents and visitors. The atmosphere was friendly, pleasant and vibrant.
- The relatives we spoke with describe staff to be approachable, helpful and caring, and on-hand as needed.
- Grooming and personal hygiene is complimented by relatives, with wishes (such as on shaving preferences) respected.
- Good levels of communication are reported, along with a willingness to address and resolve any issues.
- Hand sanitiser is widely available around the home – including in corridors, lounges and resident's ensuite bathrooms.
- The ensuite bathrooms we viewed were well-stocked with toiletries and toilet paper, and featured a 'How to Clean Teeth' poster. All were tidy.
- There are no reported issues with healthcare, or access to treatment and dentistry.

What could be improved?

- The residents we spoke with had issues with their call bells – one appeared to be faulty (not working) and another was placed out of reach, due to excessive use.
- We hear that persistence is sometimes required – one relative says that staff ‘need to be reminded’ to apply skin cream, and another had to engage with staff several times, to ensure that a hearing aid did not lose its wireless connection. In both cases we’re told that once staff are ‘fully aware’, the issues are addressed.
- When talking about care plans, some relatives felt aware and involved, while others did not. In the case of the hearing aid, although instructions were in the plan – they were not initially adhered to.

Activities

Notes

- The staffing complement includes 2 full-time Activity Coordinators – with 7 day a week cover. Staffing levels are said to be adequate, with no issues in covering absence, within the activities team.
- Activities mentioned include colouring, arts & crafts, bingo, baking, chess, petting, television, newspapers, puzzles and exercises. A priest visits the home. We hear that personal hobbies are supported – such as gardening and baking.
- The ‘most popular’ activities are knitting, bingo and anything musical – singing or cultural dancing.
- Activities that are well-attended (music or bingo) or more complex (painting) are held during quieter times of the day, so care staff may assist.
- Residents are not restricted to certain lounges or activities, according to staff.
- Bed-bound residents are visited daily by an Activities Coordinator, we are told.
- Birthdays are marked and relatives may attend the celebrations – which are jovial, and include a buffet.
- Although many languages are spoken within the home, this is generally not an issue, according to staff. Activities either alternate between English and Greek, or are bi-lingual. Staff are learning additional languages such as Turkish and Italian, and keywords from other languages are noted (memory cards are used).

What has worked well?

- Residents are encouraged to come downstairs during the day.
- The lounges were well-attended during our visit. Many visitors were also present.
- The activity offer is praised by the relatives we spoke with, along with the encouragement residents receive, to take part.
- The Activities Coordinator has introduced some initiatives – an activity book for each resident, containing photos, and one-to-one outside trips, which are very popular and now have a waiting list.
- There is an internal befriending service for residents who are not visited often. For example, one brother was not able to visit, therefore a staff member was allocated as a befriender (given extra time to chat) during this time.
- The central courtyard garden has a large, well-kept lawn, plenty of planting, and sensory routes (for example a path lined with lavender). According to the Activities

Coordinator, the garden is well-used in warmer weather, and residents assist with planting.

What could be improved?

- The activities schedules in lounges are posted quite high-up on the walls, and use a small font (these may be intended for staff planning, rather than resident information).

Diet and Nutrition

Notes

- 4 chefs are employed (2 of which on a full-time basis).
- The menu has Greek and English options, as well as alternatives.
- Different needs are catered for, such as diabetes, low salt or potassium.
- For pureed food – original ingredients are used (not alternatives) so residents are essentially eating the same meals as those on solids.
- The home operates a red tray scheme.
- Some residents are assisted at mealtimes by family members.
- Cultural (world) dishes are available – such as Irish stew, Indian curry and Caribbean salted fish. Staff and residents from different backgrounds often give the chefs tips and ideas.
- The dining room may accommodate around 30 residents.
- The menu is posted on the wall, with Greek, English and alternative options displayed.

What has worked well?

- The food is highly regarded by residents and relatives (we received no negative feedback) with quality, choice and support complimented.
- The dining room appears cosy, with good access to the tables. We noted well-kept plants on the windowsills.

What could be improved?

- A relative, whose dad is completely reliant on staff, is concerned about levels of hydration.

Feedback, Complaints and Visiting

What has worked well?

- The residents we spoke with regard managers to be approachable, and receptive to issues or complaints.
- Relatives feel confident in raising any issues, or complaints.
- There is very good awareness of meetings, which are found to be constructive, and supported by staff.
- Many of the relatives mention a monthly email, which includes an informative newsletter (we saw this displayed, at our visit).

- An annual survey is also cited.
- We noted a suggestions box at reception, which appears to be in use.
- On visiting, no issues are reported. Generally relatives and friends may come, as they wish.

What could be improved?

- We found no potential areas for improvement.

Staffing and Management

Notes

- Standard working hours are 35 per week.
- The manager says that agency staff are not used.
- Training mentioned includes Dementia Awareness, Mental Capacity, Mental Health, End of Life Care, Health & Safety, Manual Handling, Management and Whistleblowing. Some staff members are undertaking NVQs (National Vocational Qualifications).
- Training is typically in-person (not remote) according to the manager,
- Safeguarding is included as part of mandatory training.

What has worked well?

- The relatives we spoke with have noted good levels of training and competence, and say that staff are intuitive to situations and needs.
- Many of the staff members we spoke with started in more junior roles, and have been promoted as part of career development.
- Inductions are highly regarded, which involve shadowing, and input from managers.
- There are regular staff meetings and annual appraisals, and staff tell us they feel confident, in raising any issues.
- The training is regarded as 'wide-ranging and helpful' by staff.
- When speaking with staff generally, it is clear that morale is high.
- Working relationships between staff and management are said to be 'close' and although managers are often busy, they 'find the time' to offer support.
- Staff retention is at a very good level. In the last 12 months there have been 'very few leavers' according to the manager. Leavers undertake an exit interview.
- The manager outlined several staff incentives, including rewards for long service.

What could be improved?

- On working conditions - breaks and staffing levels are both complimented and criticised by the staff we spoke with. One person would like more flexibility around shifts.



4. Resident Feedback

At the visit we engaged with 2 residents. Length of residency ranges from 2 weeks to 3 months.

The residents we spoke with find staff to be pleasant on the whole. Both had issues with their call bells – one appeared to be faulty (not working) and another was placed out of reach, due to excessive use.

One resident would clearly benefit from additional physiotherapy.

Staffing and Personal Care

General Comments:

“I have a bed sore (acquired at the hospital) and need to be turned regularly. I’m helped with being washed. I can’t sit – can only lie down.”

Positives:

“The staff are nice and friendly. They pop in and out, to see if I’m alright. The door is usually propped open.”

“Staff let me make choices.”

Negatives:

“My buzzer isn’t working.”

“My buzzer is out of reach. Staff get irritated when I ring the bell - they feel I ring it too often. I need a lot of support at present.”

“I need weekly physiotherapy, but it’s not enough. Sometimes the physiotherapist doesn’t turn up.”

Neither of the residents is mobile – one likes to watch television and the other reads. The food is complimented, for both choice and portions.

Diet and Activities

General Comments:

“I’ve been taken out occasionally, but cannot sit at present. No activities have been offered, but I would have to sit up for this. I can watch television when I’m turned onto the other side. When I’m feeling better, I’ll ask to go downstairs.”

“I don’t like going downstairs, but I’d like to go into the garden. I like reading – I’m interested in military history. I don’t really know what activities are available, a gym would be helpful – a space for physio and workouts.”

Positives:

“Food is fine, and they help me with eating. I like bread, fish and meat – chicken and goat. I’m not given any Jamaican food, but I’m not bothered.”

“The food is very good – good portions and given a choice.”

We hear that rooms are cleaned daily.

General Environment

Positives:

“My room is cleaned every day.”

Management are said to be approachable, and receptive to issues or complaints.

Feedback and Complaints

Positives:

“If I had any issues I would speak with a manager. A manager comes and asks me if I’m alright (have any issues).”

Other comments are listed below.

Other Comments

Positives:

“I am comfortable here, and get well-looked after.”

Negatives:

“I’m happy here, but would prefer to be at home.”

“I don’t really enjoy being in a home. I need more physiotherapy.”

5. Relative Feedback

At the visit we engaged with 10 family members. Length of residency of loved ones ranges from 3 weeks to 6 years.

Staff are commented to be approachable, helpful and caring, and on-hand as needed. Good levels of communication are reported, along with a willingness to address and resolve any issues. There is confidence that loved ones are in ‘safe hands’.

We receive mixed feedback on staffing levels.

Staff

Positives:

“Staff are approachable and helpful, and there’s always someone to talk to.”

“They’re very caring – they look after my wife very well, she’s treated with respect and dignity. My wife doesn’t communicate, I feel she’s very safe here and I’m always notified of issues. Any issues are dealt with quickly.”

“They’re very supportive and I feel reassured that dad is safe. He has vascular dementia. I pop in a lot, staff are very informative and contact me if there are any issues – they do resolve them. This is a nursing home with all the equipment in place.”

“The staff are very warm and affectionate.”

“Whenever I’m visiting my aunt, staff pop their head around the door – say hello and ask if I need anything.”

“I have access to all the managers, they’re very informative and great on safeguarding.”

“I feel that staffing levels are sufficient.”

Negatives:

“More staff are required to ease the workload.”

The relatives have noted good levels of training and competence, and say that staff are intuitive to situations and needs. Grooming and personal hygiene is complimented, with wishes (such as on shaving preferences) respected.

We hear that persistence is sometimes required – one relative says that staff ‘need to be reminded’ to apply skin cream, and another had to engage with staff several times, to ensure that a hearing aid did not lose its wireless connection. In both cases we’re told that once staff are ‘fully aware’, the issues are addressed.

When talking about care plans, some relatives felt aware and involved, while others did not. In the case of the hearing aid, although instructions were in the plan – they were not initially adhered to.

Personal Care

General Comments:

“I’m pleased with the care but it’s not perfect. My husband has a rash which requires cream – sometimes staff have to be reminded to apply it. But once mentioned it’s quickly done. They look after him very well, he always looks clean and presentable.”

“Sometimes my aunt has to wait a few minutes, but they’re not understaffed.”

“Laundry sometimes goes missing, but it does turn up.”

Positives:

“Staff are intuitive and good at managing mum’s habits.”

“I feel that staff are well-trained in their different roles.”

“There’s an in-house barber. If I want my husband shaved, the nurse will do it.”

“Mum looks clean and well-groomed – hair, feet and hands, they even paint her nails.”

“Staff listen to both me, and my husband. They do involve us.”

“At first, mum had difficulty settling in. I was asked not to visit for a while, to help her settle and it worked very well. So I’m thankful for that.”

“Yes I’ve recently seen dad’s care plan, and it has my input.”

Negatives:

“Dad’s hearing device is synchronised with his mobile phone – if it goes down, he loses his hearing and it affects his balance. I’ve pointed this out to staff but it took some time for it to sink in. Things in care plans are not always implemented from the outset, I had to be persistent. Now it’s not a problem – once they know, they know.”

“I don’t know what a care plan is – I’ve never seen one, would quite like to.”

“It’s been a long time since I received a care plan update.”

There are no complaints about clinical treatment or care. We are told that a GP and dentist visit, there is in-house chiropody, and medical needs are actioned swiftly – with hospital appointments arranged as necessary.

The relatives feel very well-informed, about any treatment or medication.

Clinical Care

General Comments:

“A doctor comes weekly (Tuesday Clinic), I pay for chiropody. Not aware of a dentist.”

“Dentistry can be arranged.”

Positives:

“Dad’s only been here for 3 weeks, and he already looks healthier. He has a skin condition which is being handled very well. The team here are fantastic.”

“A GP comes in quite regularly. Mum was on antibiotics and staff let me know. A dentist comes in, as it’s easier that way.”

“If my husband needs something they always take him to the GP or hospital (he recently needed an x-ray). I’m always kept informed of appointments and developments. He has regular dentistry and eye screening.”

The food is highly regarded by relatives (we received no negative feedback) with quality, choice and support complimented.

The activity offer is also praised, along with the encouragement residents receive, to take part.

Activities mentioned include colouring, arts & crafts, bingo, baking, chess, petting, and exercises. A priest visits the home. We hear that personal hobbies are supported – such as gardening and baking. Bed-bound residents are visited daily by an Activities Coordinator, we are told.

Birthdays are marked and relatives may attend the celebrations – which are jovial, and include a buffet.

On suggestions, one relative would like to see more outside trips.

A relative, whose dad is completely reliant on staff, is concerned about levels of hydration.

Diet and Activities

General Comments:

“Dad used to be taken downstairs, but now he’s mostly unwell. He did go down, last week. The Activity Coordinator comes in to see him.”

“I’m not sure if days out are organised – it would be lovely if relatives can come as well.”

Positives:

“Menu – if dad changes his mind it’s not a problem. They cater for all cultural needs – English, Indian, Greek.”

“Mum loves the food – she has a special diet due to loose teeth.”

“My husband likes the food – it’s better than my home cooking! He has it mashed. They cater for his preferences.”

“Dad likes bingo and arts & crafts. They have monthly birthdays (for example everyone in March), families are invited and we have a buffet and decorate rooms. We ‘Walk for Alzheimer’s’ and dad does chair-based physio. A Greek orthodox priest comes now and then. He’s quite satisfied.”

“Over a period of time, mum has been encouraged to take part. She likes the visiting pets, games and bingo.”

“My aunt is bed-bound. The Activities Coordinator visits every morning and gives her an activity - today it was catching and squeezing a ball.”

“Mum loves gardening – they take her to the garden centre and she helps to choose plants.”

“My husband enjoys bingo and chess. They sometimes post on Facebook and I can see what he’s been doing! He’s not very sociable but they encourage him.”

“Mum used to be a good cook. Although she is opinionated, and difficult on the subject (she always knows best) staff let her do pastry skills. They have a good approach with mum, and a bit of a laugh.”

Negatives:

”Dad needs to be assisted with drinking – he can’t reach the glass and I feel sometimes staff need to be prompted. It does concern me.”

“Maybe more trips out, for dad.”

The cleanliness of the home is highly praised by relatives.

Some cite issues with the lounges. One relative says that noise levels are too high - and this makes it extremely difficult, to have conversations with her husband. We are also told that on

occasions, there are no staff present in Jasmine Lounge, and this presents a risk to both residents and visitors.

General Environment

Positives:

“It’s clean here.”

“The level of cleanliness is superb. The beds are stripped every day.”

“Mum used to knock on other people’s doors, at night. They’ve moved her to a downstairs room – near a staffing point, so they can keep an eye on her. I was involved in the decision and am happy with the outcome.”

Negatives:

“It’s too noisy in the lounges and difficult to speak with my husband. He has his favourite chair, which is in a particularly loud spot. Staff talk loud as well, as many people have difficulty hearing. It’s hard to have a conversation due to all the noise.”

“Sometimes in the Jasmine Lounge, I’ve been sitting here with 6 or more residents, and noticed that no staff are present. My sister said the same thing – no staff (she was here 7/8pm, when they were taking residents to their rooms). It could be an accident waiting to happen.”

The relatives we spoke with feel confident in raising any issues, or complaints.

There is very good awareness of meetings, which are found to be constructive, and supported by staff. Many of the relatives mention a monthly email, which includes an informative newsletter. An annual survey is also cited.

On visiting, no issues are reported. Generally relatives may come, as they wish.

Feedback, Complaints & Visiting

Positives:

“If we raise an issue, it is dealt with.”

“My sister attends a relatives meeting.”

“I attended a family meeting and found it helpful. I get a monthly email which includes a newsletter.”

“There’s an annual meeting and general discussions around activities. There’s also an annual survey.”

“There are regular meetings, attended by staff and board members and we can discuss topics such as the building, food, care and medication. They get feedback from residents and families and there’s a survey.”

“No problems with visiting.”

“I can come any time.”

When leaving additional comments, relatives are positive about the home’s atmosphere, and progress made in recent years.

Other Comments

Positives:

“I’m really happy with Autmn Gardens.”

“Dad is Indian and some staff speak Urdu!”

“Before dad, previous family members have been in this home. Back then it was more fractured, but from long personal experience he’s in much better hands now – he gets the good care and nursing that he needs.”

Staffing and Management Feedback Received



6. Staff Interviews

During the visit we interviewed 5 staff and senior staff members, from varied roles. Length of service ranges from 3 to 12 years.

Many of the staff members we spoke with started in more junior roles, and have been promoted as part of career development.

Inductions are highly regarded, which involve shadowing, and input from managers. There are regular staff meetings and annual appraisals, and staff tell us they feel confident, in raising any issues.

The training is regarded as ‘wide-ranging and helpful’. Training mentioned includes Dementia Awareness, Mental Capacity, Mental Health, End of Life Care, Health & Safety, Manual Handling, Management and Whistleblowing. Some staff members are undertaking NVQs (National Vocational Qualifications).

Working relationships between staff and management are said to be ‘close’ and although managers are often busy, they ‘find the time’ to offer support.

When speaking with staff generally, it is clear that morale is high. On working conditions - breaks and staffing levels are both complimented and criticised by the staff we spoke with. One person would like more flexibility around shifts.

Staffing

Induction and Supervision:

“Induction was good – 3 to 4 days shadowing. The development manager made me feel confident.”

“I feel supported (to some extent). We have regular supervisions, appraisals and team meetings. We can raise issues.”

Training and Safeguarding:

“The training is wide-ranging and helpful, with regular refreshers.”

“We are always able to raise safeguarding issues. Training is received.”

Management:

“Management has very much improved. In my senior role I have weekly meetings with support.”

“There are regular monthly staff meetings. We are asked if we have any issues to raise – I feel confident to speak out.”

“Management are always busy, but they will find the time for you.”

“As a staff member I feel respected and supported by the management. We have a close and positive working relationship.”

Career Development:

“The home has a policy of promoting and retaining staff. It’s a journey and I feel very supported, and also grateful for the opportunities.”

Working Environment:

“I’m very happy in my role.”

“We have a 20 minute break, in the morning and afternoon. I think this is adequate.”

“The 20 minute breaks aren’t quite long enough to eat and rest.”

“The staffing ratio is fine.”

“Sometimes I’m looking after 12 residents at a time, I get tired, and it’s difficult to focus individually. We need more staff – so that residents get more attention.”

“I’d like to see more flexibility about shifts.”

On personal care, the staff we spoke with express compassion, understanding and patience. We hear that care is prioritised, and that family members are consulted if needed.

Shift handovers are commented to be ‘thorough’ with up-to-date information.

Care plans are kept in the office. There are also summary records in resident’s rooms, to help monitor and administer care.

We are told that residents and relatives are supported to feed back or complain, and that processes are clear.

Personal Care

Support:

“I’m passionate about my job and understand the resident’s needs.”

“I support the residents emotionally. We talk a lot about families.”

“We support the residents with whatever they need, such as toileting, feeding and encouraging. Of course, every day is a challenge and we do prioritise.”

“If a resident refuses to do something, we will encourage and come back to them. If they are aggressive, we will give them time.”

“For non-verbal residents we look at expressions and families can help.”

“Language barriers can be overcome, but generally there are separate lounges.”

Shift Handover:

“There’s a very thorough handover process. Things change all the time, so this is very important.”

“Information on handover is up-to-date.”

“If off for a period of time, we are updated before restarting work.”

Care Planning:

“Care plans are kept in the office and we can see them, whenever needed. Daily records are kept for each resident, some are kept in their rooms.”

“I support families, complete and review care plans, order medication and assist Clinical Associates.. A risk assessment is carried out for DoLS (Deprivation of Liberty Safeguards) cases.”

“Family and friends help us with the residents. We have a cheerful approach and this gets a good reaction. We speak to families about the resident’s history and look at care plans.”

Feedback and Complaints:

“We talk to residents and relatives and pass on any concerns they may have.”

“We have an ‘open door’ approach and the complaints policy is easily accessible.”

There are no reported issues with healthcare, or access to treatment and dentistry.

The home has good relationships with community health teams and consultants, and checklists are utilised to manage personal health and any appointments or referrals.

Clinical Care

“Charts are kept for each resident, to monitor things like food and fluid, weight, bowels. Any concerns are reported to the manager.”

“if I notice a difference in health or wellbeing I will speak to a senior – who will take over.”

“Medication is administered by nursing staff. Care assistants may give supplementary support during the rounds.”

“There is a weekly list of residents scheduled for doctor’s appointments or referrals.”

“Residents may be referred for dentistry. A mobile dentist also visits and can see up to 10 residents, in a visit. A CHAT team (Community Health Team) and Community Matron are allocated to the home, plus a Consultant from North Middlesex Hospital.”

We spoke (at length) with the Activities Coordinator.

Staffing levels are said to be adequate, with no issues in covering absence, within the activities team.

We are told the ‘most popular’ activities are knitting, bingo and anything musical – singing or cultural dancing. Birthdays and festivities are celebrated, with families invited. Other activities mentioned include cooking, petting, television, newspapers, puzzles, daytrips (such as to ‘Ally Pally’) and barbeques. The garden is well-utilised in good weather.

Activities that are well-attended (music or bingo) or more complex (painting) are held during quieter times of the day, so care staff may assist. Residents are not restricted to certain lounges or activities.

Bed-bound residents are visited daily, and offered items from ‘activity baskets’.

Feedback is sought from residents and the Activities Coordinator has introduced some initiatives – an activity book for each resident, containing photos, and one-to-one outside trips, which are very popular and now have a waiting list.

Although many languages are spoken within the home, this is generally not an issue. Activities either alternate between English and Greek, or are bi-lingual. Staff are learning additional languages such as Turkish and Italian, and keywords from other languages are noted.

Activities

Staffing:

“There are 4 activities officers and 1 activities supervisor (there are 2 activities staff that work each day). If someone is off sick the shift is always covered, it’s never a problem. There are no issues – our team is supportive.”

General Activities:

“We take residents out to the park, and recently we visited Alexandra Palace.”

“I like to expose residents to new technology – we load up a wordsearch on a tablet or smart phone. They also get a glimpse of social media.”

“Two months ago, we started taking residents out on a one-to-one basis. There is a waiting list as it’s popular – I’m frequently asked ‘when will we do this again!’”

“Anything musical is very popular – if I shout ‘dance’ everyone will stand up! For live music, we alternate between Greek and English sessions. They’re always well-attended. Bingo is also a favourite. The most popular activities are timed when care staff are less busy, so they can assist. This also works for painting – as a lot is involved.”

“There are monthly, group birthday celebrations (example residents born in February). Families are involved, and even the home’s owners attend. We lay on a proper party.”

“In the garden, everything is planted with residents’ help. There are sensory walks – with some paths lined with lavender. Recently we’ve laid some gravel in the colours of the Greek flag and it lights up at night. The residents like it.”

“Some residents prefer to stay in their rooms. We will encourage them, and the Activities Coordinators make visits in the mornings – they offer ‘baskets’ of ‘various activities’.

Language and Culture:

“Language can be a challenge (at group activities) but it’s not a big problem. I speak English, Greek and Turkish and I’m now learning Italian. I know a few words of many other languages – simply to build connections. Families help me learn new words. In the home, everyone’s cultural background is respected.”

“The home caters for many faiths – such as Catholic, Greek Orthodox, Hindu. Some residents may visit their place of worship.”

Feedback:

“I have regular meetings with the residents during lunch and we talk about the activities – what could be changed, or added.”

“There are different activities in different lounges and residents are not restricted. They can also suggest things to do – we have to be flexible.”

“If residents complain about the activities I will try to resolve it. If not, I will direct them to the manager and apologise (I will make a record).

General Comments:

“Some residents smoke – they are taken outside.”

“Some families take loved ones out.”

“We talk about resident’s past experiences, but they have new experiences in the home as well. That’s why I developed a personal memories book for each resident. I add photos and a few words, and can show the family.”

When leaving other comments, staff are complimentary of the general and working environment.

Other Comments

“I look forward to progressing further in my role. I feel very comfortable – I might even run a care home, one day!”

“It’s a very clean home – there’s a process in place.”

7. Management Interview

During the visit we interviewed the Manager, who has been in post for 2 years. The manager started her career as a carer.

Also in attendance was the Operations Manager – in post for 8 years, and previously a district nurse.

A summary of the discussion is outlined below:

Staffing

- There are 115 staff members on the payroll. No agency staff are used.
- Standard working hours are 35 per week.

Staffing Retention and Incentives

- Staff retention is at a very good level. In the last 12 months there have been ‘very few leavers’.
- Leavers undertake an exit interview, to assist learning.
- There are rewards for long service. The home celebrates a loyalty day every year during which they celebrate staff who have been with them for 3 years and longer. Depending on the length of the service, staff are awarded a certificate, a loyalty badge, chocolates, champagne and a £100-£200 voucher.
- Other rewards include Christmas vouchers.

- Team building activities include bowling and visits to Pizza Hut.

Staff Development

- Staff are ‘encouraged to grow’ through on-the-job training and career development.
- As part of annual appraisal, development is explored and encouraged. Most of the management team started out as carers.
- An in-house Development Officer is employed.
- Management have listened to staff, partly through appraisals and as a result – 2 new roles have been introduced. A ‘Head Carer’ checks skin condition, while a ‘Clinical Associate’ assists with catheters and wound care etc.
- On starting, new staff are ‘buddied’ with established staff members.
- Training is considered to be extensive. All staff members, including cleaners, administrative and reception staff are trained to the same degree – so that the home has knowledge ‘across all levels’.
- Training is typically in-person (not remote).
- Safeguarding is included as part of mandatory training.

Personal Care

- Nurses operate across floors and are allocated residents.
- The care planning system is paper-based and ‘that works’ for the home.
- There is no ‘Resident of the Month’ style initiative, however care plans are ‘updated monthly’ or ‘earlier if needed’. Unit managers are tasked with ensuring the updates take place.
- Residents and family are involved in care planning.
- In addition to the main plan, there are summary care records and these are often located in resident’s rooms - serving as checklists for toileting, communication, mobility, nutrition and evening care etc.

Clinical Care

- The home has been allocated a dedicated GP practice, and a GP visits every Tuesday.
- The home also works with CHAT teams.
- Dentistry – a domiciliary dental service (Precious Smile) visits, additionally the home utilises a dentist in Cockfosters. For bed-bound residents, dentistry is handled by specialists from Whittington Hospital.
- There is in-house hairdressing, and chiropody is available.
- The home has a ‘good relationship’ with hospital discharge teams and things do work ‘fairly smoothly’ for example in receiving information and reports.

Day Care

- In addition to residential and nursing care, the home offers a day centre service, operating 7 days a week.
- This service currently has around 10 users, who are dropped off by loved ones, for day respite (to join the activities).
- There are no set hours, and users may be dropped off as convenient.
- As the home has a waiting list, users of the service will be well-placed for future residency, having already built relationships with staff, management, residents and visitors.

Diet & Nutrition

- The menu has Greek and English options, as well as alternatives.
- Different needs are catered for, such as diabetes, low salt or potassium.
- For pureed food – original ingredients are used (not alternatives) so residents are essentially eating the same meals as those on solids.
- The home operates a red tray scheme.
- Some residents are assisted at mealtimes by family members.
- Cultural (world) dishes are available – such as Irish stew, Indian curry and Caribbean salted fish. Staff and residents from different backgrounds often give the chefs tips and ideas.
- 4 chefs are employed (2 of which on a full-time basis).
- Meals are prepared freshly on-site. There is no single supplier, giving the home more flexibility over ingredients.
- For snacking or eating out of standard times, the kitchen ‘is open 24/7’. Sandwiches are always available.
- Visitors are supplied with refreshments – drink stations are sited in lounges.
- Food is a standing topic at relatives meetings, with a chef able to take questions. Choice is not restrictive and requests are considered.

Activities

- There is an internal befriending service for residents who are not visited often. For example, one brother was not able to visit, therefore a staff member was allocated as a befriender (given extra time to chat) during this time.
- Residents are encouraged to come downstairs during the day.
- Bed-bound residents are visited by activity staff and also checked-on during tea rounds. Carers and domiciliary staff (cleaners) are encouraged to interact with residents as much as possible.
- The staffing complement includes 2 full-time Activity Coordinators – with 7 day a week cover.

- There are weekly coffee mornings – an Activities Coordinator will take a group of residents out, and this can also be done individually (though there is a waiting list for one-to-one).
- Recently, residents have visited Alexandra Palace and Saracens Rugby Club.
- In warmer weather the doors to the courtyard garden are open, and residents may go out. There are benches and ‘sensory walks’ - such as a path lined with lavender.

Language and Culture

- Activities are conducted in Greek and English and residents are not restricted to certain lounges or activities. The home has a bi-lingual approach and ‘all doors are open’.
- Staff are assisted with language learning and cards containing key/common words are utilised.
- Greek speaking staff members are paired with English speaking staff members.

Feedback and Complaints

- There’s a monthly resident’s meeting, which is ‘well-attended’.
- A relative’s meeting is annual, and is in-person at the home. Prior to this meeting, residents are consulted for topics/agenda items.
- Every November a survey is sent to relatives.
- Unit managers have a monthly conversation with residents and family members.
- Generally, feedback may be given on paper or electronically (a tablet is available).
- The office has an ‘open door’ policy and relatives are supported 7 days a week.

8. Recommendations

Healthwatch Enfield would like to thank the service for the support in arranging our Enter & View visit.

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

Recommendations

Internal Signage

Signage generally could be larger, and clearer. The home is not purpose-built, and is ‘maze like’ inside – it is easy to get lost.

8.1 Clearer signage for exits, stairs and the lift would certainly help visitors to navigate. For example, when in a corridor, it helps to know which direction to take.

Lounges

One relative says that noise levels are too high - and this makes it extremely difficult, to have conversations with her husband.

8.2 At the time of visiting, we noticed that other lounges were much quieter, and some spaces – such as the conservatory were empty, and presumably available. If not already in place, we recommend the home implements a ‘quiet space’ policy, and publicises this in the newsletter, and through posters, so that those needing a quieter space, are helped to find it.

We are also told that on occasions, there are no staff present in Jasmine Lounge, and this presents a risk to both residents and visitors.

8.3 The relative who mentioned this says 6 residents were unattended, and his sister has also experienced a lack of cover, when she visits. While there is no requirement for constant cover around the home, it should not be the case that large numbers of residents are unsupervised, for extended periods. We recommend that staff are assigned (at the very least) to look in on lounges when passing, and a system exists to verify this, and general cover.

Call Bells

The residents we spoke with had issues with their call bells – one appeared to be faulty (not working) and another was placed out of reach, due to excessive use.

8.4 No call bell should be faulty. An audit should be conducted as soon as possible, with any defective equipment remedied.

8.5 While removing a call bell is recognised practice (in certain circumstances) it is not good practice. We would urge the home to revisit this case, with a view to finding a more amicable solution. We hope that a strategy, and remedy can be found.

Care Planning

When talking about care plans, some relatives felt aware and involved, while others did not.

8.6 Relatives need to be aware of care planning. Perhaps the home could publicise this through the newsletter, and include as an item, at the next relative's meeting.

In the case of a hearing aid, although instructions were in the plan – they were not initially adhered to.

8.7 As hearing (and with it balance) are essential, this should have been outlined in the summary care record, so that staff, whatever the shift, are aware. This particular resident was new, and it's important to get essential things right, from the outset.

A relative, whose dad is completely reliant on staff, is concerned about levels of hydration.

8.8 Ideally relatives should be aware of fluid charts, and able to access them whenever visiting. We also hope that nurses and staff are available to talk to, and that all visitors are encouraged to discuss health concerns.

Books (Supplementary Suggestion)

One resident who is bed-bound, has an interest in military history and likes to read about it.

8.8 If not already, we hope that interests are noted, and that bed-bound residents in particular are supported with them. In this case, the resident would certainly benefit from a book top-up, every now and then.

8.1 Provider Response

We received the following response from the provider.

We said:

Signage generally could be larger, and clearer. The home is 'maze like' inside – it is easy to get lost. We did not see signposts for the stairs.

Provider Response:

"We are in a process of re-designing our signage and adding signposts for the stairs."

We said:

In the toilets, not all taps were marked hot or cold. Toilet seats did not contrast with the basins.

Provider Response:

"We have purchased new hot and cold markers for all the taps where markers have been worn out."

We said:

One relative says that noise levels are too high - and this makes it extremely difficult, to have conversations with her husband.

Provider Response:

“The majority of our activities happen in the communal lounges and at times (e.g. during exercises sessions or dance and music sessions) lounges will buzz with the vibes to keep our residents moving. We have spoken to the relative and explained that if they would like to have a quiet space with their loved one we have quiet spaces available for them. We will also mention it in our monthly newsletter email.”

We said:

On occasions, there are no staff present in Jasmine Lounge, and this presents a risk to both residents and visitors.

Provider Response:

“We are looking into this issue and monitoring how our staff cover the lounges.”

We said:

The residents we spoke with had issues with their call bells – one appeared to be faulty (not working) and another was placed out of reach, due to excessive use.

Provider Response:

“I have investigated this issue and the call bell that was not working on the day of the Healthwatch visit was replaced immediately. We also conducted a whole home call bell audit after the Healthwatch visit, in addition to our regular monthly call bell audit, to check that all the call bells are in good working order. We have also reminded our care staff in our regular Carers Forum to routinely check nurse call bells when they go to assist residents in their room. I have also investigated the issue raised by the resident who stated that their call bell is placed out of reach due to extensive use. This resident likes to have his call bell wrapped around the bed rail next to his head which at times he then struggles to reach. We have reminded our care staff in our regular Carers Forum to check where his call bell is placed when the staff carry out hourly checks of the residents that are in their bedrooms and if he places his call bell out of reach to reposition it so that it is easy for him to reach.”

We said:

A relative, whose dad is completely reliant on staff, is concerned about levels of hydration.

Provider Response:

“We have spoken to the relative and as they are not our main contact person, they were not aware of all the details of the nutrition and hydration plan (please note that the main contact person was fully aware and agreed to the plan). Following the Healthwatch visit, we arranged a meeting with the relative you spoke to, and they are now fully aware of their dad’s nutrition and hydration plan.”

We said:

One resident would clearly benefit from additional physiotherapy.

Provider Response:

“Please note that physiotherapy was arranged and the physiotherapist visited for a period of time; however the resident has now reached their maximum rehabilitation potential and there is no more input that physiotherapy is able to offer. We have communicated this to the resident.”

We said:

A resident told us “I’ve been taken out occasionally, but cannot sit at present. No activities have been offered, but I would have to sit up for this. I can watch television when I’m turned onto the other side. When I’m feeling better, I’ll ask to go downstairs.”

Provider Response:

“I looked into this concern and reviewed this resident’s activities book and there is an evidence that she is involved in a large number of various activities including arts and crafts, balloon volleyball, reminiscence and pampering beauty sessions.”

We said:

When talking about care plans, some relatives felt aware and involved, while others did not.

Provider Response:

“I have looked into this concern, and we have agreed that the unit managers, during their monthly update conversations with the contact person, will remind them about the care plans and invite them to come and read the care plans on their next visit. We will also include this in our monthly newsletter email.”

We said:

One resident who is bed-bound, has an interest in military history and likes to read about it. In this case, the resident would certainly benefit from a book top-up, every now and then.

Provider Response:

“We are in a process of obtaining more books for our library.”

Glossary

Other Information

9. Glossary of Terms

As below.

CHAT	Community Health Team
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
NVQs	National Vocational Qualifications

10. Distribution and Comment

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

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



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