



Enter & View Report

Azalea Court Care Home, 26 February 2025

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, six Enter and View Authorised Representatives attended the visit. 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.

About this Visit

Azalea Court Care Home

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Azalea Court Care Home
Manager	Marnie Reed
Date & Time of Visit	10.00am, 26 February 2025
Status of Visit	Announced
Authorised Representatives	Margaret Brand, Elizabeth Crosthwait, Catherine O'Malley, Jasvinder Gosai, Holly Smith
Lead Representative	Darren Morgan

2.2 Azalea Court Care Home

On 26 February 2025 we visited Azalea Court Care Home, a residential and nursing care home in Enfield.

Operated by Twinglobe Care Ltd, the home provides care for older and younger adults. It specialises in support for dementia, end-of-life care, mental health, and physical, learning and sensory disabilities.

The home may accommodate up to 83 residents and 79 were in residence at the time of the visit.

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.

Azalea Court was last inspected by the CQC in February 2023. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being safe, effective, caring, responsive and well-led.

2.4 Online Feedback

Reviews posted on [carehome.co.uk](https://www.carehome.co.uk) give an average rating of 9.5, out of 10.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with eight residents, two families, five staff and senior staff members and the manager. Following the visit we engaged with five families by phone. In total, we spoke with 21 people.

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 on a quiet residential street, a five minute walk from the overground station.
- It is well signposted from the road.
- There is parking for around 25 vehicles. On the morning of our visit, the carpark was busy (no vacant spaces).
- The main doors are not locked – they open automatically on approach. We walked directly into reception.
- On entry, there is a small signing-in area, leading to a larger, formal reception.

What has worked well?

- The outside area appeared well-kept and tidy, with seating and substantial, attractive planting (low-trimmed hedges and shrubs).
- Sign-in is through an electronic console. We were asked to sign in, and out.
- The reception area is a good size and feels welcoming – with comfortable seating for visitors. Tea and coffee is available.
- Notices include the latest CQC inspection report summary.

What could be improved?

- Through our own experience (when contacting the home by phone) we noted delays in getting through, and a simple request to speak with the manager, was handled with 'some muddle'.

Accessibility and Safety

What has worked well?

- We noticed a defibrillator in reception.
- Internal doors and lifts require keypad entry. There are separate codes for the doors, and lifts.
- Call bells are sited in all rooms and corridors, and have a good contrast with the walls.
- During the visit we did not notice any clutter, or potential trip hazards.
- Handrails are fitted along all corridors and stairways.
- Doorways, such as the main entrance are accessible – with no slopes or raised fittings.
- Corridors are wide, affording good access.
- Fire extinguishers are located suitably and fire-exits marked. The fire evacuation procedure is clearly displayed on all floors.
- There is good contrast between the walls (generally light mauve) and the floors (typically wood-veneer lino). We noticed no patterned surfaces.
- Signage is of a good size, and contains images (dementia-friendly).
- Utility rooms, such as hoist or medicines stores are clearly signed.
- Lounges have dementia-friendly clocks – displaying the day and month, alongside the time.
- Hand sanitiser is widely available and placed thoughtfully, alongside doorways and lifts.

What could be improved?

- We found no potential areas for improvement.

General Environment

Notes

- There are three floors – each with a ‘unit’ accommodating 25 residents.
- The Astor unit is largely for high-capacity nursing – for example residents may have spinal or brain injuries, or need stoma support.
- Lavender and Poppy units are for general care, this includes for all stages of dementia.

- Willows, an outbuilding provides one-to-one support for residents with 'highly complex' conditions such as a pressure ulcer. Capacity is eight, and most in the unit are bed-bound.
- Although units have a specialism, we are told that residents are 'not segregated' as a general rule.
- Refurbishments are currently underway – to install walk-in showers in communal bathrooms, and to refresh the fire doors.

What has worked well?

- During our visit, the temperature within the home was very comfortable.
- All of the areas we visited were clean and tidy.
- Levels of cleanliness are widely praised by residents, along with the living environment.
- On the whole, we noticed no unpleasant odours.
- Residents doors have a personal touch, with their name and photo displayed, along with a snapshot of hobbies (flowers or football, for example).
- The home appears well-appointed. Painted walls look fresh, veneered floors use a high quality material.
- There is good use of natural light in the lounges and dining rooms, making the spaces feel less clinical, and more homely. Corridors are fitted with ceiling light-panels, in a sky-blue colour.
- The fire places in the lounges are a nice touch, we feel.
- Corridors are adorned with artwork, there are also alcoves decorated with reminiscent themes – the seaside, a nature reserve or London (complete with red telephone box). As well as scenery, the alcoves offer sound (hidden speakers) and a place to sit.
- The home has its own 'bistro' – a professionally staffed and equipped coffee service, with two tables and seating for around 12. Modelled on a café, it is a very comfortable area for visitors, families and their loved ones.

What could be improved?

- There was a slight odour, at the end of one corridor.

Personal and Clinical Care

Notes

- Units are staffed with a combination of nurses, carers and unit managers. High dependency units (Astor and Willows) have a higher ratio of nurses, and student nurses are also on-site.
- We hear that some residents require one-to-one support 'all day'.
- Care planning and management is electronic – through the Nourish platform.
- As with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information. As well as nursing and care staff, therapists and others have direct access.
- Families may view sections of the care plan, through an 'online portal'.
- A Multi-Disciplinary Team (MDT) meets on the first Wednesday of the month.
- A GP visits weekly – this is usually on a Wednesday or Friday.
- There is a mix of dental care – some residents see the visiting dentist, while others have private provision.
- On grooming, there is on-site hairdressing every Wednesday – the salon is located on the second floor, with two hairdressers available.
- A chiropodist visits every six weeks.

What has worked well?

- The home employs its own physiotherapist, occupational therapist and dietitian. There is a dedicated physiotherapy room.
- Student nurses are on placement – this is mutually beneficial for them, and the home.
- Staffing noticeboards (with photos and roles) are sited in corridors.
- The residents we spoke with are highly complimentary of the staff, with good levels of support and response reported.
- We noticed good interaction between the residents and staff.
- In the lounges we visited, residents appeared occupied, and in good spirits.
- Relatives tell us that staff are approachable and communicative.
- Involvement and choice is highlighted by the staff we spoke with – for example knocking on doors before entering, and checking that residents have 'everything they need'.

- The home says that residents are encouraged, and supported to be mobile. This was evidenced during our visit – we noted residents being assisted in corridors, to walk with frames and aids.
- As part of a wider ‘thrive not survive’ philosophy, residents are supported and developed – to achieve their longer-term goals. Some, placed for end-of-life care, have been able to return home to their families.
- There is a ‘Resident of the Day’ initiative, with the room number corresponding to the day of the month.
- On clinical care, residents report ‘good access’ to professionals, and a good level of response – to any health issues or concerns.

What could be improved?

- Dentistry delays are reported. This includes for NHS treatment, and for receipt of dentures.
- A resident with private physiotherapy and occupational therapy cites a level of bureaucracy within the home. The process can ‘take a month’ and it’s like ‘walking on eggshells’, we are told.
- One relative notes inconsistency (some staff check records while others ‘do not’) and says that call bells are not always accessible.
- Another relative is ‘not invited’ to attend MDT (Multi-Disciplinary Team) meetings.

Activities

Notes

- There are three full-time Activities Coordinators – one for each residential floor.
- In addition to these roles, the home is looking to appoint an Events Coordinator – a new post.
- Floors have their own activity facilities.
- Those bed-bound or less able to participate, are given one-to-one support, according to staff and management.
- Activities mentioned include quizzes, bingo, sing-a-longs, movies, socialising, pet therapy, visits to the garden, outside trips (shopping), reading and watching television. One resident is supported to smoke.
- On faith, there is a weekly service and some residents visit their own church.

- One room, previously used for family meetings during the pandemic, has been re-tasked as a memorabilia room. It has 'pods' containing different items – such as a piano, sewing machine and dressing table.

What has worked well?

- The activity offer is widely complimented by the residents and relatives we spoke with.
- Residents have access to activity-planners (a ring-binder in their room) and this has helped to raise awareness, of what is available.
- During our visit, the lounges on the first and second floors were well-attended. We hear that encouragement is given – to come out of rooms (as appropriate).
- The home marks many festivals and puts 'great effort' into them. Recently at Christmas, a donkey was brought into the home – even visiting the first and second floors.
- At the main entrance (alongside the doors), we saw St Patricks Day and Mother's Day events advertised.
- There is regular pet therapy, featuring dogs, kittens, birds and other animals.
- We visited an activities room (first floor) in which residents were making paper flowers. The room appeared extremely well-stocked, with an array of arts-and-crafts materials, games and other items.
- The home has Cinema Rooms, popular at certain times of day. The rooms are attractive and well-considered, with movie memorabilia adding to a sense of atmosphere. We hear that residents are even offered popcorn.
- The garden is large, well-kept and very well-appointed, with a lawn, trees and shrubs, patio, ample seating and (currently) a marquee, and 'pods'.
- We hear that the home makes good use of the garden – all year round.

What could be improved?

- For residents confined to their rooms, some relatives feel that 'more one-to-one and dementia-friendly activities' would be beneficial.

Diet and Nutrition

Notes

- The dining rooms on the first and second floors are identical – in both size and layout.
- In addition to tables and seating, the rooms have a side-kitchen for preparation, and an area for beverages (tea and coffee).
- We note the rooms are a very good size – with plenty of space for wheelchairs or mobility aids.
- A large menu is installed on the wall, indicating mealtimes (breakfast, lunch and supper) and options.
- In addition to main meals, there are mid-morning and mid-afternoon snack times.
- The home has a dedicated kitchen – with '3 or 4' staff members generally on duty.
- According to the Manager, there is a set-menu, and also an element of wider choice. Cultural dishes are provided, with halal and kosher observed. Meals are booked the day before.

What has worked well?

- Dining rooms have menu picture-books (A4 folders) to assist with meal selection.
- We saw that allergies are highlighted on menus.
- The residents we spoke with are wholly complimentary of the food (no complaints are received).

What could be improved?

- The relatives we spoke with give mixed feedback. Individual issues include 'high turnover' of cooks (therefore having to 'remind' of likes and dislikes) and serving solids – in error.

Visiting, Feedback and Complaints

Notes

- The home produces a monthly newsletter.
- There is an annual survey – for residents, families and staff.
- Family meetings take place every '2 or 3 months' and the home is currently trying to establish the best time of day, for these.

What has worked well?

- Relatives are able to visit at 'any time', we hear.
- The Enter & View Visit poster was displayed clearly at the main entrance.
- Feedback forms are placed widely throughout the home – we noticed them on all levels.
- Visitors may leave feedback whenever signing out (through the electronic console).
- All of the residents and relatives we spoke with feel comfortable in raising issues, or feeding back. There is confidence – that feedback will be respected and acted on.
- We hear that staff are proactive in obtaining feedback.

What could be improved?

- There is limited awareness of remote access to care plans.
- It is commented that meetings 'aren't always well-attended' and this could be attributed to timing – such as during 'the school-run'.
- One relative (of a recently admitted resident) is not aware of either the newsletter, or the meetings.

Staffing and Management

Notes

- According to staff, induction is a week. There is monthly supervision and annual appraisal.
- Breaks are reportedly an hour, for a 12 hour shift.
- There are daily 'quick meetings' with monthly 'unit meetings'.
- The home uses a 'low percentage' of agency staff, the Manager says.
- The home supports student nurses by offering a placement, and also nurses from overseas – by providing sponsorship.

What has worked well?

- Induction is described by staff to be 'good and supportive'.
- Job satisfaction and morale, appears to be at a high level, with staff 'passionate' about their roles.

- According to the Manager, there is minimal turnover of staff and staff are supported practically (such as helping with school uniforms) and emotionally (through topical sessions, such as on mental health).
- The home has a Training & Development Manager, and is an accredited training centre.
- Courses are promoted – we noted a session on hypertension (advertised in a lift).
- The staff we spoke with have been very impressed with the training, described to be 'wide ranging'. Training is frequently offered and requests are considered, we hear.

What could be improved?

- We found no potential areas for improvement.

Residents and Relatives

Feedback Received

4. Resident Feedback

At the visit we engaged with eight residents.

Length of residency ranges from one year to over 10.

The residents we spoke with consider staff to be polite, caring and skilful in their roles. Good levels of support and response are reported, with comments suggesting that residents are respected, and involved in their care.

We received very few negative comments about the staff.

Staffing and Personal Care

General Comments:

"Staff assist with showering."

"Sometimes at night, they bring me treats (chocolate) when I'm asleep. That's not a problem, whatever it is, it's always fresh."

Positives:

"The staff are very kind."

"I really like the staff and have no complaints."

"Staff are skilled, polite and always caring."

"On the whole, staff do everything for me that I need. They're very skilled at what they do."

"The staff check on me regularly, and respond to the call bell when I press it."

"The call bell is easily available."

"The staff come promptly."

"The staff listen to me and give me choices."

“My choices are respected.”

“If I don’t want a shower, they listen to me.”

“They do anything I ask them to.”

Negatives:

“I have set-days for a bath (I need to be hoisted). I can request more, but staff are often busy.”

“Sometimes, if I press the buzzer too much – staff and the manager will get annoyed.”

We hear there is good access to health professionals, and a good level of response – to any health issues or concerns.

A resident with private physiotherapy and occupational therapy cites a level of bureaucracy within the home. The process can ‘take a month’ and it’s like ‘walking on eggshells’, we are told.

One resident reports delays, in obtaining dentures, hearing aids and glasses.

Clinical Care

General Comments:

“Because of my spinal injury, my chair was especially made.”

Positives:

“Healthcare is available on request.”

“The doctor comes weekly (Fridays) and anyone can attend.”

“I have access to doctors and dentists, if I need them. I’ve seen a physiotherapist.”

“They responded really quickly when I had an episode relating to chest infection. They put me in the ‘recovery system’ and it saved my life.”

Negatives:

"I have private physiotherapy and occupational therapy. To get this arranged, I have to go through my case manager, and it can take a month. Communication with the home has not been very good, and it feels like I'm 'walking on eggshells'."

"I'm waiting for dentures, hearing aids and glasses."

The residents are wholly complimentary of the food (no complaints are received).

According to the residents, there is a good level of choice, with vegetarian and cultural diets accommodated. Food may be brought in, or ordered, from outside.

While some welcome interventions from the dietician, others do not.

Diet

Positives:

"There are some things I like more than others, but on the whole I enjoy the food."

"The menu is changed monthly. Food is served hot."

"I'm a vegetarian and I feel well-catered for."

"I like the Caribbean food."

"I have a choice, and get takeaways if needed."

"Friends bring me ethnic food and I can order from outside."

"I'm encouraged to eat and to put on weight. I love the food – they make it how I like it."

Negatives:

"I see a dietician to lose weight – but I want to choose."

The activities are widely complimented. Residents are encouraged to take part, however wishes are respected, and requests supported, we are told. There is also encouragement and support, to attend the lounge.

Residents have access to activity-planners (a ring-binder in their room) and this has helped to raise awareness, of what is available.

Activities mentioned include quizzes, bingo, sing-a-longs, movies, socialising, pet therapy, visits to the garden, outside trips (shopping), reading and watching television. One resident is supported to smoke.

On faith, there is a weekly service and some residents visit their own church.

Activities

General Comments:

"They take me out in my wheelchair. I visit Sainsburys."

"I visit the smoking area downstairs."

Positives:

"There's a list of activities (a planner) on my table, so I know what's available."

"If I ask, staff will take me out to the garden."

"I attend the events outside. The marquee was good."

"The pet therapy is good, I've seen an owl, rabbit and donkey. I also enjoy puzzles and bingo – I like to win rewards."

"My favourites are watching movies, sing-a-longs and bingo – I win!"

"They take me for regular smoking breaks."

"The sing-a-longs are good."

"I can join in, if I want. I like bingo, the activities room, watching films and listening to music. I like the quizzes – as I do enjoy a challenge."

"If I wanted to do something, I'd ask the Activities Coordinator."

"Staff are friendly and helpful, they encourage me to join in. I'm content."

"Staff come and check on me. Sometimes they take me to the lounge."

"I visit my church every fortnight – I take a taxi."

"There is a weekly church service, a priest visits."

Negatives:

"It would be nice to have some daytrips (to the seaside etc)."

All of the residents we spoke with feel comfortable in raising issues, or feeding back. There is confidence – that feedback will be respected and acted on.

We hear that staff are proactive in obtaining feedback, and residents may attend 'social meetings'.

There is awareness of the complaints process. In one case highlighted, the home took action to address staff misconduct.

Feedback & Complaints

Notes

"One member of staff stole from me – and he was dismissed."

Positives:

"If there's a problem – I feel confident to talk about it."

"I feel comfortable speaking to the manager, she will listen, as will the staff."

"If I wasn't happy about something, I'd tell my husband or the manager. I feel confident that any issues would be sorted out."

"I would talk to the head nurse on the unit. She is very approachable and listens. Anything I raised would be sorted out promptly."

"I would call the head – and they listen to me (otherwise my sister or brother would get me out of here)!"

"I can voice my opinion. Staff will ask me if I feel content and happy."

"Every month, my case worker asks me for feedback."

"We have social meetings and can give feedback."

"They will always answer my questions."

"Yes, I know how to make a complaint."

Levels of cleanliness are widely praised, along with the living environment.

General Environment

General Comments:

"I've bought my own chair, fridge, laptop and other items."

Positives:

"My room is cleaned regularly. I have everything I need here."

"Staff clean regularly, every day."

"My sheets are changed daily."

"I have a nice big room."

"It's nice to have my own bathroom."

When asking for any other feedback, the residents express satisfaction with the home, and staff.

Any Other Comments

Positives:

"Overall, I am happy with it."

"I get a dignified response, and caring support."

"I am happy, I can sit in the garden."

"I feel very happy with the home. Staff are encouraging me to put on weight."

5. Relative Feedback

At the visit we engaged with two families. Following the visit we spoke with five family members, by phone.

Length of residency of loved-ones ranges from three weeks to over ten years.

The relatives we spoke with consider staff to be kind, friendly, approachable and informative. Loved ones are in a 'safe and comfortable' environment, it is felt.

On individual issues, we hear that consistency varies – 'some staff check records while others do not', call bells are not always accessible, and there is not always an invite – to attend MDT (Multi-Disciplinary Team) meetings.

According to one relative, staff are 'always on their mobile phones'.

Staffing & Personal Care

General Comments:

"The hairdresser visits."

Positives:

"Staff are very helpful and caring. They chat whenever I visit."

"The matron will phone me with any issues. She definitely cares, she is very good at informing me and staff communicate well."

"Staff will contact me if there are any issues."

"Staff are nice and helpful, they answer questions."

"Every time I raise anything with staff – it is dealt with."

"My wife is safe and looked after."

"He is comfortable."

Negatives:

"Staff are fine so far, however some do not seem to check resident's details – so are not aware of needs (there is inconsistency). The call-bell is not always accessible."

"Grooming can be 'hit and miss'."

"I'm not involved in the MDT meetings. I'm informed afterwards and I do appreciate the information – but I'd prefer to be told before, not after. I visit often – so they have ample opportunity to notify me."

"Staff are always on their mobiles. They should be locked away."

Health services are said to be 'accessible'. However, dental delays are reported.

Residents are not always consulted on their treatment (such as vaccines) according to a relative.

Clinical Care

Positives:

"All health services are accessed as needed (we pay as needed)."

Negatives:

"There seems to be a delay in getting new teeth, I'm not sure what the position is."

"There was an issue with flu-jabs – mum has capacity, but they asked me."

Feedback about the food offer is mixed.

Individual issues include 'high turnover' of cooks (therefore having to 'remind' of likes and dislikes) and serving solids – in error.

Diet

General Comments:

"My wife loves to cook (Greek food) and to socialise."

Positives:

"The food is fine."

"The meals seem nice and my wife is working to gain weight. There's a good choice, and she gets what she wants. She's left to help herself with food."

Negatives:

"She does not like the food here, we bring it in. She likes Greek dishes and seafood."

"The cooks always change, so I need to remind staff about likes and dislikes."

"Mum should have mashed food, and sometimes solid food is served in error. There's limited choice – she seems to be served the same every day (soup and bread)."

The activity offer is widely complimented, with staff proactive in their approach, it is commented.

For residents confined to their rooms, it is suggested that 'more one-to-one and dementia-friendly activities' would be beneficial.

Activities

General Comments:

"My wife is encouraged to join in the activities, but she doesn't wish to. She's taken into the communal area occasionally. We'd like to take her out (for outings) – I'm not sure if it can be arranged."

"There are plenty of activities, but my husband doesn't want to leave his room. He likes watching TV. The Activities Coordinator tries to encourage him – but he doesn't want to join in."

"My husband stays in his room – he's not capable of joining in activities. He usually listens to the radio. The Activities Coordinator comes into the room. One time, they brought baby rabbits in."

Positives:

"I'm very pleased with the care – my wife is well looked after. She's taken down for a vape several times a day."

Negatives:

"Mum is confined to her room. I'd like to see more one-to-one and dementia-friendly activities. It can get forgotten."

"The previous Activities Coordinator would come into the room, but not now. Activities staff have changed recently."

"I have requested gospel music playing in the room, but find it switched off. I have to prompt – about mum's favourite TV programmes."

Relatives are able to visit at 'any time', we hear.

On involvement, one relative feels involved while another does not. There is limited awareness of remote access to care plans.

Visiting and Involvement

Positives:

"Visiting times are flexible."

"I can visit my wife at any time, and do so regularly. I have the pin (secure access)."

"I feel listened to. My husband will contact me, if needed."

Negatives:

"I mostly feel listened to, but sometimes they 'go ahead' without my knowledge."

"I didn't know there was a system for accessing the care plan online – I'd like to try it."

All of the relatives we spoke with feel comfortable in feeding back.

It is commented that meetings 'aren't always well-attended' and this could be attributed to timing – such as during 'the school-run'.

One relative (of a recently admitted resident) is not aware of either the newsletter, or the meetings.

Feedback & Complaints

Positives:

"I always feel able to comment if I need to."

"I have attended some meetings – they send a letter to relatives."

Negatives:

"I notice the meetings aren't always well-attended."

“The relatives meetings aren’t at a convenient time (I need to pick my daughter up from school).”

“There are no resident and family meetings – as far as I know. I don’t get the newsletter.”

Cleanliness is widely complimented, along with ability to personalise rooms.

General Environment

Positives:

“The home is clean.”

“There’s a good standard of cleanliness.”

“The nurse kindly put a nail in the wall – so I can hang the clock.”

When asking for any other comments, relatives express their satisfaction with the home generally.

Other Feedback

Positives:

“We have no problems here.”

“I’m happy with everything.”

Negatives:

“Mum is on a floor where the majority of people can walk. I’ve asked to move her room closer to where the staff are, she projectile-vomits and there is a choking risk. We’re waiting for a suitable room to be vacant.”

Staffing and Management Feedback Received

6. Staff Interviews

During the visit we interviewed four staff and senior staff members, from varied roles. Length of service ranges from two years to three.

Induction is a week, and is described by staff to be 'good and supportive'. It includes shadowing and completion of mandatory, and competency training.

Supervision is monthly and appraisals annual, we are told.

Staff have been very impressed with the training, which is in-house, and said to be wide-ranging. Training mentioned includes Health & Safety, First Aid, Medication, Catheterisation, Mental Capacity Act, CBT (Cognitive Behavioural Therapy) and Mental Health. Training is frequently offered and requests are considered, we hear.

An international nurse says that career development is supported.

Induction, Supervision and Training

Induction:

"Induction is a week. It was good."

"I had a full week of induction – this included three days shadowing. I was paired with a very good senior carer. I was encouraged to work on different floors – to extend care skills."

"Induction was one week, it included two days of shadowing, plus various training. I definitely felt supported, and confident to take the role on."

"We complete all mandatory training."

"I did five days of training (including Health & Safety, Medication and Mental Health) and found it very helpful. We have to demonstrate competency."

"I've also done catheterisation and CBT (Cognitive Behavioural Therapy)."

Supervision:

"There is monthly supervision and annual appraisal."

Training:

"Training is on-site. I've completed all of the mandatory and competency training."

"I've learned a very wide range of skills including digital systems and the neurological score scale."

"Training has been great, most is in-person. I've done, Catheterisation, First Aid and Mental Capacity Act. We're offered training opportunities and if I ask to attend a course (or learn something new) the trainer tries to make it happen."

"We have to keep our skills up-to-date – there are regular refreshers of mandatory and competency training."

"I'm an internationally trained nurse and have transferable skills. The systems here are different and the Trainer and Seniors have given me a lot of support."

Safeguarding:

"In the event of a safeguarding incident, I inform the Senior Manager and then the Clinical Lead."

Career Development:

"I feel supported by managers. I'm working towards becoming a registered UK nurse."

Job satisfaction and morale, appears to be at a high level. The staff express 'passion' in their roles, with colleagues and management considered supportive.

There are daily 'quick meetings' with monthly 'unit meetings' and the staff we spoke with, feel confident to contribute.

Breaks are reportedly an hour, for a 12 hour shift.

Staffing and Conditions

Staffing:

"Colleagues are very supportive."

"I like the job, I like to serve."

"I'm passionate about my job."

"I wanted to be a nurse from a young age. My grandmother needed a lot of care, including dialysis and end-of-life care."

"It can be stressful, but I feel passionate about the work."

"When I started, initially the adjustment was hard, but I enjoy my job and am very happy."

Management:

"The manager is the 'first port of call'."

"The Clinical Lead is supportive."

Staff Meetings:

"Once a month there is a unit meeting. There are daily morning 'quick' meetings."

"There are meetings every morning."

"There's a monthly meeting between day and night staff."

"We can talk about what we're struggling with."

"There are monthly staff meetings."

Terms (Breaks, Pay and Holidays):

“Breaks are an hour, for a 12 hour shift. I take 15 minutes in the morning, 30 minutes for lunch, and 15 minutes in the afternoon.”

“I get one hour, and take it flexibly.”

“I work four days on, three days off. I don’t do nights.”

When talking about personal care, the staff highlight involvement and choice – for example knocking on doors before entering, and checking that residents have ‘everything they need’.

Handovers are at the beginning and end of shifts. The electronic system (for care records) is said to be ‘easy to use’.

On clinical care, dentistry delays are reported.

Personal and Clinical Care

Personal Care:

“I assist with feeding and personal care. I ask for permission to enter the rooms and ask residents if they want anything.”

“I take residents to the bistro, cinema and in the summer (and for parties) – to the garden.”

“I reposition residents who are bed-bound.”

“I assist with personal care – feeding, repositioning and toileting.”

“I monitor non-verbal communication and do room checks.”

“I deliver personal care, respecting choice. I assist with eating and drinking, activities and exercising. I support the residents emotionally – I sit with them, talk and listen.”

“There is a ‘resident of the month’. We contact the family, have a detailed discussion with the resident and review the care plan.”

Handover:

"There's a handover at the beginning and end of shift."

"Handover is physical and we update the electronic system. The system is very easy to use."

"Management are very supportive of us. Especially at handover in the morning, when carers are advised of exactly what to do with each resident."

"At handover I check the resident's essentials and support as needed. I check the care plan, before referring to a doctor."

Clinical Care:

"Dental referral takes a long time."

"The main issue is NHS waiting lists – especially for dentistry."

Activities are 'tailored to the resident' according to staff. Encouragement to participate is given, as appropriate.

Staff members say they 'advocate' for bed-bound residents, and those with more limited capacity, to help ensure they are active.

Activities

Activities:

"Information is available about the residents – their biography and what they enjoy, and like to do. With this knowledge, we can tailor activities and offer encouragement."

"There are daily activities and we ask the residents what they want to do. One-to-one activities are available."

"I've suggested that some residents may benefit from one-to-one activities, as they don't like leaving their rooms."

“Some residents are easier than others.”

“I advocate for those, who don’t have capacity.”

According to staff, there is good interaction with families, and frequent communication – which may be evidenced in care plans.

Staff also say that residents are engaged with, and encouraged to feed back.

We hear there are resident and relatives meetings, and an annual survey.

Families and Feedback

Families:

“I inform families if toiletries are needed, or appointments are upcoming. If they don’t answer the phone – I send an email. This is evidenced on the portal.”

“Some family members visit daily.”

“I can call the relatives if needed.”

“I have regular contact with families, and update them on any changes. We have a chat.”

Feedback:

“Some residents are able to give feedback, others struggle. I ask them to speak with carers they have a very good relationship with.”

“I feel that staff ‘love the residents’.”

“I encourage residents to tell me how they feel, and ask them ‘what could be better’.”

“We regularly ask relatives for feedback. It’s welcome, as it helps us to improve.”

“Also there are meetings for residents and families.”

“There’s an annual survey for staff, residents and families.”

7. Management Interview

During the visit we interviewed the Manager, who has been in post for five years.

A summary of the discussion is outlined below:

General Information

- The home accommodates older and younger adults (aged 18 and over) for nursing, dementia, end-of-life or specialist care – such as mental health or disability support. It does not typically cater for respite.
- There are three floors – each with a ‘unit’ accommodating 25 residents.
- The Astor unit is largely for high-capacity nursing – for example residents may have spinal or brain injuries, or need stoma support.
- Lavender and Poppy units are for general care, this includes for all stages of dementia.
- Willows, an outbuilding provides one-to-one support for residents with ‘highly complex’ conditions such as a pressure ulcer. Capacity is eight, and most in the unit are bed-bound.
- Although units have a specialism, we are told that residents are ‘not segregated’ as a general rule.
- Overall, the home may accommodate up to 83 residents.
- Admission can take around three weeks.

Management

- Management has several tiers – there is a Manager, Assistant General Manager and Quality Assurance Manager. The group (Twinglobe Care Ltd) has a Head of Operations – with overall oversight.

- The Manager, and wider management have an 'open door' policy. There is a WhatsApp group.
- According to the Manager, there is a good relationship with the local authority. The home is respected as being professional (if they ask for something from colleagues – they 'really need it').

Staffing

- Units are staffed with a combination of nurses, carers and unit managers. High dependency units (Astor and Willows) have a higher ratio of nurses, and student nurses are also on-site.
- The home uses a 'low percentage' of agency staff – for example, for the current week, just one agency staff member is required. As a rule, agencies are used to cover annual leave only.
- Staff are encouraged to 'scatter' their holidays throughout the year – to provide good cover year-round.
- There are monthly management (and unit management) meetings.

Staff Induction, Training & Development

- Induction is typically five days and includes training, such as on medication, and receiving mentoring and support from colleagues.
- The home has a Training & Development Manager, and is an accredited training centre.
- All training is conducted in-house. The majority is in-person, with some sessions online.
- Topics include first aid, food hygiene, infection control, COSH (Control of Substances Hazardous to Health), fire procedure, moving and handling, safeguarding, personal care, life support, challenging behaviour, dementia awareness, communicating and end-of-life care.
- The home has the Gold Standard Framework for end-of-life-care, we are told.
- According to the Manager, there is minimal turnover of staff.
- The home has a holistic approach to supporting staff – by 'taking the pressure off at home', staff are better-able to come in, to work.
- Practical support includes buying school uniforms and supplying food boxes.

- To support wider wellbeing, there are themed sessions – with topics including eating well, blood pressure and men’s mental health, and awareness months, such as on menopause.
- On incentives – the Manager says that the pay is ‘above average’. Trained nurses (Band 5) can earn ‘more at the home’, than in the NHS.
- The home supports student nurses by offering a placement, and also nurses from overseas – by providing sponsorship.

Safeguarding

- All staff are trained in safeguarding.
- In the event of an incident, the local authority and CQC are notified.

Care Planning

- The home’s philosophy is for residents to ‘thrive, not survive’. As part of this, residents are supported and developed – to achieve their longer-term goals. Some, placed for end-of-life care, have been able to return home to their families. In another example – a young resident with a mental health condition, has since moved on to supported living.
- When residents leave, the home assists with care packages and follow-on checks – such as suitability of accommodation and support.
- Care planning and management is electronic – through the Nourish platform.
- As with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information. As well as nursing and care staff, therapists and others have direct access.
- Each record is entirely personal – built on the resident, and therefore unique. A timeline of daily activity is built-up and topics can include (as a small example) breathing, cognition, turning/positioning, eating and drinking.
- The system is good at handling alerts. For instance if a resident has been coughing a lot, staff will be instructed (through their handheld device) to offer water more frequently.
- Families may view sections of the care plan, through an ‘online portal’. For example, they can see daily food and fluid intake, and activity.

- There is a 'Resident of the Day' initiative, with the room number corresponding to the day of the month. The resident receives a care plan review and risk assessment. Families are able to attend, if they wish.
- Every few months, residents are assessed more thoroughly for dementia, continence and other needs. The Manager says that residents can deteriorate, and also stabilise.
- Initial care plans are constructed prior to admission – with family input.

Clinical and Personal Care

- Supporting the nurses, are a Clinical Development Manager, plus various Nursing and Unit Managers.
- A Multi-Disciplinary Team (MDT) meets on the first Wednesday of the month.
- A GP visits weekly – this is usually on a Wednesday or Friday.
- There is a mix of dental care – some residents see the visiting dentist, while others have private provision.
- The home has its own physiotherapist, and facility.
- If a resident is hospitalised for more than three days, a re-admission assessment will take place, taking into account the discharge summary and any medication or equipment. The home 'likes to make sure' that 'everything is there'.
- On grooming, there is on-site hairdressing every Wednesday – the salon is located on the second floor, with two hairdressers available. A chiropodist visits every six weeks.
- There is a daily handover (around 11am).
- The home is working to introduce a Nourish 'sticker'. These are sensors – mounted in each resident's room, that staff may 'tap' with their handheld device – to indicate entering and exiting. A 'tap' produces a time-stamp – feeding into the care record.

Involvement and Choice

- To promote independence, the Manager says that one-to-one interventions are only given – if needed. This is embedded into practice.
- The Manager also says that residents are consulted on their individual preferences, which are accommodated wherever possible. Example –

the home has a non-smoking policy, however one resident does like to smoke, and is supported to do so, outside.

- There are no restrictions on bed times.
- We asked about cultural and language issues. The Manager says that requirements are assessed in the initial care plan.
- On faith, a priest visits regularly. Some residents visit their own church or mosque, and we hear that some faith groups are conducted remotely (online).

Activities

- There are three full-time Activities Coordinators – one for each unit (floor).
- The Manager says that these positions are ‘all equal’ in responsibility and stature.
- In addition to these roles, the home is looking to appoint an Events Coordinator – a new post that will augment provision.
- According to the Manager, staff learn about likes, dislikes and what the resident ‘used to do’, to best tailor support.
- We asked about bed-bound residents. One-to-one support is provided – with activities evidenced in the care record (timeline section) and also in individual folders.
- Alongside routine activities, the home has themed entertainment. Recently, there was a night concert – featuring violins, cheese and wine.
- We hear that the home makes good use of its garden – all year round. In the summer there are barbeques and parties, fish and chips outside, and last summer residents watched the Olympics. Recently in December there was a Christmas Marquee, and an igloo was built.
- Residents are ‘encouraged to come outside’, wherever possible.
- A popular destination for residents is a restaurant – near the train station (a five minute walk).

Diet and Nutrition

- The home has a dedicated kitchen – with ‘3 or 4’ staff members generally on duty.
- Meals are booked the day before.

- There is a set-menu, and also an element of wider choice. We hear that the chef likes to cook 'all different kinds of food' and personal requests will be accommodated – if possible.
- Snacks are available outside of mealtimes, this includes access to drinks, biscuits, cakes and fruit.
- The residents have cooking sessions (an activity). Any snacks made, will be placed on the trolley – available to all.
- Cultural dishes are provided, with halal and kosher observed.

Feedback and Complaints

- The home produces a monthly newsletter.
- Feedback forms are on all floors. Also, visitors are prompted for feedback whenever signing out (through the electronic console).
- There is an annual survey – for residents, families and staff.
- Family meetings take place every '2 or 3 months' and the home is currently trying to establish the best time of day, for these.
- We are told that complaints are responded to within a certain timeframe, and if necessary, complainants are referred to the CQC, or ombudsman.

General Environment

- During our visit, maintenance work was being completed to replace fire doors and seals, and to refurbish assisted shower rooms.

We also spoke with the Quality Assurance Manager, in-post since September, and with seven years of experience in the field.

The role includes in-house audits, health and safety, and input into processes and procedures.

A summary of the discussion is outlined below:

General Information

- As part of her role, the Quality Assurance Manager has initiated a Health and Safety Committee – who will meet quarterly.

Personal Care

- We hear that the development of the residents, in their physical ability and mental wellbeing is impressive. In one example, a resident who was previously unable to walk – can now be seen ‘dancing with the walking-frame’.
- The home is looking to appoint a Speech and Language Therapist, to work alongside the Occupational Therapist.

General Environment

- Refurbishments are currently underway – to install walk-in showers in communal bathrooms, and to refresh the fire doors.
- We are told that attention is given to the carpeting and furniture in residents rooms – as they ‘should feel homely’. On their rooms, the residents have ‘no restrictions’ – they are able to have a ‘real good makeover’.
- There is a plan to install iPads in all residential rooms. Through these, room audits may be recorded (such as evidence of cleaning and tidying) and visitors can sign in, and out of rooms.

Recommendations

Based on the Evidence

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

Clinical Care – Dentistry

Dentistry delays are reported. This includes for NHS treatment, and for receipt of dentures.

8.1 The delays were widely mentioned – by residents, relatives and staff. We know that dentistry, especially for NHS treatment is difficult to access, and there will be waiting lists, however we hope that the home does what it can, possibly working with GPs and other professionals – to expedite treatment.

Activities

For residents confined to their rooms, some relatives feel that ‘more one-to-one and dementia-friendly activities’ would be beneficial.

8.2 Given the limited feedback on this topic, we cannot comment on levels of one-to-one, or dementia-friendly support. However, it is clear that some relatives have doubts, therefore we hope that activities staff engage with them, to address any issues or concerns.

Information (New Admissions)

One relative (of a recently admitted resident) was not aware of the meetings, newsletter or remote access to care plans.

8.3 Assuming welcome packs are provided, is this information sufficiently outlined? Does the home seek feedback, on the usefulness, of the pack? Also, are new families invited to join the mailing list?

Relatives Meetings

It is commented that meetings 'aren't always well-attended' and this could be attributed to timing – such as during 'the school-run'.

8.4 We know the home is already looking into this, and is aiming to 'find the best time' for the meetings. In our view this should be a priority – as the relative's meetings are essential – in obtaining and giving information and feedback.

Glossary

Other Information

9. Glossary of Terms

As below.

CBT	Cognitive Behavioural Therapy
COSH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
MDT	Multi-Disciplinary Team

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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