



Enter & View Report

Murrayfield Care Home, 8 January 2025

healthwatch
Enfield

Contents

1. Visit Background	
.....	
.....	3
2. About this Visit	
.....	
.....	6
3. Executive Summary	
.....	
.....	9
4. Resident Feedback	
.....	
.....	18
5. Relative Feedback	
.....	
.....	22
6. Staff Interviews	
.....	
.....	31
7. Management Interview	
.....	
.....	38
8. Recommendations	
.....	
.....	43
9. Glossary of Terms	
.....	
.....	48
10. Distribution and Comment	
.....	
.....	48

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, 5 Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Murrayfield Care Home
Manager	Mr Mumuni Festus Zoure
Date & Time of Visit	10.00am, 8 January 2025
Status of Visit	Announced
Authorised Representatives	Margaret Brand, Janina Knowles, Catherine O'Malley, Holly Smith
Lead Representative	Darren Morgan

2.2 Murrayfield Care Home

On 8 January 2025 we visited Murrayfield Care Home, a residential and nursing care home in Enfield.

Operated by Gold Care Homes, the home specialises in dementia, nursing and end-of-life care. It also provides specialist care for disabilities, mental health conditions and respite..

The home may accommodate up to 74 residents and 72 were in residence at the time of the visit.

The home has a staffing complement of around 90.

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.

Murrayfield Care Home was last inspected by the CQC in January 2022. The inspection [report](#) gave a rating of 'Requires Improvement' overall, with individual ratings of 'Good' for being effective and caring, and 'Requires Improvement' for being safe, 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 five residents, three families, seven staff and senior staff members and the deputy manager. Following the visit we engaged with three 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 alongside the north circular road.
- Bus links are nearby (with a stop directly outside the home) and train connections are a 15 minute walk.
- There is parking on-site for visitors.
- On arrival, the home's administrator greeted us. We were told that the manager is off sick, with the deputy manager taking responsibility for the day.

What has worked well?

- There is an electronic console, for signing in and out. We were instructed to do both.
- The latest CQC inspection report is on display – both the summary and full report.
- Also on display are policies on whistleblowing, complaints and accessibility.
- Hand gel is available on the reception table.
- Staff and management, at all times, were courteous and helpful.

What could be improved?

- Staffing shortages at weekends are reported, often resulting in 'long and cold waits' outside the building – according to one relative.
- A family is frustrated that parking ends at 8pm (which is two hours before closing time – at 10pm).

Accessibility and Safety

What has worked well?

- Doors and lifts require keypad entry. This includes the door from reception, into the main building – so the reception itself is a secure area.
- To enhance security, the floors have different codes.
- Access throughout the home is very good. The corridors are wide, with purpose-built alcoves to store large equipment such as hoists.
- We observed a wheelchair user entering and leaving the garden, unassisted.
- The lino floor surfaces (ground floor) appeared hygienic and also attractive – in a wood veneer.

- Handrails are fitted along all corridors and stairs.
- During our visit, we did not notice any obstacles or potential trip-hazards.
- We noted dementia-friendly signage throughout the home. Signs for public rooms such as lounges, toilets, bathrooms and showers are large, with clear wording and images.
- There are no patterned floor or wall surfaces.
- Utility rooms, such as linen and plant rooms are signed, and during our visit were secure (doors closed). Areas out-of-use, such as the second floor lounge, were marked as such.
- Fire extinguishers are located suitably and fire-exits marked. The fire evacuation procedure is clearly displayed.
- Bathrooms and wet-rooms are equipped with modern accessibility aides.

What could be improved?

- Walls and doors have poor contrasting, due to use of the same palette. For example, walls on the ground floor are in light mauve, with the doors a darker shade.
- In some of the communal and personal toilets, taps are not clearly marked hot or cold – the fixtures (blue and red markings) have worn over time.
- The hand-gel dispensers in ground floor corridors appeared to be empty.
- The toilet seats we viewed are generally white – not contrasting with the basins.

General Environment

Notes

- The home has three floors, and specialises in dementia, nursing and end-of-life care.

What has worked well?

- We visited on a cold winter's day. However the temperature within the home was comfortable – at around 21 degrees.
- The home appeared clean and uncluttered during our visit. Cleaners used 'Cleaning in Progress' signs.
- Levels of cleanliness are widely praised by the residents and relatives we spoke with.

What could be improved?

- When stepping into the main building from reception, a strong odour was noticeable – it did not feel 'fresh'.
- On the second floor, we noticed an odour of urine. According to a staff member, there are not enough cleaning staff on the floor.
- We understand that the home is being redecorated, therefore artwork and ornaments have been 'packed away'. As a result, the general environment is very 'spartan' – walls are without pictures, sideboards and tables are empty.
- The lounge on the ground floor has more of a clinical than homely feel. This may be due to the redecoration, however the room is essentially chairs gathered around a large television (just one item of furniture – a bookcase). The space lacks focal points and flourishes.

- The resident's doors – displaying just the room number are somewhat impersonal. On one door, the number is missing.
- The rooms themselves have personal items, but they are not adequately or thoughtfully placed. Example – in one room, the items were grouped into a single corner. Generally we did not see personal pictures or photos on walls.
- There is clearly an issue with the plumbing. Water from taps is very slow-running, and we noticed that hot water takes a long time to emerge – over a minute (if not longer).
- Drainage is also an issue. One family reports blocked toilets and some flooding 'of effluent' into rooms.
- The same family gave us a tour of the room – which needs maintenance to repair doors, walls and skirting boards.
- The noticeboards in corridors have no content. The staffing board in reception, intended for staff photos and bios, is also empty.

Personal and Clinical Care

Notes

- Each floor has a mixture of residents with dementia, nursing or other support requirements. However, generally the residents with advanced dementia are on the second floor, while those with the 'most capacity and ability' are on the ground floor.
- Every floor has a nurse. On the second floor there is a 'Senior Nurse' in addition.
- A GP visits every other week, there are also remote sessions. A separate GP covers weekends.
- A Community Matron visits weekly.
- During our visit call-bells were responded to quickly. When speaking with residents and families, we hear that response times are variable.
- Care planning and management is electronic – through the PCS (Person-Centred Software) platform.
- As with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information.

What has worked well?

- We observed very good interaction between staff of all categories, and the residents – who looked to be happy and comfortable.
- In one example, a resident who was distressed about a recent personal loss, was consoled, very effectively - by a member of the maintenance team. This demonstrates a 'culture of caring' across the home.
- The residents and relatives we spoke with consider staff to be 'polite, caring and helpful'. Good levels of support are reported, with comments suggesting that residents are attended to regularly.
- Notices from Public Health England (PHE) are displayed alongside bathrooms and wet-rooms. These include information on hand-rubbing.
- Corridors have glove dispensers.

What could be improved?

- At our visit we noticed that call bells were missing in some rooms. One resident's call bell was wedged behind the bed.
- Some relatives note that language skills are not always good, and that care is not always consistent.
- According to one family, care records are not accessible remotely.
- There is some uncertainty on hairdressing (availability, frequency and costs), which can be problematic if loved-ones need to be in attendance.

Activities

Notes

- The home has a budget for three full-time activities staff members. There are currently two in-post, and recruitment is underway to replace a staff member who has left.
- Bedbound residents are located on all floors.
- Residents are 'encouraged' to be active and activities staff visit rooms, we are told. Depending on what the resident wants, an activity can be simply 'having a chat' and 'being company'.
- Popular activities include singalongs, bingo and dominos – 'anything lively'.
- During our visit the lounges were reasonably attended, with residents coming and going.

What has worked well?

- The home felt lively during our visit – with mid-morning karaoke taking place in lounges, resident's rooms and in corridors. We note that care assistants were happy to get involved.
- The bed-bound residents we visited appeared to be comfortable. One had recently received a puzzle book, as a gift from staff.

What could be improved?

- While walking around the home we did not see the activities schedule on display, apart from a small printout in reception – which could easily be missed.
- The residents we spoke with highlight a lack of awareness - especially on the second floor.
- Other issues include staff shortages and with it, limited options, and the fees for being accompanied outside.
- One resident feels she has 'no one to talk to' in the lounge and a relative says that some residents 'swear a lot'.
- Assistance with going outside is lacking, we are told by relatives. In one case, a wife provided a wheelchair to aid outside trips, but this 'never happened' and she took the wheelchair back.
- The garden is large, however it is somewhat sparse – with a paved area, lawn, minimal planting and a single table. There is plenty of room for benches, additional tables, raised beds and bird tables.

Diet and Nutrition

Notes

- There are dining rooms on each floor.
- The main kitchen is on the ground floor, with kitchenettes on the first and second floors.
- The deputy manager says that menus rotate seasonally, and feature ‘two or three’ options for the main meal. Alternatives may be supplied on request.
- Recently, a pictorial menu ‘has been introduced’.
- Meals can be taken in resident’s rooms and snacks are available.

What has worked well?

- We receive few complaints about the food.

What could be improved?

- While the residents we spoke with do not criticise the food, they do not compliment it either. Meals, at best are regarded to be ‘OK’.
- A wife says that her husband is assisted with feeding – even when it is not necessary, and this impacts on his independence.
- There were no menus present, in the dining rooms we visited.

Feedback and Complaints

Notes

- Head office sends out annual surveys – for families and staff.

What has worked well?

- The residents and relatives we spoke with feel confident in giving feedback, or making a complaint.
- Visitors may give feedback whenever signing out (there is a prompt for comments).
- Our visit was advertised – with the poster in reception, and at least one family having advance-notice.

What could be improved?

- In reception there is a schedule of residents and families meetings – however it was out-of-date (2024, not 2025).
- There is limited awareness of meetings. A family reports that the last meeting took place ‘around April 2024’.
- A lack of basic information is noted – such as a general leaflet or flyer. One relative says ‘it is assumed that somebody else has told me’.
- Currently there is no newsletter.

Staffing and Management

Notes

- Staff meetings are confirmed, however differing accounts are given on their frequency - monthly, bi-monthly and quarterly meetings are mentioned. There is a daily flash meeting – ‘Take Ten’.
- Training is in various formats, with online tuition and in-person group sessions – at the home and also at partner sites.
- Training mentioned includes Safeguarding, Whistleblowing, Dementia Awareness, and Critical Situations Handling.
- Breaks are reportedly an hour, for a 12 hour shift.

What has worked well?

- Inductions, which typically feature learning and shadowing, are widely regarded as ‘helpful’.
- Comments by staff reflect a ‘culture of learning’. The home ensures that staff are qualified for their role, and have completed mandatory training and refreshers.
- Many of the staff are undertaking NVQs, with a view to career progression. We heard from a Clinical Lead, who was previously a Nurse, and before that – a Care Assistant.
- Almost all of the staff members we spoke with express satisfaction in their roles, with feedback suggesting good relationships with colleagues, management and the residents.

What could be improved?

- The ability to take holidays is an issue, as staff are called-in to cover shortages and sickness. In one case, a staff member almost ‘lost their holiday’ due to covering shifts.
- Staff complain that the pay is low, plus there is no sick pay, or compensation for working on Bank Holidays. Entitlements vary, depending on your contract (Four Seasons or Gold Care Homes) and status (permanent or agency).

Residents and Relatives Feedback Received



4. Resident Feedback

At the visit we engaged with five residents.

Length of residency ranges from four months to over seven years.

The residents we spoke with consider staff to be 'polite, caring and helpful'. Good levels of support are reported, with comments suggesting that residents are attended to regularly.

In individual issues, we hear that one resident does not have a call bell, a bed is not 'plugged in' and there is difficulty in operating a TV.

A lack of grooming is mentioned – with chiropody and hairdressing requested.

Staffing and Personal Care

Positives:

"All the staff are good – very polite, caring and helpful."

"No problems with the staff."

"The staff are around all the time. I'm treated with respect – they're never rude."

"I mostly stay in my room as I enjoy my own company. Staff come in regularly."

"The staff are very good. I do armchair exercises once a week."

"I rarely see the staff, but if I need something I press the buzzer."

"If I need help I will ask for it."

Negatives:

"There's no ring bell – I have to shout."

"Now and again, staff think they 'know better' than me."

"I occasionally see agency staff – some are good, some are not so good. They don't always get things right."

"My bed isn't plugged in."

"I get no support with using my TV. A guide would be useful."

"My fingernails need cutting."

"There's no hairdressing at the moment. I haven't had my hair done for several weeks."

While the residents do not criticise the food, they do not compliment it either. Meals, at best are regarded to be 'OK'.

Diet

General Comments:

"The food is OK. I'll do some toast if nothing appeals."

"There are two choices. If there's nothing I want, I can ask for an alternative."

"There's a reasonable choice. It's not to the standard I'm used to, but it's OK."

"I choose mostly English and Indian meals. It's alright."

On activities, a lack of awareness is highlighted - especially on the second floor. Other issues include staff shortages and with it, limited options, and the fees for being accompanied outside.

One resident feels she has 'no one to talk to' in the lounge.

Activities

General Comments:

"I join in, if I'm interested."

"I'm not into group activities. I like to go outside in the evenings and exercise."

"I've got a TV, which is important to have."

Positives:

"I like to sing."

"Enjoy the bingo."

Negatives:

"I don't know much about the activities."

"We're not aware of activities on the top floor. I stay up here."

"There's only one activities staff member at the moment."

"I would like to see more activities, but they're always short of staff."

"A lot of the activities in the community have stopped. If you want to go out, you have to pay £25 per hour."

"I prefer not to go in the lounge – as there's no one to talk to."

“I’m not taken out to the garden so much – that’s partly due to the weather.”

The residents we spoke with feel confident in giving feedback, or making a complaint.

Not all have felt involved. There is limited awareness of meetings.

Feedback & Complaints

Positives:

“We have meetings and I’m able to say what I think.”

“I’m free to make a complaint whenever I like.”

“I feel confident to make a complaint. I see the manager a lot.”

“If I wasn’t happy about something, I would go to a member of staff.”

Negatives:

“I’ve never been involved.”

“I’m not aware of any meetings.”

Levels of cleanliness are widely praised.

General Environment

Positives:

“The room is cleaned every day.”

“My room’s recently been painted. It’s cleaned every day.”

5. Relative Feedback

During the visit we engaged with two family members. Following the visit we spoke with three family members, by phone.

Length of residency of loved-ones ranges from six weeks to ‘several’ years.

The relatives we spoke with consider staff to be kind, friendly and helpful. No complaints are received.

On staffing itself, it is noted that language skills are not always good, and that care is not always consistent (agreed wishes – such as raising the bed-side are not always actioned).

There is some uncertainty on hairdressing (availability, frequency and costs), which can be problematic if loved-ones need to be in attendance.

Staffing & Personal Care

General Comments:

“There were problems with missing laundry, but it’s now been resolved.”

Positives:

“The staff all seem very caring.”

“All the staff are kind, friendly and helpful. My husband is being well-cared for.”

“Staff are excellent. My husband enjoys the staff allocated to him, he is happy so that makes me happy.”

“I can’t emphasize how good they are. The receptionist always comes out to open the door and greet me.”

“They speak to me nicely and don’t ignore me. They treat me like one of the family.”

Negatives:

“Could do with more staff as they’re always very busy.”

“They’re all very nice, but do not always have good language skills.”

“I asked for one side up on the bed, and this was agreed, but it only happens spasmodically.”

“My wife was unsure about how she paid for the hairdresser – and she worried about this.”

“I wasn’t initially aware of services, such as the hairdresser (there may not have been one, for a while). I’d need to be present – otherwise my husband may be aggressive or resistant.”

On clinical care, a family member feels involved and informed.

Clinical Care

Positives:

“I’m given the opportunity of going with my husband to the audiologist. I’m notified of appointments in advance.”

The meals are widely complimented.

A wife says that her husband is assisted with feeding – even when it is not necessary, and this impacts on his independence.

Diet

General Comments:

“Meals OK.”

“He does not always eat his lunch, but otherwise the food is fine.”

Positives:

“I bring food from home sometimes. But my husband prefers the food here.”

“My husband seems to like the food and eats well.”

“The meals are fine and enjoyed.”

Negatives:

“He is capable of feeding himself with yoghurt, but the staff always feed him instead. On such occasions he could be independent.”

We hear that in many cases, loved-ones prefer to stay in their rooms.

Assistance with going outside is lacking, we are told. In one case, a wife provided a wheelchair to aid outside trips, but this ‘never happened’ and she took the wheelchair back.

Activities

General Comments:

“Mum is taken into the lounge for exercises.”

“Mum would like to play scrabble.”

“My husband likes the activities, but sometimes won’t do them. We go out into the garden, in the summer.”

Positives:

“There are lots of activities. I sometimes sit and watch.”

Negatives:

“My wife does not join in the activities (as some of the residents swear a lot). She prefers to stay in her room.”

“My husband stays in his room. He would not be interested – even if someone came to do activities with him. He likes to watch James Bond DVDs.”

“It would be nice if he could be taken outside a bit more frequently.”

“I provided a wheelchair so that he can be taken out – but this never happened. I finally took the wheelchair back home.”

Staffing shortages are reported at weekends, often resulting in ‘long and cold waits’ outside the building.

Visiting

Negatives:

“At weekends there are delays getting into the home, as there is no one around to provide access, upon ringing the buzzer. I often have a long wait in the cold.”

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

Feedback & Complaints

Positives:

“I sometimes attend the meetings.”

“I have the opportunity to speak if required.”

“I speak to the manager regularly.”

“I’m able to become involved if I wish to. I would feel comfortable in saying what I wanted to, if necessary.”

Cleanliness is widely complimented. Rooms are described as ‘clean and bright’.

General Environment

General Comments:

“My husband’s room is kept very clean.”

“It’s always very clean.”

“It’s clean and bright.”

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

However, a lack of basic information is noted – such as a leaflet or flyer. One relative says ‘it is assumed that somebody else has told me’.

Other Feedback

Positives:

“It’s fine, the home is good.”

“I’m very happy with the service provided – it takes the pressure off me.”

Negatives:

“A simple information leaflet (about the home) would be very helpful. Quite often it is assumed that somebody else has told you.”

During the visit we were approached by one family, who had prepared a list of issues and concerns.

Issues raised by a family

Parking

Parking is stressful, as visiting hours end at 10pm, while parking ends two hours earlier – at 8pm. Surely there should be a match? This has been mentioned in the last family survey but there has been ‘no response’.

Lighting

Directly outside Dad’s room there is a fire escape door, and fire-exit sign overhead. This sign has a very bright, luminous white light that projects into the room, making it uncomfortable at night. The light may be set to green and this was in fact done at the family’s request, but it has returned to white. Could this be changed back to green?

Plumbing

There are several issues with the plumbing.

There is little hot water and sometimes none – this was demonstrated to us, with the hot water tap running for over one minute, and no hot water forthcoming. This is a particular issue, as Dad is frightened of being washed with cold water. Staff have to be reminded and the issue is ongoing.

Around the 18th of December, the home's drains were blocked. As a result, several toilets were flooded with effluent (not flushable) and rooms were also flooded. We were shown photos – the effluent was dark brown in colour and looked very unpleasant. As this happened at the weekend, the issue took 'three days' to resolve. The family feels the home was not entirely transparent about the incident – for example relatives were not told it was effluent that had leaked.

Additionally, paper towels and wet-wipes are being flushed down toilets (we were shown photos). While unsure, the family suspects that agency staff may be responsible.

Room

The room needs maintenance. The skirting-board is worn and frayed in many places – and this can be a 'breeding ground for germs'. There are holes in the toilet door and in the toilet, a large section is missing from the plasterboard. Toilets around the home have 'flushing and seating issues'.

Personal Care

Dad, who is blind in one eye, requires eye drops to be administered regularly. According to the family, this is done incorrectly – with staff not following the manufacturers official technique. The nozzle is placed 'so close to Dad's eye' that he is now frightened of the nurses, who have also allegedly pulled his closed eyelid, open. Eye care issues have been raised with the Clinical Lead, who has 'not responded'. Nurses have also taken a 'don't worry about it' approach.

Dad wears a hearing aid – an expensive piece of equipment (around £800 - £1,000). It has been damaged, by staff, several times. In the latest incident, batteries were rammed incorrectly into the device.

Toileting checks are 'not done'. When Dad needs the toilet carers often don't respond to his calls and this can be upsetting. Dad's continence pad has been found to be 'saturated'. The practice of ignoring toilet requests has been 'normalised', the family say. Additionally when accompanied by staff to hospital, residents are not allowed to use the toilets, and this is undignified.

More than once, carers have opened the window during the day or early evening, and not returned later to close it.

On these issues and more generally, the family feels that good practice 'needs to be reinforced' and they have put notices up – to remind and to prompt staff. Both training and continuity are issues - it is observed that problems are more likely with (but not restricted to) agency staff – who are 'more numerous' than full-time staff members and have a 'high rate of turnover'.

There is one compliment – it is noted, that after complaining, Dad has better access to the water jug on the side table.

Call Bells

Dad's call bell is often on the floor, or wedged between the bed plates. The family have noticed call bell issues in other rooms as well. Response times are said to be variable.

Diet and Nutrition

The family, and a 'number of other families and residents' feel that the food is 'edible' but needs to improve. The evening offer is a sandwich or 'tepid and warm' soup, this is unsatisfactory and unappealing. Feedback has not been acted on, and at the moment the family has to bring some foods in.

Activities

Staff need to be more proactive in their approach. Dad will attend activities, if he is given enough incentive - such as a cup of tea or a snack. At the moment, Dad is not getting enough daily stimulation.

Care Records

The family should be able to access aspects of the care plan, remotely (through a web-portal). However this has not been set-up. It would be good to know, for example, what Dad has eaten during the day.

Feedback

There has been no response to emails. Also, the last resident's meeting was months ago (around April 2024) and they are not effectively advertised.



Staffing and Management Feedback Received

6. Staff Interviews

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

Inductions, which typically feature learning and shadowing, are widely regarded as ‘helpful’. Supervision is said to be quarterly, and appraisals annual.

Training mentioned includes Safeguarding, Whistleblowing, Dementia Awareness, and Critical Situations Handling. One staff member would like additional training around medication.

Comments reflect a ‘culture of learning’. The home ensures that staff are qualified for their role, and have completed mandatory training and refreshers. According to one staff member, ‘you’re not allowed back into the building - if your training is out-of-date’.

Many of the staff are undertaking NVQs, with a view to career progression. We heard from a Clinical Lead, who was previously a Nurse, and before that – a Care Assistant.

Induction, Supervision and Training

Induction:

“Induction was three days and covered bedding, feeding, care (how to talk to the residents) and medical conditions.”

“Induction was for three days, I shadowed day and night.”

“I had a one week induction, which involved shadowing and learning online. It gives you confidence.”

“The staff were very helpful during the induction. They showed me how to comply with all the rules and procedures.”

“The nursing induction was helpful. It covered care plans, wounds and medication.”

“It helped me to focus on caring for the residents.”

Supervision:

“I have a quarterly supervision and annual appraisal.”

Training:

“Training started before the job began.”

“I’ve had training in dementia and safeguarding. You’re not allowed back into the building - if your training is out-of-date.”

“The home keeps track of expiry dates.”

“I know how to whistleblow.”

“Management were very supportive with my NVQs.”

“I’d like more training around medication.”

Career Development:

“I recently became the clinical lead. The company paid for the NVQ Level 5.”

“I want to progress into NHS nursing.”

Almost all of the staff members express satisfaction in their roles, with feedback suggesting good relationships with colleagues, management and the residents.

Staff meetings are confirmed, however differing accounts are given on their frequency - monthly, bi-monthly and quarterly meetings are mentioned. There is a daily flash meeting – ‘Take Ten’.

Breaks are reportedly an hour, for a 12 hour shift. Some staff members take 15 minutes in the morning and 45 minutes for lunch, while others prefer a shorter 30 minute lunch, and 15 minutes later on. Breaks are described as ‘adequate’.

The ability to take holidays is an issue, as staff are called-in to cover shortages and sickness. In one case, a staff member almost ‘lost their holiday’ due to covering shifts.

Staff complain that the pay is low, plus there is no sick pay, or compensation for working on Bank Holidays. Entitlements vary, depending on your contract (Four Seasons or Gold Care Homes) and status (permanent or agency).

The agency staff we spoke with say they enjoy the work, and feel valued and supported, however they are ‘treated differently’. For example – they don’t attend staff meetings.

Staffing and Conditions

Staffing:

“I find the job to be very rewarding.”

“I’m very happy, it’s a good career.”

“It feels like a home now.”

“I love all aspects of the job. I get on well with the residents.”

“I’m very happy here – the residents and staff treat me like family. I’m one of the youngest staff members.”

“Sometimes you feel the pressure at work. So fifty-fifty.”

Management:

“The manager is very good , he has your back.”

“Suggestions are taken on board.”

“The home has a very good understanding of infection control.”

Staff Meetings:

“Staff meetings are monthly.”

“Meetings are every two months and staff can contribute to the agenda.”

“Should be every three months – but not always.”

“There’s a daily flash meeting – ‘Take Ten’.”

“I know I can put views forward, if necessary.”

Terms (Breaks, Pay and Holidays):

“Breaks are 15 minutes in the morning and 45 minutes in the afternoon (I work a 12 hour shift).”

“I have 15 minutes in the morning, 30 minutes for lunch, and 15 minutes later (12 hour shift).”

“I feel the breaks are adequate.”

“I’d like more pay.”

“I nearly lost my holidays – as I’ve had to cover for staff shortages. We don’t get sick pay.”

“There’s no union. ‘Gold’ have ‘weird ways’. There’s no compensation for working on Bank Holidays (we get normal pay).”

Feedback from Agency Staff:

“I’m an agency worker. The staff and management are very friendly. They didn’t leave me alone when I first started. Generally I work with an employee at the home.”

“At the agency, I often put myself forward for this care home – as I enjoy working here.”

“As an agency staff member, I don’t feel I’m treated the same as permanent staff.”

“The meetings are only for permanent staff (not agency). Any changes arising from the meetings, such as a change of process – will be fed back.”

Comments suggest that staff genuinely care about the residents – a ‘family’ atmosphere is described.

Examples of caring include encouragement to take water or to join an activity, checking on physical health and emotional wellbeing, and simply ‘having a chat’. Interactions are recorded on hand-held devices – which feed directly into the care plans.

Personal and Clinical Care

Personal Care:

“The priority is the residents.”

“I chat with the residents, help them with their personal care.”

“The residents are like family to me. I get involved in the activities, play cards and chat.”

“I check the residents hourly and record all activities (we have electronic devices).”

“I take blood pressure. If a resident is unwell there are enhanced checks.”

Handover:

“We’re told of any issues at the start of the shift – for example if someone needs a shower.”

“The nurse’s board details any needs.”

“We use electronic devices.”

Involvement and Choice:

“I ask residents how they are. I encourage them to drink when it’s of particular importance.”

“I chat with the residents and spend time with them. It’s a happy place, we know the residents well.”

“I support the residents when they are feeling emotional. In the morning, an integrity check is done. I change their physical position every two hours. I ask residents if they want option A or B for lunch.”

“There is a ‘Resident of the Day’.”

On activities, we are told that staff actively encourage participation, and try to accommodate ideas and suggestions. Personal, room-based activities are provided.

Weekends are reportedly ‘quieter’ than weekdays.

Activities

Activities:

“If a resident doesn’t want to participate in activities, I try to find out what they would like to do, then liaise with the Activities Coordinator to see if they can accommodate.”

“I often join in the activities.”

“I try to encourage residents to participate in activities. At Christmas, I encouraged them to dress up.”

“Activities Coordinators will visit rooms. Offer a cup of tea.”

“It’s quiet at the weekends.”

While most of the staff members are engaging and ‘sociable’ with families, one person is apparently ‘only allowed to communicate’ if the family ‘needs something’.

According to the staff, families are aware of annual surveys, and the complaints process.

Families and Feedback

Families:

“I’m very sociable with families.”

“When relatives make requests, we try to accommodate.”

“Families are involved in care plan reviews.”

“I’m only allowed to communicate with relatives if they need something. Anything sensitive will be dealt with by the manager.”

Feedback:

“I help them to complete surveys.”

“I’m aware of surveys and questionnaires. Staff get one as well.”

Complaints:

“Families know how to escalate complaints.”

7. Management Interview

During the visit we interviewed the Deputy Manager, who has been in employment since 2010.

A summary of the discussion is outlined below:

General Information

- The home has capacity for 74 residents.
- In November 2023, ownership passed from Four Seasons to Gold Care Homes, who operate '35 or more' homes.

Staffing

- There are approximately 90 staff members and this includes agency (bank) staff.
- There is an 'Employee of the Month' incentive, with a £50 gift voucher (Blue Card). We noted a 'staff nominations' box in reception.
- Management take a 'very flexible' approach towards staff, and think about how to support them.
- Newer staff are on Gold Care Homes contracts, while longer-term staff retain their Four Seasons terms and conditions.
- Depending on the contract, some staff members have paid breaks, while others do not.
- Overtime is paid, according to the Deputy Manager.

Staff Training & Development

- Induction is the first full working week, and consists of training, shadowing and supervision.
- The Deputy Manager says that 'induction doesn't stop' and staff are 'encouraged to grow'. As an example, a staff member who started as a care assistant received mentoring to become a Senior Nurse and she is now a Clinical Lead.
- Staff who are looking to progress can undertake NVQs at levels 3 and 4, and 5 (for management).
- Training is in various formats, with online tuition and in-person group sessions – at the home and also at partner sites.

Safeguarding

- Safeguarding training is compulsory.
- In the event of an incident, an alert is raised and the CQC and Local Authority are notified. A management plan is produced and staff are aware. The Deputy Manager says 'we tell everyone' and this helps with prevention.

Care Planning

- Care planning and management is electronic – through the PCS (Person-Centred Software) platform.
- As with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information.
- There are built-in alerts, known as ‘must-do actions’ which give instructions – such as changing a wound dressing on a certain day. Nurses check for alerts at the start of the day, we are told.
- The system was introduced by Gold Care Homes, and Regional Managers and Clinical Leads have direct access and oversight.
- There are three tiers of updating records. Care plans are updated daily through routine actions. There is a full monthly review, corresponding with the resident’s door number (a resident in room 14, will be reviewed on the 14th of the month). Additionally there is a six monthly ‘professional review’ involving management, nurses and families.

Personal and Clinical Care

- Residents have designated staff members, we are told.
- A nurse is located on each floor. On the second floor there is a ‘Senior Nurse’ in addition.
- According to the Deputy Manager, nurses work in partnership with families, on areas such as medication.
- A GP visits every other week, there are also remote sessions. A separate GP covers weekends.
- A Community Matron visits weekly.
- For dentistry, referrals are made through ‘community dental’ and private dentists can also be used.
- Hairdressing is weekly and chiropody every six weeks. Residents pay for this, along with their own toiletries and this is ‘not an issue’. Additional funds may be obtained through social services.

Involvement & Choice

- Residents have personal choice, for example they may go to bed, and get up as they wish.
- Cultural needs and preferences are respected. A local church visits every Friday.
- We spoke about language barriers. Certain staff speak various languages such as Greek and Bulgarian and when a language is not covered through staffing, Google Translate is used and families consulted.

Diet & Nutrition

- Menus rotate seasonally, and feature ‘two or three’ options for the main meal.
- Alternatives may be supplied on request.
- Halal and cultural dishes are provided. Some meals have become popular with the residents, such as Fufu (a Caribbean dish) Biryani Chicken (Asian) and Jollof Rice (West African). Greek dishes are also supplied.

- The Deputy Manager considers the food to be ‘really good’. It is ‘tested’ by the Manager and a Senior Nurse.
- Recently, a pictorial menu has been introduced.
- Meals can be taken in resident’s rooms and snacks are available.

Activities & Visiting

- The home has a budget for three full-time activities staff members. There are currently two in-post, and recruitment is underway to replace a staff member who has left.
- Popular activities include singalongs, bingo and dominos – ‘anything lively’.
- Residents may choose to engage in activities, or not.
- We asked about the ability to go out. The Deputy Manager says that residents may be taken out in groups, locally for shopping or to the pub. Individual trips are ‘also supported’ through activities staff or families.
- There are no wider outings – residents use local amenities.
- In summer, residents spend ‘most of the time’ in the garden, which may feature barbeques and entertainers. Families get involved. The home encourages ‘as many residents as possible’ to take part.
- A ‘lot of families visit’ we are told.
- The home is ‘working’ to improve the garden area.

Feedback and Complaints

- Head office sends out annual surveys – for families and staff.
- Visitors may give feedback whenever signing out (there is a prompt for comments).
- There are quarterly meetings for residents, families and staff. Meetings have an agenda and minutes are taken.
- Currently there is no newsletter.
- The wider group is present on social media.
- There is an official policy and procedure for complaints. The Manager’s door is ‘always open’.

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

Environment: Hygiene

The home is widely regarded to be clean. However, on the second floor we noticed an odour of urine. According to a staff member, there are not enough cleaning staff on the floor.

8.1 Given that the odour was very noticeable, and affected the second floor only, we urge the home to look at staffing ratios and practices, with a view to eliminating the odour, or at the very least, managing it. If we revisit the home in future, we would expect to see a clear improvement.

Environment: Décor

We understand that the home is being redecorated, therefore artwork and ornaments have been 'packed away'. As a result, the general environment is very 'spartan' – walls are without pictures, sideboards and tables are empty.

8.2 We acknowledge the redecoration, but at the same time, would ask if it is really necessary to remove (as we observed) literally all of the ornaments, noticeboards, and much of the wall art. From a practical point of view, there is no reason for example, not to have flowers on a table or windowsill. The 'odd flourish' is important in the daily experience of residents, visitors and staff.

Environment: Rooms

The resident's rooms have personal items, but they are not adequately or thoughtfully placed. Example – in one room, the items were grouped into a single corner. Generally we did not see personal pictures or photos on walls.

One family gave us a tour of the room – which needs maintenance to repair doors, walls and skirting boards.

8.3 During the 'Resident of the Month' review, would it be possible to engage with the resident and family, on their preferences for personal items. For example, residents could be asked - if they'd like a picture to be hung. A more personal touch would make all the difference, we feel.

8.4 Additionally we would urge the home to look at maintenance requests and requirements – at least one room needed attention to doors, walls and skirting boards.

Environment: Plumbing and Drainage

There is clearly an issue with the plumbing. Water from taps is very slow-running, and we noticed that hot water takes a long time to emerge – over a minute (if not longer).

Drainage is also an issue – we were shown photographic evidence of blocked toilets. It is reported that ‘effluent has leaked into rooms’.

8.5 If there is a lack of hot water from sink taps, it is logical to assume that general bathing (baths and showers) will also be affected. Of course this is not a good situation and will affect the quality of care. Given that this issue, along with drainage will be well-known to local and wider management, we hope that investment is made, and remedies found. The home’s current plumbing arrangement is evidently ‘not up to the task’.

Environment: Taps

In some of the communal and personal toilets, taps are not clearly marked hot or cold – the fixtures (blue and red markings) have worn over time.

8.6 Ideally, the older fittings in question need to be refurbished or replaced.

Personal Care: Call-Bells

At our visit we noticed that call bells were missing in some rooms. One resident’s call bell was wedged behind the bed. A family said that Dad’s bell was ‘often found on the floor’.

8.7 The provision of accessible and working call-bells is an absolute requirement – in terms of daily care and comfort, and wider health and safety. The home should conduct an audit, to resolve any issues with the bells. Presumably there will be a company policy on this area – is it adequate, and how does the home ensure compliance in future?

Involvement: Activities

While walking around the home we did not see the activities schedule on display, apart from a small printout in reception – which could easily be missed.

The residents we spoke with highlight a lack of awareness - especially on the second floor.

Assistance with going outside is lacking, we are told by relatives.

8.8 We feel that regardless of redecoration and removal of noticeboards and notices, the activity offer should be widely advertised on all floors. There is no practical reason – for this not to be the case.

8.9 A lack of outside activity was mentioned a few times – by residents and relatives. As this appears to be a key issue, could the home consider ways of getting more residents outside, more often?

Involvement: Meetings

In reception there is a schedule of residents and families meetings – however it was out-of-date (2024, not 2025)

There is limited awareness of meetings. A family reports that the last meeting took place ‘around April 2024’.

8.10 Along with activities, the meetings could be advertised more widely and effectively, with relatives incentivised to attend. Regular and well-attended meetings will bring many benefits – for all.

Parking

A family is frustrated that parking ends at 8pm (which is two hours before closing time – at 10pm).

8.11 Ideally, parking should be consistent with the visiting times. If this is not possible, the home should clearly communicate this.

A Family's Issues (Pages 26 – 29)

During the visit we were approached by one family, who had prepared a list of issues and concerns.

8.12 We hope that the home will engage with the family, to mutually resolve some of the issues highlighted. While not intending to intervene, we note that many of the issues have a basis in fact, and will affect others.

Glossary

Other Information

9. Glossary of Terms

As below.

CQC	Care Quality Commission
PCS	Person-Centred Software
PHE	Public Health England

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.



healthwatch
Enfield

Healthwatch Enfield
Community House
311 Fore Street
London
N9 0PZ

www.healthwatchenfield.co.uk
t: 020 8373 6283
e: info@healthwatchenfield.co.uk