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**Enter & View Report**

Nairn House, 18 September 2024

Contents

1. Visit Background ……………………………………………………………………………………………………………………….……..……………….. 3

2. About this Visit ………………………………………………………………………………………………….…………..…………………………………… 6

3. Executive Summary……………..……………………………………………………………………………………..…………….…………………… 9

4. Additional Observations ……………..……………………………………………………………………………..…………….…………………… 16

5. Resident Feedback ……………………………………………………………………………………………………..…………………………………. 21

6. Relative Feedback …………………………………………………………………………………………………………….…………………………… 22

7. Staff Interviews ……………………………………………………………………………………………………………..……………………..…………… 25

8. Management Interview ……………………………………………………………………………………………..……………………………….. 26

9. Recommendations ………………………………………………………………………………………………………..………………………………. 29

10. Glossary of Terms ……………………………………………………………………………………………………………..……………………………. 33

11. Distribution and Comment ……………………………………………………………………………………………………………..……. 33

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 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

Nairn House

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

|  |  |
| --- | --- |
| Service Visited | Nairn House, 7 Garnault Road, Enfield, EN1 4TR |
| Manager | Onkemetse Moabankwe |
| Date & Time of Visit | 18th September 2024, 10.00am - 1.30pm |
| Status of Visit | Unannounced |
| Authorised Representatives | Elizabeth Crosthwait, Margaret Brand, Janina Knowles, Janice Nunn |
| Lead Representative | Darren Morgan |

2.2 Nairn House

On 18th September 2024 we visited Nairn House, a nursing and residential care home in Enfield.

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

The home may currently accommodate up to 36 residents, and was at full occupancy at the time of the visit.

The daily staffing complement includes 11 clinical staff (with 10 nurses) and 33 support and care staff members.

2.3 CQC Rating

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Nairn House was last inspected by the CQC in October 2022. The inspection [report](https://www.cqc.org.uk/location/1-124610886) gave a rating of ‘Requires improvement’ overall, with individual ratings of 'Good' for being Caring and Responsive, and 'Requires Improvement' for being Safe, Effective and Well-led.

2.4 Online Feedback

The [carehome.co.uk](https://www.carehome.co.uk/carehome.cfm/searchazref/20001010NAIA) review page contains largely positive feedback – the average rating given is 9.5 out of 10.

2.5 Visit Purpose

We originally visited Nairn House on 21st June 2022. Our Enter and View report made several recommendations, on service areas including the general environment, medical and clinical needs, activities, diet and nutrition, feedback and complaints, personal care and staffing.

As part of our Enter and View strategy, we planned to revisit at a later date - in an unannounced capacity (without notifying management or staff) to assess progress made on our recommendations, and to make general observations.

The revisit took place on 16th May 2023, and we found that substantial improvements had been made, to implement our recommendations.

We conducted a final visit (this report) on 18th September 2024, again in an unannounced capacity – to see if the improvements have been sustained over the longer term, and to make fresh general observations.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with six residents, two relatives, one staff member and the manager (10 people in total).

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

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

At the visit, we assessed progress made on our recommendations of June 2022, looking at what has been achieved (or sustained) - and potentially what more could be done.

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| General Environment |
| **Mirrors**   * **Initial Finding, June 2022:** We found that large mirrors in the corridors reflected into some of the resident’s rooms - impinging on privacy. * **Improvements:** All of the mirrors in question have now been removed.   **Toilet Signage**   * **Initial Finding, June 2022:** Toilet signage was not clear – just pictorial male and female signs (no wording). * **Improvements:** New signs – featuring clear images and wording have been placed.   **Lighting**   * **Initial Finding, June 2022:** We noticed that lounge lights were on – at all times of the day, resulting in an institutional feel. * **Improvements:** Natural lighting is now used wherever possible – we observed overhead lighting to be switched off in some lounges. Further improvements have been made – in the ‘Blue Lounge’ on the ground floor, new floor lamps have been introduced, making the lighting and environment more homely.   **Maintenance**   * **Initial Finding, June 2022:** A lack of maintenance was highlighted – with one resident’s faulty radiator switched on permanently around the clock. * **Improvements:** No issues were reported during our visit of September 2024. * **Work to do:** The home currently has no on-site maintenance personnel (we understand that recruitment is sought). General maintenance is handled at group level – issues are reported to Bupa, who take the appropriate action – this could be outsourcing, or acquiring assistance from other homes. The manager says the process is generally effective, however notes that actions are ‘not always completed according to schedule’. * **Specific recommendation (3.1):** We hope that the home does secure in-house maintenance personnel, as a reliance on outsourcing, be-it from the group or wider partners – will inevitably mean some delays.   **Heating**   * **Initial Finding, June 2022:** Some of the residents we spoke with commented on feeling cold. Given that we visited in summer, this was somewhat of a concern. * **Improvements:** No issues were reported during our visit of September 2024.   **Garden**   * **Initial Finding, June 2022::** The garden, which is sizeable and a great asset – was clearly undervalued, and lacking in potential. * **Improvements:** The home has spent around £15,000 – largely on the garden’s west side, to install a new patio and fencing. This space is now very appealing, and we understand is widely utilised in good weather. * **Work to do:** The garden’s east side has been visibly neglected. Grass has been cut and hedges trimmed, however the plants need attention – shrubs (such as roses) are overgrown, potted plants have dried-out. The area near the smoking shelter is somewhat of a ‘dumping ground’. We also notice that a section of fence is unstable, and some bird tables have fallen to the ground. * **Specific recommendation (3.2):** The manager says that gardening is contracted – with gardeners attending fortnightly. Given the condition of the east side, this arrangement may not be wholly adequate. Gardeners may need to attend more frequently, or spend more time during visits. The home could also consider involving the residents and their families, and volunteers. |

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| Personal and Medical Care |
| **Personal Care**   * **Initial Finding, June 2022:** Residents who are short of funds needed assistance in obtaining clothes and toiletries, and in getting their hair and nails cut. * **Improvements:** The manager is not aware of any issues with personal grooming. Toiletry supplies ‘may be covered’ by a central budget, there is hair dressing provision and the Activities Coordinator does nail trimming. Chiropody is a separate, paid-for service. * **Work to do:** Clothing remains an issue – one of the residents we recently spoke with required some new clothes, however did not know how to proceed, or who to approach for assistance.   **Hydration**   * **Initial Finding, June 2022:** While talking with one resident in their room, we noted that no water was in the cup and no jug was available. * **Improvements:** Given that no new incidents are reported, and that safeguards are in place, we are satisfied that this is not an ongoing issue.   **Moving & Handling**   * **Initial Finding, June 2022:** We observed a resident being moved from a chair to the bed – it was a ‘bit muddled’ and no hoist was used. * **Improvements:** Given that no new incidents are reported, and that training is in place, we are satisfied that this is not an ongoing issue.   **Support and Response**   * **Initial Finding, June 2022:** Levels of support varied – in some cases we were told that call bells were responded to quickly, while in others, delays of ‘30 minutes’ were reported. * **Improvements:** There is a weekly call bell audit, we were told at our 2023 revisit, with responses over 7 minutes officially reported. Response times are monitored by head-office, as well as local management. We note that eCare contains a good level of detail – on individual response times. It is suggested that sanitary pads are changed on demand. * **Work to do:** At the latest visit we viewed some of the residents rooms and discovered that in more than one (on the ground floor), call bells were out of reach – in cases tucked behind beds, or disconnected entirely. One resident said she was told to ‘be quiet and don’t ring the bell’ by a staff member [we reported this to the manager during the visit]. * **Specific recommendation (3.3):** It is clear that the weekly call bell audit is ineffective. The policy needs to be revisited, to ensure it is implemented, and able to effectively detect and resolve issues. * **Specific recommendation (3.4):** The conduct of the staff member is completely unacceptable, and bullying in nature. This needs to be investigated, with appropriate actions taken. |

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| Activities |
| **Lounge Attendance and Isolation**   * **Initial Finding, June 2022:** The lounges were not well-attended, with fewer than 5 residents in each. Those who are bed-bound complained of a lack of company, and with it limited opportunity for games or crafts. * **Additional Note:** At our most recent visit, we were notified that activities tend to take place later in the afternoon (outside of our visit time) and accounts for lower lounge attendance in the mornings. * **Improvements:** At our most recent visit, the residents and relatives we spoke with were largely complimentary about the activity offer, and staff. On isolation, if a resident chooses to stay in, the manager likes to be notified, to establish possible reasons (this is also a ‘huddle’ meeting topic). Residents who are not bed bound, are encouraged to leave their rooms, and while out of the room – they not only socialise more often, but are observed to ‘eat and drink more’ as well. * **Work to do:** A resident who likes to read, says she is given plenty of books – however staff tend to bring books of ‘any topic’ – they have not asked about her specific interests. We asked the same resident if she likes to watch TV. She said yes, however there was a problem with the remote control – on investigation we found the batteries were working, but loose. * **Specific recommendation (3.5):** The resident appeared cheerful, in good spirits and well cared for. However, we would encourage staff – of all categories, to take the time to chat with the residents, to better understand interests and to spot any changes in habit (for example having the TV off, when it might otherwise be on). * **Specific recommendation (3.6):** On books specifically, there is a mobile library service that the home may utilise. This service is said to be personal, and effective. |

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| Feedback and Complaints |
| * **Initial Finding, June 2022:** Few residents had felt encouraged to feed back about the home, and some would value the opportunity to have a ‘more open conversation’. None of the relatives we spoke with recall being invited to meetings. * **Improvements:** We are told that the Activities Coordinator arranges monthly resident and family meetings. The residents we spoke with say the Activities Coordinator is proactive in engaging with them. * **Work to do:** One relative, who approached a staff member to make a complaint, was turned away with an ‘I’m too busy’ remark. |

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| Staffing |
| **Team Meetings**   * **Initial Finding, June 2022:** Some staff members indicated that team meetings take place daily, however colleagues were largely unaware of this. * **Improvements:** There is a daily ‘Huddle’ meeting – initially intended for leads and clinical staff, and later opened up to care assistants and others. Awareness levels and attendance are reportedly good. |

Key Points

Additional Observations

Key Points

4. Additional Observations

During the visit we made additional notes and observations

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| Location and Reception |
| **Notes**   * Access to the car park is now controlled through a raising-barrier – fitted with an intercom and keypad.   **What has worked well?**   * We were asked to sign in on entry, and out on exit. * During our visit, all staff were supportive and cooperative, at all times. |

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| Accessibility and Safety |
| **What has worked well?**   * Stairways and lifts require keycode access. * Call bells are sited at all communal doorways. * Mobility is good – corridors are wide, furniture well-spaced in lounges/dining rooms, and handrails fitted along corridors and stairs. * We noticed no obstacles or trip hazards in corridors or rooms. * Dementia-friendly (pictorial) signage is widely used throughout the home. * We noticed no patterned wall or floor surfaces. * Fire extinguishers are widely and suitably placed. We noticed the fire evacuation procedure, emergency exits, and notice of routine fire tests.   **What could be improved?**   * The door from the ‘Blue Lounge’ into the garden has a slight raised lip. We observed that this does not hinder wheelchair access, however does present a general trip hazard. |

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| General Environment |
| **Notes**   * At the time of the visit, the 2nd floor was unoccupied, due to an admissions embargo from the local authority (which has recently been lifted).   **What has worked well?**   * The ‘Blue Lounge’ on the ground floor has recently been redecorated and this has been done thoughtfully. Walls are now painted in two colours - a different shade below and above the mid-point (or handrail where fitted) and this enhances both accessibility and appeal. The colours chosen are subtle and match the existing furniture. * New carpet has been fitted in the lounge and surrounding area. We are told that new carpeting will be fitted throughout the home. * Homely touches include ornaments on the piano and a flower bouquet on the table. * It is planned for the ‘Blue Lounge’ to become a general lounge/seating area, as it has good access to the garden, and with it appealing vistas and plenty of natural light. * The home appeared clean, tidy and uncluttered.   **What could be improved?**   * Residents doors have just their name and room number - in a small, formal font. As there is no personalisation, this feels somewhat clinical and institutional. * We detected an odour of urine on the ground and 1st floors. According to the manager, this is due to residents being changed and washed during the morning shift. * The general colour scheme is beige, and doors/hand rails do not contrast well with the walls. The manager says there is a plan to replicate the ‘two colour’ scheme – used (to good effect) in the ‘Blue Lounge’. * We feel that general signage could be more effective – it was relatively easy to get lost, while walking around. |

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| Personal and Clinical Care |
| **Notes**   * The home specialises in nursing care and will only accommodate residents with dementia – if nursing is the predominant need. Currently there are around 10 residents with dementia (out of 36 residents total). * Residents with the highest level of dependency are generally located on the 1st floor. * The manager says there are 10 registered nurses. * Clinical meetings take place, we are told. * Resident’s doors were typically open during our visit, we assume to enable observation of higher dependency residents in particular. * For one bed-bound resident a camera has been installed, to enhance observation. * There are residents with pressure sores – these tend to occur at the hospital, according to the manager.   **What has worked well?**   * We observed staff to knock on closed doors, before entering the residents rooms. * Some of the beds are lower to the ground, and this allows for the rails to be removed – improving accessibility.   **What could be improved?**   * We feel the toilets need some attention. * A visitors toilet on the 1st floor was clean and well-equipped, however décor had visibly deteriorated – with parts of tiles missing, and lino peeling. * A communal toilet had a strange layout (both low and high fittings). |

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| Activities |
| **Notes**   * There is activities staffing Monday to Friday, with the Activities Coordinator working four days, and the Assistant one. * Activities are ‘well-attended' in the afternoons, according to staff. * There is a plan in place to transform the east side of the garden, with particular detail to pot plants, the manager says. New garden furniture is also sought.   **What has worked well?**   * The activities posted on noticeboards were up-to-date – with the current week’s offer displayed. * The Activity Coordinator produces a quarterly newsletter – featuring past and future events, plus a wealth of other information. The publication, which is sent to relatives and is also available in-house, is impressive-looking with many photos and features. * The ‘Blue Lounge’ is very well-equipped with board games, puzzles, books, CDs/DVDs and exercise equipment (such as soft balls). Items are arranged tidily in dedicated shelving units. |

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| Diet |
| **Notes**   * The manager says the home caters for varied diets – examples given include halal, Caribbean and traditional English dishes.   **What has worked well?**   * A group initiative, ‘Mealtime Matters’ ensures that residents get the support they need. At mealtimes, staff members of all categories across the home will assist, as needed. |

Residents and Relatives

Feedback Received

5. Resident Feedback

At the visit we engaged with six residents.

A summary of the discussions is outlined below.

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| Summary of Discussions |
| **Staff and Personal Care**   * Staff are widely complimented, with good levels of support and involvement reported. One resident says ‘staff like to come in, and have a chat’. * While response times are generally good, staff ‘need to be reminded’ sometimes to bring medication and drinks. * A resident feels she has been ‘knocked about’ while receiving care. * Night staff can be ‘abrupt’ according to one resident. * On clinical care, staff are ‘quick’ to call for an ambulance or GP.   **Activities**   * One resident likes to read, and does crochet (she has knitted her own bed cover). * Another attends the activities, available on the 1st floor. * A visiting musician (guitar player), vicar and pets (dog) are mentioned. * The Activities Coordinator is highly regarded.   **Diet**   * The food is widely complimented. We hear there is a good level of choice, and that food is served hot. * Meals are chosen the day before. * One resident has difficulty with cutting her food. * Mealtimes are not evenly spaced, according to a resident - breakfast (10.00am) and lunch (12.30pm) are ‘too close together’ and then there is a ‘long wait’ for tea (5.00pm).   **Environment**   * One resident is ‘very happy’ with his room – he has a large corner room, with plenty of space for his book collection, and visitors. * Rooms are cleaned daily and the cleaners are said to be ‘very good’.   **Feedback**   * One resident has never been involved in feedback meetings, but regularly speaks to the Activities Coordinator.   **Other**   * Generally, the residents are ‘very happy’ with the home. |

6. Relative Feedback

At the visit we engaged with two families.

A summary of the discussions is outlined below.

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| Summary of Discussions |
| **Staff and Personal Care**   * Staff are considered to be ‘kind, helpful, patient and encouraging’. * Support levels are said to be good, however one relative notes a difference at the weekends – where staffing and management is at a ‘lower level’. On one weekend, a relative found her mum to be ‘hanging out of bed’. * The quality of care is noted to be lower at weekends also, a relative says ‘at times if you come in on a Sunday residents are lined up as staff are on their phones’. * According to one relative, agency staff are used at evenings and weekends. * Physiotherapy is needed for two residents. One has had a hip replacement, and another is recovering from a stroke, two years ago. The relatives say that ‘no progress’ has been made. * A resident also needs a more suitable bra. The current bra is too small and causes bruising.   **Activities**   * The activity offer is complimented. Activities mentioned include music, magic shows, dog-petting and keep-fit sessions.   **Diet**   * The food is highly regarded, with good choice cited.   **Visiting**   * Relatives can visit ‘whenever they like’.   **Feedback**   * A relative says meetings used to be every two months. She has not attended any recently (since the new manager has been in post) and the timing is inconvenient. |

Staffing and Management

Feedback Received

7. Staff Interviews

During the visit we interviewed a staff member, who has been in post for two years.

A summary of the discussion is outlined below.

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| Summary of Discussion |
| **Management**   * There have been ‘lots of changes’ and no manager was in place, for a ‘long while’. * The new manager brings a ‘culture of improvement’ and engages with staff, on ideas. * The staff member feels confident to approach management with any issues. * However, an ‘incident’ with another carer was ‘not followed up’.   **Induction, Training and Supervision**   * Induction consisted of 3 days shadowing. The induction itself was ‘confusing’ due to management changes. * Training (including safeguarding) is online. The staff member is now progressing onto ‘Level 2’ and has completed ‘senior training’. * The staff member has not had supervision or appraisal, and would like this to happen possibly every three months.   **Breaks and Handover**   * Breaks are 15 minutes in the morning, half an hour at lunch and a further 15 minutes later in the day. * The breaks generally work – if there is ‘good teamwork’. * Handovers take place at the start of the shift, in the morning.   **Meetings**   * Huddles have now started and there is rota attendance. * These meetings are useful. * Staff can raise where people need help.   **Residents and Relatives**   * Staff have access to the eCare system, which is ‘easy’ to use and update. * Care planning/delivery also involves verbal reports. * Residents are taken downstairs for activities. * To involve residents, the staff member chats with them and observes body language. * Families are also engaged with.   **Feedback**   * The Activities Coordinator arranges monthly resident and family meetings. |

8. Management Interview

During the visit we interviewed the manager, who has been in post for six months.

A summary of the discussion is outlined below:

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| The Manager |
| * Has previous experience of care home management and additionally is a registered nurse. * Has been waiting for ‘some months’ to be interviewed by the CQC. Until then, she is not officially recognised as the registered manager for the home. * The manager brings to the job a vision of ‘learning, accountability and transparency’ and acknowledges that it takes time and a ‘lot of hard work’ to impact on the existing culture. * An ‘on-hand’ approach is preferred and the manager has chosen to relocate her office from the 2nd floor – to the ground floor, to be more visible. |

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| The Home |
| * May accommodate 36 residents and is at full capacity. * Three of the beds are dedicated to ‘step-down’ - a service providing intermediary care, for patients discharged from hospital. * The embargo on local authority placed residents has now been lifted. As a result, the 2nd floor (currently unoccupied) is being made ready and additional staff are being recruited. When fully operational, the home’s capacity will be 61. |

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| Staffing |
| * Staff retention is good - over 20 staff members are long-term. * The latest staff survey, shows that satisfaction among staff is at 95%. * There is a daily staff huddle – either at 11.30am or 2.00pm. Attendance is varied and opportunities to attend are maximised – for example in rotating care assistants. All staff should be aware of the huddles and at the meetings, issues and concerns are discussed – such as safeguarding, skin care, wounds and repositioning, along with any actions for the day. * The home is in the process of appointing a ‘Safeguarding Champion’ – a staff member who will highlight general principles and practices. |

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| Residents |
| * Dignity and respect is very important – a care home should feel like a normal, family home. Bullying is not tolerated. |

Recommendations

Based on the Evidence

9. Recommendations

Recommendations are detailed in section 3, and also outlined below.

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| Recommendations |
| **Maintenance**  The home currently has no on-site maintenance personnel (we understand that recruitment is sought). General maintenance is handled at group level – issues are reported to Bupa, who take the appropriate action – this could be outsourcing, or acquiring assistance from other homes. The manager says the process is generally effective, however notes that actions are ‘not always completed according to schedule’.  ***Recommendation 1:*** *We hope that the home does secure in-house maintenance personnel, as a reliance on outsourcing, be-it from the group or wider partners – will inevitably mean some delays.*  **Garden**  The garden’s east side has been visibly neglected. Grass has been cut and hedges trimmed, however the plants need attention – shrubs (such as roses) are overgrown, potted plants have dried-out. The area near the smoking shelter is somewhat of a ‘dumping ground’. We also notice that a section of fence is unstable, and some bird tables have fallen to the ground.  ***Recommendation 2:*** *The manager says that gardening is contracted – with gardeners attending fortnightly. Given the condition of the east side, this arrangement may not be wholly adequate. Gardeners may need to attend more frequently, or spend more time during visits. The home could also consider involving the residents and their families, and volunteers.*  **Personal Care and Support**  At the latest visit we viewed some of the residents rooms and discovered that in more than one (on the ground floor), call bells were out of reach – in cases tucked behind beds, or disconnected entirely. One resident was told to ‘be quiet and don’t ring the bell’ by a staff member [we reported this to the manager during the visit].  ***Recommendation 3:*** *It is clear that the weekly call bell audit is ineffective. The policy needs to be revisited, to ensure it is implemented, and able to effectively detect and resolve issues.*  ***Recommendation 4:*** *The conduct of the staff member is completely unacceptable, and bullying in nature. This needs to be investigated, with appropriate actions taken.*  **User Involvement**  A resident who likes to read, says she is given plenty of books – however staff tend to bring books of ‘any topic’ – they have not asked about her specific interests. We asked the same resident if she likes to watch TV. She said yes, however there was a problem with the remote control – on investigation we found the batteries were working, but loose.  ***Recommendation 5:*** *The resident appeared cheerful, in good spirits and well cared for. However, we would encourage staff – of all categories, to take the time to chat with the residents, to better understand interests and to spot any changes in habit (for example having the TV off, when it might otherwise be on).*  ***Recommendation 6:*** *On books specifically, there is a mobile library service that the home may utilise. This service is said to be personal, and effective.*  **Staff Supervision and Appraisal**  The staff member we interviewed, does not recall receiving either a supervision or appraisal.  ***Recommendation 7:*** *This should be investigated, and remedied.* |

9.1 Provider Response

The provider has responded to the report, as follows:

**Recommendation 3**

The call bell is reviewed daily to close any gaps identified in the past 12 hours; this is then taken to the daily huddle to be addressed with the team. However we have drawn the lessons from this.

**Recommendation 4**

This was investigated promptly; the member of staff did not have any contact with the residents. The resident has stated she ‘likes M as she very nice to me.’

**Recommendation 7**

This was in 2022, all the staff have their regular supervision, and one to one discussion.

**Occupancy**

The home may currently accommodate up to 40 residents due to the other floor being now under renovations.

**Staffing Complement**

*According to one relative, agency staff are used at evenings and weekends.*

The home contests that all staff are full-time, and agency staff have not been used since March 2024.

**Staff Conduct**

*A staff member told us an ‘incident’ with another carer was ‘not followed up’.*

The home says the event took place in 2022, currently the home does not have any record of bullying culture.

Glossary

Other Information

10. Glossary of Terms

**As below.**

|  |  |
| --- | --- |
| CQC | Care Quality Commission |

11. 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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