Enter & View Report

Wellington Park Nursing Home, 24 July 2024

healthwatch Enfield

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Visit Background

About Enter and View

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake ‘Enter and View’ visits.

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

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated, and being experienced.

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

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3 Acknowledgements

Healthwatch Enfield would like to thank the service provider, service users, families and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, 8 Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

About this Visit

Wealthingtons Park Nursing Home

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Wellington Park Nursing Home
Manager	Mr Lemadim Henry Onyewuchi
Date & Time of Visit	10.00am, 24 July 2024
Status of Visit	Announced
Authorised Representatives	Jasvinder Gosai, Elizabeth Crosthwait, Margaret Brand
Lead Representative	Darren Morgan

2.2 Wellington Park Nursing Home

On 24 July 2024 we visited Wellington Park, a nursing care home in Enfield.

Operated by PHUL Ltd, the home specialises in nursing care for older people with Dementia. It also provides specialist care for Parkinson's Disease, Stroke and Respite.

The home may accommodate up to 28 residents and 25 were in residence at the time of the visit.

The home has a staffing complement of 38.

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.

Wellington Park Nursing Home was last inspected by the CQC in April 2021 (with a review in July 2023). The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for being safe, effective, caring and responsive, and 'Requires Improvement' for being well-led.

2.4 Online Feedback

There is no recent online feedback, for the service.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with four residents, four staff and senior staff members and the manager. Following the visit we engaged with three families by phone. In total, we spoke with 12 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.
- It is a short walk from the local overground station, with bus links available.
- There is no parking on-site for visitors.
- The front garden is mostly paved (therefore low maintenance) and appeared tidy.
- On arrival we were greeted by the Business Manager, who asked us to sign in (and later out).
- Staff and management, at all times, were courteous and helpful.
- The reception area itself is small, but uncluttered and functional. With plants and natural light it is an appealing space.
- Facing the door is a professional-looking reception desk.

What has worked well?

- External signage is effective – there is a large sign on the building facade, with smaller signs in the front garden – facing the street in both walking directions. The signs include contact details.
- In reception, notices displayed include the latest CQC report and complaints procedure. There is also guidance on dementia, power of attorney, bereavement and on other topics.
- Key staff are displayed on the wall - a large photo and their role.
- Just outside reception (corridor leading into the main home) supporting staff members are displayed. In this area we also noted a survey, residents charter and activities board.

What could be improved?

- The paved garden is on a slight slope, facing the road. We notice that some of the paving slabs are uneven, constituting potential trip hazards. The seating (benches) are not level – sloping slightly from left to right.

Accessibility and Safety

Notes

- During our visit a fire alarm test took place (1.00 pm).

What has worked well?

- Fire exits are clearly marked. We noted fire extinguishers and blankets in suitable locations.
- The fire evacuation procedure is posted on every landing.
- Some of the resident's rooms have fire doors.
- First aid kits are installed in communal areas, and on landings.
- Hand gel dispensers are widely available.
- Call bells are located in corridors and in communal areas - such as the lounge and conservatory.
- Flooring throughout the home - tiled or carpeted, appeared hygienic (easy to clean) and in good condition.
- We saw no obstructions or potential trip hazards. Communal areas and corridors have plenty of room for wheelchairs and general mobility.
- Corridors and stairways are fitted with handrails.
- The home has stairlifts fitted throughout – including in the back garden (for carpark access).
- The home is generally dementia friendly.
- Floor and wall surfaces are mostly un-patterned, and non-reflective.
- The main clock in the lounge indicates the general time of day (morning, afternoon or evening) and day of the week, alongside the actual time. Other clocks – such as in the dining room have a large face.
- We noticed communication cards (packs of around 50) on several floors. These depict routine daily activities – such as washing, showering or toileting.

What could be improved?

- One toilet door (2nd floor) has multiple signs and as such, appears confusing.
- The stairs leading-up from the lower ground floor have no signage at all.
- There are no obstacles in the back garden, however the main entry point (from the conservatory) slopes immediately to both left and right. Residents would need to be accompanied.
- Service rooms – not all doors were closed, while unoccupied.

General Environment

Notes

- The home has four levels.
- The ground floor (entry level) contains the reception, administrative and nursing offices, utility and residential rooms.
- The lower ground floor is the home's dedicated (and only) communal space – featuring the lounge, adjoining dining room, a conservatory (used mainly for visiting and meetings) and the back garden.
- The upper two floors are residential.
- The back garden was being maintained during our visit.
- There is a staff parking area, at the top of the back garden.

- The resident's ensuite toilets we viewed are small. They include a frame but not a handrail. Hot and cold taps are marked.

What has worked well?

- The ground floor corridor, appearing as a train station platform – complete with fictional timetable, is an appealing space.
- Other corridors – some with resident's artwork, are also appealing.
- Seating in communal spaces (lounge and conservatory) looks to be substantial and in good condition. Many of the chairs have foldable side tables.
- More generally the home's furniture – such as side-boards in the conservatory looks worn, however in decent condition and appealing.
- In the main communal area (dining toom and lounge) there is subtle lighting – which works well with natural light. This makes the space feel homely and not institutional.
- The lounge is spacious, and large enough to accommodate all residents.
- The resident's rooms we visited appeared clean, a reasonable size, and were personalised with photos and other possessions.
- The home was clean and tidy throughout. We did not notice any odours – other than cleaning fluid (quite pungent in some areas).
- Rooms are regularly cleaned, according to the residents we spoke with.

What could be improved?

- There is clutter on the 2nd floor – the bathroom is used to store hoists, which need to be moved each time the shower is used.
- We note that the bathroom in Room 21, needs redecorating.
- We found the layout on the upper floors to be somewhat confusing – it was easy to get lost.

Personal and Clinical Care

Notes

- Residents are not located according to needs (there are no specialist areas or units) so each floor has a mixture of residents with dementia, nursing or other support requirements.
- Residents have a named care worker, the manager says.
- According to the manager, around 85% of residents have dementia.
- Care planning is electronic [this was demonstrated to us] and is known as 'Person Centred Software'. The system has been in place for 10 years now and as with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information.
- There are no safeguarding issues and there haven't been 'for a very long time' the manager says.
- Staff tell us they work across all floors, as needed. Handovers are reportedly daily for nurses and twice-weekly for care staff. Wider staff meetings take place every two to three months.
- There is a visiting hairdresser and chiropodist. Fees apply, however residents have a personal allowance which may cover this.

- Resident's doors feature their name, an image of their main hobby (such as a chef or beauty salon) and assigned staff - nurse, and keyworker for day and night.

What has worked well?

- The relatives we spoke with are entirely praising of staff and management – who are considered to be 'caring, polite, helpful and hardworking'. There is trust in levels of competency and the relatives feel that their loved ones are safe and cared-for appropriately.
- In the lounge and dining room we observed very good interaction between staff and residents.
- The residents we spoke with say that routine tasks, such as changing of clothes and linen are carried out routinely, and methodically.
- The residents we observed appeared well looked after physically – clean and dressed appropriately (in their own clothes).
- In addition to call bells, we noted 'nursing touch-screens' on the wall, so that nurses can be immediately consulted.
- In bathrooms, there are notices to check and record water temperature.
- Staff say the home is supportive, in acquiring necessary equipment.
- A dedicated GP (at Court Road Surgery) has served the home 'for 30 years'. It's a very good, long-term working relationship and he knows the residents. He visits 'quite often' and on various days of the week, the manager says.
- No issues with clinical treatment or care are reported.
- The relatives we spoke with feel that clinical matters are well-handled and communicated.

What could be improved?

- The staff we spoke with say they do involve the residents, in their personal care and choices. However, this is not reflected in the feedback from residents themselves, that we spoke with – who express a lack of control and choice.
- Comments also suggest there is lack of a personal touch – one resident feels that care can be 'rushed' and 'rough' and a bed-bound resident, who is not often assisted to sit-up, has issues with accessing drinks, bathing and toileting – we hear that requested assistance is often not given, and that generally 'nobody listens' to feedback.
- There is a suggestion that, in one case, staff do not intervene at night, to reduce excessive noise levels.
- On medication, a relative complains that this was not adequately explained to her dad - who as a result refused to accept it.
- There is no dedicated space for hairdressing – which takes place openly, in the lounge. During our visit, one resident was having her hair cut.
- We visited a toilet on the lower ground floor – this is the main communal area so we assume it's widely used. Although clean, accessible and functional, the room itself was visibly dated and worn – with pieces of tile and skirting missing, exposed piping and the fixtures/mobility aids looking very old.

Activities

Notes

- There are two activities staff (to cover the whole week) and they tend to finish around 4.30pm – 5.00pm. The activities staff are very long-serving – 23 and 15 years respectively.
- Activities take place on the lower ground floor – in the lounge and dining area.
- Residents are encouraged to come downstairs during the day.
- The manager says that when downstairs, 'risk is reduced' and often families 'are surprised' that their loved ones are active, and with others.
- During our visit residents engaged in a variety of activities – some listening to music, others reading or colouring. We note that residents tended to 'do their own thing' either alone or in very small groups.
- We spoke with the Activities Coordinator, who says that during lunch, she visits the residents who are in their rooms. A room visit could involve 'music or a game'.
- Popular activities include singing, bingo, card and board games (featuring large, dementia friendly sets), and pampering (nails).
- Outside entertainers, such as musicians are booked occasionally.
- A local church visits monthly.
- Special occasions, such as mile-stone birthdays are marked.
- The relatives we spoke with give us mixed feedback about the activity offer. We hear that some loved-ones are very active, while others are completely in-active – refusing to take part in the activities, or to leave the room.

What has worked well?

- During our visit the lounge was well-attended with at least 10 residents present, and more being brought in throughout the visit.
- Staff were observed to assist the residents – for example in choosing pencils for colouring-in.
- The lounge is equipped with a 'sound-system' for musical events.
- The back garden is an appealing space. It is quiet and secluded, with substantial and attractive terraced-planting - some of which sensory (lavender). There is seating for around ten people, with access to shade. During our visit the garden appeared tidy, and was being maintained.
- The adjoining conservatory is small, with seating for around six people, and appears welcoming and comfortable. According to signage, eating or drinking is not permitted in the conservatory.
- On remote contact – the home is praised by relatives, for arranging phone calls with loved ones.

What could be improved?

- There is a suggestion, from one relative, that her mum is not encouraged to use her walking-frame – despite being able to do so.
- In another mobility issue - a wheelchair user 'has not yet' seen a physiotherapist, and this may impact the ability to stay active.
- A game of 'Snakes and Ladders' was about to commence. However the four residents at the table looked disinterested, and we don't recall seeing the game take place.

Diet and Nutrition

Notes

- There is an in-house chef – in post for 18 years.
- There are daily menus and these rotate seasonally.
- Residents may take meals where they wish.
- We are told that 'virtually everybody' needs soft food.
- Feeding is controlled, depending on the resident's ability to swallow. For some residents, thickening agents are used, the manager says.
- Four residents are on insulin and their dietary needs are 'very complex'. Other residents also have diabetes (around 15%).
- During mealtimes, visiting the communal areas is prohibited – however relatives may visit their loved ones privately (in their rooms) to assist with feeding.

What has worked well?

- Menus are clearly posted on the dining room wall, featuring a separate display for breakfast, lunch (changed daily) and alternatives.
- The menu, and dietary control (for diabetes) is praised by the relatives we spoke with.

What could be improved?

- Few residents comment on food. One says that ingredients, such as peas are repetitive, and another feels there is 'no choice' on options.
- A relative observes a lack of fruit, outside of meals.
- We note that the alternatives on offer are largely 'quick fixes' such as sandwiches, sausage rolls, beans on toast or jacket potatoes.
- In the dining room there is a water dispenser – which appears unused (for example no cups).

Diet and Nutrition – Observation of Lunch

At around 12.30pm we observed the serving of lunch:

- Around 10 residents were in the dining room, with others in the lounge.
- Some of the residents (in the lounge) required feeding support.
- Lunch itself consisted of three courses – largely soup, a main fish course, and various desserts.
- The food looked to be soft, but appetising. Main courses were served hot.
- The residents appeared to be enjoying their meals, and were given time to finish their plates. Most did.
- Staff were observed to be caring and supportive – such as in offering a drink, or top-up of gravy.
- The overall atmosphere was quiet, orderly and pleasant. Flowers on the tables were a nice touch.

We also visited some residents, who ate in their rooms:

- We found that one resident (who had not eaten) had fallen asleep. At the same time, we note that two staff members were eating lunch together in the staff room – effectively off duty during the mealtime.

Feedback and Complaints

Notes

- The manager says that feedback is welcome.
- The home tries to resolve issues quickly. In the event of written complaints, families are invited in.
- There are regular newsletters, surveys, and general meetings.

What has worked well?

- The relatives we spoke with feel confident to leave feedback.
- They acknowledged the surveys and newsletters.
- The Healthwatch visit was advertised in the staff and also general newsletter.
- The official visit poster was on display, in reception.

What could be improved?

- We were concerned to hear that one resident is reluctant to complain – as she is fearful of the reception and response.

Staffing and Management

Notes

- The induction process, considered 'useful and helpful' by staff, is for two weeks and includes shadowing and completion of mandatory training.
- Refreshers are available, as well as core-training, and topics mentioned include Health & Safety, Fire Safety, Moving & Handling, Food Hygiene, Infection Control, Safeguarding, Catheterisation and Medication administration.
- Supervision is held, and this is monthly for some staff.
- Shifts can be up to 12 hours and breaks, although 'a challenge to take at times', are considered adequate by the staff we spoke with.
- Staff wear distinctive uniforms - with differing colours for male and female carers, and nursing staff.

What has worked well?

- The manager says that agency staff are not are used, and that staff retention is very good. Some staff members have served for 'over 27 years'.
- Morale, among the staff we spoke with appeared to be good.

What could be improved?

- The staff toilet also appears to be a changing room, and locker space. We noted a damp patch.

Residents and Relatives Feedback Received

4. Resident Feedback

At the visit we engaged with four residents.

The residents we spoke with say that routine tasks, such as changing of clothes and linen are carried out routinely, and methodically.

Comments also suggest there is lack of a personal touch – one resident feels that care can be ‘rushed’ and ‘rough’ and a bed-bound resident, who is not often assisted to sit-up, has issues with accessing drinks, bathing and toileting – we hear that requested assistance is often not given.

There is a suggestion that, in one case, staff do not intervene at night, to reduce excessive noise levels.

Staffing & Personal Care

General Comments:

“I’ve been here a long time. Staff come and go.”

Positives:

“I like the staff, they take good care of me. They lay out my clothes.”

“I’m sort of happy here. Staff look after me, I get my clothes changed every day and washed.”

Negatives:

“I don’t like the home, most of the carers are very rough. They only have a certain amount of time and it feels like they’re rushing. They do not come in and talk to me.”

“I don’t think there are enough staff. They don’t answer the bell.”

“They do not sit me up. I cannot use the controls on the bed. I cannot access my drink – I have to ask for help. When I lift the cup, I spill much of it. I would be more comfortable – if I was sat up.”

“I feel locked in. I don’t get out of bed – I feel very bad about this. Life is not my own and I’m very sad. I would like not to be shut in, and would like to go to the toilet when I want to. I ask and ask, and staff say ‘I will get somebody’, but it does not happen. I would like to have a shower, but am given a wash in bed.”

“I can have a bath or shower – when they’re not too busy.”

“My hair doesn’t get washed often – it feels dirty.”

“It’s noisy at night and nobody cares!”

On clinical care, there is some confusion about medication.

Clinical Care

Negatives:

"I have lots of medicine and I don't know what it is for. Different staff come and tell me."

"We did complain – about my dentures."

The residents we spoke with express a lack of control – feeling there is no choice in their daily routines or lives. We hear from one person that 'nobody listens' to feedback.

Involvement and Choice

Negatives:

"I don't have a lot of choice, in what I do."

"They tell me what to do."

"I have tried to tell 'the people' about what is wrong and right, but it is difficult. I'm in bed all the time and nobody listens."

"I do not speak English, so rely on my son."

Few people comment on food. One resident says that ingredients, such as peas are repetitive, and another feels there is 'no choice' on options.

Diet

General Comments:

"I have my meals in my room. Food is cut up, and left on the table for me to feed myself."

Positives:
"I get to choose what I eat."

Negatives:

"I don't like the food – could do better. I'm given peas every day."

"I have no choice in what I eat."

Activities enjoyed include singing, cards and board games. There is a request for cookery.

One resident expresses loneliness, and boredom.

A wheelchair user ‘has not yet seen’ a physiotherapist, and this may impact the ability to stay active.

Activities

General Comments:

“I play card games with the Activities Coordinator.”

“The activities are fine, but I don’t attend.”

“My son takes me to the temple, sometimes.”

Positives:
“I love to sing spiritual songs. Also like the card and board games.”

Negatives:

“Nobody comes to talk to me. I do not have any activities. I am miserable and lonely. Been here a long time.”

“There was cooking and I used to enjoy it.”

“I used to walk, but not now as I’m a wheelchair user (dependent on others). I have not seen a physiotherapist.”

Most of the residents we spoke with, are visited by family members.

Visiting

General Comments:

“My son comes every day and sorts things out. He can walk here.”

“My husband has visited a few times. Other family members also visit.”

“My granddaughter visits and does my nails.”

We spoke about the ability to give feedback, or complain. A resident, who is reluctant to complain, feels there may be negative consequences.

Feedback & Complaints

General Comments:

“My son handles the complaints. He gives feedback.”

Negatives:

“I don’t like to cause any problems. I feel the staff are not kind.”

It is commented that rooms are regularly cleaned.

General Environment

Positives:

"They hoover and dust regularly."

5. Relative Feedback

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

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

On general staffing, no negative feedback is received. The relatives we spoke with are entirely praising of staff and management – who are considered to be 'caring, polite, helpful and hardworking'. There is trust in levels of competency and the relatives feel that their loved ones are safe and cared-for appropriately.

The environment is also highly regarded – we hear there is year-round temperature control.

Staffing & Personal Care

General Comments:

"I was given mum's care plan to take home, sign and return."

"Not sure how often the care plan is reviewed. Maybe every 6 months?"

"For hairdressing and chiropody, we top-up mum's account."

Positives:

"The home looks after her very well. Mum's key worker goes above and beyond."

"Staff are caring and polite."

"Staff are very helpful and just get on with their work."

"The staff seem competent and clam, and they work hard."

"The hierarchy are also very good (Henry and Michelle)."

"Staff make sure that they keep the residents warm or cool, as the weather fluctuates."

On clinical care, we are told that relatives need to make arrangements for outside appointments (such as hospital visits) and this can be challenging, with mobility an issue.

The home is trusted on clinical matters and is said to contact relatives in the event of issues.

A family member complains that medication was not adequately explained to her dad, who as a result – refused to accept it.

Clinical Care

General Comments:

"If dad has a hospital appointment, we need to make the arrangements. This has become more difficult over time as his mobility is deteriorating."

"The home phones me, to discuss outcomes of GP visits. Mum was consulted about DNAR (Do Not Attempt Cardiopulmonary Resuscitation) as she has full mental capacity. I've not yet talked with mum about it, as she's not happy to be in a nursing home."

Positives:

"I am contacted if there are issues - but defer to them, as they're the experts."

Negatives:

"Dad refused to take his medication, as he did not understand it. We had to ask the home, to explain it to him."

Relatives may visit their loved ones privately (in their rooms) at mealtimes.

The menu, and dietary control (for diabetes) is praised. However, a lack of fruit is noted.

Diet

General Comments:

"We can visit mum's room at mealtimes."

"Initially mum struggled with having a big meal at lunch time – at home she was an evening eater. Over time she has got used to it."

Positives:

"Dad enjoys the food – he's put on weight."

"Mum has diabetes and this is carefully managed, diet-wise - with a balanced diet."

Negatives:

"Fruit isn't given-out, so we bring it in for mum."

Feedback about the activity offer is mixed. We hear that some loved-ones are very active, while others are completely in-active – refusing to take part in the activities, or to leave the room.

Barbeques are mentioned, however one relative recounts the last one 'was three years ago'.

There is a suggestion, from one relative, that her mum is not encouraged to use her walking-frame – despite being able to do so.

Activities

General Comments:

"They have an activities person and display the resident's artwork."

"My brother lives locally and they do have meetings and barbeques that he attends."

Positives:

"When mum went in she had lost weight and interest. They have turned this around and mum's quality of life has improved."

"There are activities every day. Mum loves to play bingo - which is frequently arranged."

"They arranged a party for mum's 100th birthday, then gave us a private meal with mum afterwards."

Negatives:

"I brought in wool as mum loves to knit – but she hasn't touched it, or her word-search book. She refuses to leave her room, or to see the visiting priest. She's lost all faith."

"The last barbeque, I recall was 3 years ago. It was a hot day."

"Mum can use a walking-frame, but the home does not encourage her to use it."

According to the relatives, visiting is allowed after 11.00am, and communal areas should be avoided – during mealtimes.

On remote contact – the home is praised for arranging phone calls with loved ones.

Visiting

General Comments:

"We are told to visit after 11.00am due to personal care."

"I understand we are not allowed to visit the communal area (at (mealtimes as it disrupts the other residents from eating."

"The home is very good at arranging for families to talk over the phone."

The relatives we spoke with feel confident to leave feedback. Regular surveys and newsletters are mentioned.

Feedback & Complaints

General Comments:

"I don't recall having a face-to-face meeting."

Positives:

"Very good with relatives and consult with us (for feedback)."

"I feel able to talk to anyone."

"Occasionally we're asked to complete an online survey. We give scores out of 10 (such as for cleanliness)."

"We get a 3 monthly newsletter to keep us informed of what is going on at the home."

In other feedback, general appreciation is expressed for the staff, home and its facilities (on-site kitchen and laundry).

Arrangements during the pandemic are also complimented, with 'low infection' rates and 'no fatalities' noted.

Other Comments

Positives:

"Mum is very happy in the home."

"Can't praise them enough. Can't change anything that is already perfect."

"Mum is in a professional nursing home – it's where she needs to be. I'm confident that she's cared for, and safe."

"Every year, I send a £100 hamper to the home - to show my appreciation to the staff."

"Excellent. When I was looking for a home, I was invited down to view. The home has its own kitchen and laundry."

"Over the Covid period - just 3 residents tested positive (they had no symptoms). Otherwise no Covid."

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 to 34 years.

The induction process, considered ‘useful and helpful’ by staff, is for two weeks and includes shadowing and completion of mandatory training.

Refreshers are available, as well as core-training, and topics mentioned include Health & Safety, Fire Safety, Moving & Handling, Food Hygiene, Infection Control, Safeguarding, Catheterisation and Medication administration.

Supervision is held, and this is monthly for some staff.

On career development, there are issues with progressing into nursing. Within nursing, it can be difficult to progress from an ‘associate’ to ‘registered’ role – and this is attributed to national regulations.

Induction, Supervision and Training

Induction:

“Found induction training useful.”

“The induction process lasted for two weeks, during which I completed all the mandatory training. Following that, I was given the opportunity to shadow an experienced staff member.”

“My induction role helped me understand the requirement of the job and the needs of the service users.”

“I had a 2 week induction including shadowing. Also worked in a branch in Manchester as part of the training. Found it very helpful.”

Training:

“My head of care was very understanding of my nervousness, and supported me very well throughout my training process.”

Supervision:

“Management does conduct regular appraisals and supervision with me.”

“I have a monthly supervision with a nurse.”

Career Development:

“I find my job fulfilling but I believe the government should consider transitioning nursing associates to a registered nurse role. Without this I am ‘stuck in limbo’.”

“I enjoy the work. I want to do nursing, but not able to at the moment.”

Staff say they work across all floors, as needed. Shifts can be up to 12 hours and breaks, although ‘a challenge to take at times’, are considered adequate.

Handovers are reportedly daily for nurses and twice-weekly for care staff. Wider staff meetings take place every two to three months.

Staffing and Conditions

Staffing:

“I work across all floors.”

Shifts and Handover:

“I work a 12 hour shift. The break is an hour.”

“We get 3 breaks – 15 minutes in the morning, 30 minutes for lunch and 20 in the afternoon. Some days can be challenging, but it’s generally enough.”

“Handover is done Monday to Friday and staff tell us what is happening.”

“We handover by going to each resident’s room and speaking with them, if they are able to. Handover happens at the beginning of every shift.”

“Nurses have meetings every morning. Staff meetings are held every 3 – 4 months, we are given the opportunity to contribute in meetings.”

“Nurses have a daily handover and let care assistants know of any issues.”

Staff Meetings:

“There are staff meetings on Monday and Friday.”

“Staff meetings are held every 2 to 3 months. You can raise concerns. There are morning meetings before shifts (Monday and Friday) and you can also raise issues then.”

Other Comments:

I enjoy the work.

The staff we spoke with say they do involve the residents, in their personal care and choices.

Staff say the home is supportive, in acquiring necessary equipment.

No issues with clinical treatment or care are reported.

Personal and Clinical Care

Personal Care:

"I observe and talk to the residents. I call nurses if there are any concerns."

Care Plans:

"We keep care notes – updated daily. Care plans are kept in the nurses room."

Involvement and Choice:

"I understand that resident care should be personalised - based on individual needs. I monitor residents wellbeing by interacting with them and observing them while assisting with their daily activities."

"Before initiating any process, I talk to the service user, to inform them about the process and obtain their consent. I proceed only if consent is given."

Equipment:

"Things are better with the new provider – I get all the equipment that I need."

Clinical Treatment & Care:

"I'm not aware of any clinical issues."

"Clinical care – nurses arrange access to services. Carers let them know what is wanted."

According to staff there is a daily activities programme, with residents notified and encouraged and supported, to take part. Residents, who for whatever reason do not leave their rooms, are visited – we are told.

Activities

Activities:

"There's a daily programme of activities and I give residents options. On a daily basis – I visit everyone in their rooms and give them things to do. I follow nurses instructions."

"I inform residents about the activities and assist them with mobility to ensure their safety is maintained while they attend."

"I assist at mealtimes (breakfast, lunch and supper) and deliver personal care. I encourage those who can sit out, to go to the lounge or sit in a chair. I take people downstairs for activities. I get them ready for bed."

The staff we spoke with feel they have a good relationship with families. We are told that feedback is welcome.

Families and Feedback

Families:

"I talk to family and friends, get to know them well."

"I speak with next of kin, friends and family when they visit."

Feedback:

"Residents talk to me if there are any concerns."

"I always ask families if they have any concerns."

"There's no general meeting for residents and relatives. We can meet one-to-one."

Complaints:

"Complaints usually go straight to the manager."

7. Management Interview

During the visit we interviewed the Manager. In post for 'at least 10 years', he has worked at the home for around 23 years total.

The Business Manager assisted with certain questions.

A summary of the discussion is outlined below:

General Information

- The manager lives within a 10 minute walk of the home. This is very useful – for example if a key is lost. The 'closer the better', the manager says.
- The home is registered to accommodate 30 residents. However, actual capacity is 28, and at present 25 people are resident.
- The home caters largely for people with dementia (currently around 85% of residents) or other nursing requirements. Respite is also available.
- Residents are assessed before being accepted.

- The home is part of a wider group, however bureaucracy is minimal. For example, if a hoist, costing £2,000 needed to be purchased, this can be done without external approval.

Staffing

- Staffing – in the morning there are six carers and two nurses, in the afternoon/early evening four carers and two nurses, and at night three carers and one nurse. Shifts vary, but can be 8am to 8pm, 8am to 2pm, plus night shift.
- Agency staff are not are used – this has been the case 'for 20 years'.
- There's a good rapport between management and staff. It's a 'small and happy' home' and staff 'enjoy being here'.
- Retention is very good – some staff members have served for over 27 years. Younger staff members have different priorities and may leave sooner, there are also students on placement.
- Retention is important - staff know the residents best.
- Incentives – there is a £25 voucher for 'staff member of the month' (should they go the 'extra mile') and a summer staff party. Also there's a Christmas Bonus.
- Staff meetings take place every Monday and Friday (for duty staff) and nurses meet every day. There are quarterly meetings as well.

Staff Training

- Training is 'year-round'.
- Mandatory training includes Fire Safety, Health & Safety, Whistleblowing, Manual Handling, Infection Control and Food Hygiene.
- Training format – staff watch a DVD (video) and then complete a multiple-choice test. Tests are marked, and filed.
- For specialised training (such as catheterisation and first aid) outside agencies are sourced.

Safeguarding

- There are no safeguarding issues and there haven't been 'for a very long time'.
- Procedure – if for example there was a pressure sore incident, a photo would be taken, a form completed, and staff would liaise with tissue viability nurses.
- On pressure sores – there can be discrepancies with hospital discharge – paperwork could indicate Grade 2, when the home assesses as Grade 3. These issues are immediately taken up.

Care Planning

- Care planning is electronic [this was demonstrated to us] and is known as 'Person Centred Software'.
- The system has been in place for 10 years now.

- As with other electronic systems, staff use hand-held (mobile phone size) devices to follow instructions and to record information.
- There is a RAG (Red, Amber, Green) system in place for any clinical risk – such as pressure sores – and this is clearly displayed on each plan.
- DNAR (Do Not Attempt Cardiopulmonary Resuscitation) is also clearly indicated.
- All medical interactions - such as a blocked catheter, are recorded.
- Care plans are developed before the resident is admitted.
- Each care plan has a review date – and there is a prompt.
- Plans include likes and dislikes, summary care and dietary needs, allergies, main contacts and other personal information.
- Care plans are updated monthly, or as-and-when needed (if a condition changes).

Personal Care

- Residents have a named care worker.
- Care workers will check toiletry stocks, and convey any needs to the Activities Coordinator – who liaises with the family. Each resident has an allowance, and this can be used to top-up on toiletries etc.
- There is a visiting hairdresser and chiropodist. Fees apply, however residents have a personal allowance which may cover this.
- Two residents are bed-bound.
- Residents are encouraged to come downstairs during the day. When downstairs, 'risk is reduced' and often families 'are surprised' that their loved ones are active, and with others.
- If residents remain in their room, the home will 'try to find out' why this is the case.

Clinical & Nursing Care

- For medical issues or accidents – such as a skin abrasion, families are contacted and accident forms completed.
- A 'Walking the Floor' form is completed daily by nurses [we were shown this]. It lists all residents and documents any issues or actions. This is 'checked daily' by the manager, before being filed.
- A dedicated GP (at Court Road Surgery) has served the home 'for 30 years'.
- It's a 'very good, long-term working relationship' and he knows the residents.
- He visits 'quite often' and on various days of the week.
- He is 'committed' in his job and any clinical needs are 'easy to manage'.
- Dentistry is now handled through GP or hygienist referral.
- The eye clinic visits annually, or as needed.

Diet & Nutrition

- There is an in-house chef – in post for 18 years.
- We are told that 'virtually everybody' needs soft food..
- Soft food 'does not mean pureed' – for example, you can have a normal roast potato – and be able to mash on the plate, with a fork. Meat needs to be tender – easy to chew.

- Feeding is controlled, depending on the resident's ability to swallow. For some residents, thickening agents are used.
- Four residents are on insulin and their dietary needs are 'very complex'. Other residents also have diabetes (around 15%). The manager says that managing diabetes and dementia 'is a skill'.
- Allergy forms are utilised.
- There are daily menus and these rotate seasonally.
- Residents choose their meal during the previous day's tea-round, at 3.00pm.
- For residents with advanced dementia, families are 'consulted on likes and dislikes'.
- Snacks are available outside of main mealtimes.
- The staff also eat the food.
- When asked about issues or complaints, the manager is not aware of any.

Activities & Visiting

- Activities generally take place downstairs from 10.00am to 1.00pm. During lunch, the Activities Coordinator visits those in their rooms.
- There are two activities staff (to cover the whole week) and they tend to finish around 4.30pm – 5.00pm. The activities staff are very long-serving – 23 and 15 years respectively.
- Additionally care staff are trained to assist and cover.
- Activities – although there is a schedule, it is 'not always followed' as sometimes residents 'like to do their own thing'.
- Outside entertainers are booked occasionally – example a musician is visiting on Friday. Special birthdays (such as 100th) are marked and there are monthly visits by a local church.
- There are no daytrips, however families may take loved ones out.
- Residents can 'go out at any time' and sometimes the Activities Coordinator will arrange a visit to Bush Hill Park.
- The back garden (main communal garden) tends to be used after lunch and if the 'weather is good' - outside activities are arranged. Families utilise the garden and on special occasions barbeques are arranged.
- Residents are also taken out the front as some like to watch cars passing by.
- The manager feels that the residents 'have enough to do'.
- Reminiscing – such as old films is a favourite.
- There are no restrictions on visiting and families may assist with feeding.
- The conservatory is used mainly for resident and family meetings, therefore eating or drinking in this space is discouraged.
- Residents tend to go to bed around 7.00pm - 8.00pm, so visitors need to be mindful of this.
- If a resident is ill, family may stay.

Feedback and Complaints

- There are regular meetings for staff, residents and families, with minutes taken [we were shown a file].
- Complaints – the home tries to resolve issues there-and-then and liaises with the families.

- If a complaint is documented, families are invited in.
- Families are consulted for suggestions, where needed.

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

Front Garden

The front garden is on a slight slope, facing the road. We notice that some of the paving slabs are uneven, constituting potential trip hazards. The seating (benches) are not level – sloping slightly from left to right.

8.1 If the paving slabs are not cemented and may be lifted (this looks to be the case), a fix should be relatively straightforward and inexpensive. A remedy now will save time and expense in the longer term, as the situation if left – will deteriorate.

Internal Signage

One toilet door (2nd floor) has multiple signs and as such, appears confusing.

The stairs leading-up from the lower ground floor have no signage at all.

We found the layout on the upper floors to be somewhat confusing – it was easy to get lost.

8.2 We hope that signage may be installed or adjusted, so that navigating the home is clearer for all. As a minimum, the lower ground floor stairs need signage – this is a health and safety requirement.

Environment: Storage

There is clutter on the 2nd floor – the bathroom is used to store hoists, which need to be moved each time the shower is used.

8.3 We recognise that the home is a certain size, and appreciate that storing large equipment - such as the hoists, is a significant challenge. While this is the case, we feel the home should consult with the parent company - to look at potential solutions. Residents have no ensuite alternatives for bathing or showering – so these facilities are essential.

Environment: Hairdressing

There is no dedicated space for hairdressing – which takes place openly, in the lounge. During our visit, one resident was having her hair cut.

8.4 Hairdressing should be a person-centred and dignified experience, and we strongly feel that a private space is needed. Ideally, a room should be allocated (we understand the conservatory was once used for hairdressing) or as a minimum – clients should be screened off. We see no logical reason, for this practice to continue.

Décor: Bathrooms

We visited a toilet on the lower ground floor – this is the main communal area so we assume it's widely used. Although clean, accessible and functional, the room itself was visibly dated

and worn – with pieces of tile and skirting missing, exposed piping and the fixtures/mobility aids looking very old.

Additionally we note that the bathroom in Room 21, needs redecorating.

8.5 While not essential, we hope that the home looks at the décor and equipment, with a view to a refresh. As with the front garden – a sooner fix will save resources in the longer term.

Personal Care: Dignity, Involvement and Support

The staff we spoke with say they do involve the residents, in their personal care and choices. However, this is not reflected in the feedback from residents themselves, that we spoke with – who express a lack of control and choice.

Comments also suggest there is lack of a personal touch – one resident feels that care can be 'rushed' and 'rough' and a bed-bound resident, who is not often assisted to sit-up, has issues with accessing drinks, bathing and toileting – we hear that requested assistance is often not given, and that generally 'nobody listens' to feedback.

8.6 While acknowledging that the feedback was obtained from a limited number of residents, the feedback itself suggests a service that focusses on the task, and not at the same time – on the service user. We feel that any care should be both of a high standard, and of a caring nature – every interaction should be thoughtful and dignified. Freedom and choice is also important – while there should be a level of control, feedback suggests a more 'blanket approach' and not a person-centred one. We hope that residents are treated individually, according to their own needs. While our findings are suggestive (not conclusive) it was disappointing to receive such feedback and the home should reflect on this.

Personal Care: Night Care

A resident says that staff do not intervene at night, to reduce excessive noise levels.

8.7 There is limited detail in this case, however we would be grateful if the home explores this issue.

Medication

A relative complains that medication was not adequately explained to her dad - who as a result refused to accept it.

8.8 We acknowledge that conveying any medical information can be a challenge, however we expect that residents are supported to understand their medication intake. Whether this is by rephrasing, repeating or involving family or clinicians – the effort should be made and if possible, evidenced.

Activities

The relatives we spoke with give us mixed feedback about the activity offer. We hear that some loved-ones are very active, while others are completely in-active – refusing to take part in the activities, or to leave the room.

8.9 Again, while this can be challenging, we hope that the home makes every effort possible to engage with residents who are completely inactive. We hope that such issues, along with possible solutions and actions, are documented in care plans.

Mobility

There is a suggestion, from one relative, that her mum is not encouraged to use her walking-frame – despite being able to do so.

In another mobility issue - a wheelchair user 'has not yet' seen a physiotherapist, and this may impact their ability to stay active.

8.10 it is extremely important that residents are supported to be as mobile as possible, whether that is through additional staff time to assist with walking, or sourcing physiotherapy or other support. Again, we would expect mobility issues to be documented in care plans – detailing solutions and actions. Residents who are mobile, should be fully supported to remain so.

Feedback and Complaints

We were concerned to hear that one resident is reluctant to complain – as she is fearful of the reception and response.

8.11 This was disappointing to hear, as clearly all residents, at all times, should feel confident in raising any concerns or complaints. In addition to our previous recommendation (8.6) we hope that residents are asked how they are, and if there is anything they need, as often as possible. Again, we must emphasise our disappointment with this item of feedback.

Glossary
Other Information

9. Glossary of Terms

As below.

CQC	Care Quality Commission
DNAR	Do Not Attempt (cardiopulmonary) Resuscitation
RAG	Red, Amber, Green

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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