

Enter & View Report

Premises name
Premises address
Date of visit

Hugh Myddelton House Care Home
25 Old Farm Avenue, Southgate N14 5QR
Friday 25th January 2019

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Acknowledgements

Healthwatch Enfield would like to thank the people we met at Hugh Myddelton House Care Home, including the staff, residents and relatives, as well as the Manager and Deputy Manager who welcomed us warmly and whose contributions have been invaluable.

Disclaimer

This report reflects the team's observations and records of what residents, relatives, staff and management told them about life at Hugh Myddelton through meetings and on the day of the visit. We can only comment on what we have actually observed or been told by those we heard from.

1. Purpose of the visit

- 1.1 Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.
- 1.2 The visit to Hugh Myddelton House Care Home was an announced Enter and View visit as part of Healthwatch Enfield's planned strategy to look at a range of care and nursing homes within the London Borough of Enfield, to assess the quality of care provided. We were particularly interested in understanding whether residents are receiving personalised care that meets their individual needs and whether the care setting "feels like home" to them. In addition, we wanted to find out whether residents are receiving a good service from local health providers.

2. Methodology

- 2.1 Healthwatch Enfield's Authorised Representatives who took part in the visit were Fazilla Amide, Jasvinder Gosai, Janina Knowles, Audrey Lucas and Janice Nunn.
- 2.2 During our visit, the team of five Enter and View Authorised Representatives heard from 9 residents, 9 relatives, and 5 staff and 2 members of management, as well as observed the day to day workings of the Home, focusing on the following 3 key areas:
 1. Care
 2. Choice
 3. The Environment
- 2.3 We used the 8 key indicators developed by Independent Age and Healthwatch Camden¹. The indicators are:
 - have strong, visible management
 - staff with time and skills to do their jobs
 - good knowledge of each resident and how their needs may be changing
 - offer a varied programme of activities
 - quality, choice and flexibility around food and mealtimes
 - ensure residents can see health professionals such as GPs and dentists regularly
 - accommodate residents' personal, cultural and lifestyle needs
 - be an open environment where feedback is actively sought and used
- 2.4 This report has been compiled from the observations, records and notes made by team members hearing from residents and relatives, and the conclusions and recommendations agreed amongst the team following this.
- 2.5 A draft of this report was sent to the manager of Hugh Myddelton to be checked for factual accuracy and for an opportunity for the home to respond to the recommendations prior to publishing. They confirmed they have read and shared their report with their staff. Their

¹ [Independent Age](#), together with Healthwatch Camden developed a set of quality indicators which are now being promoted nationally to improve the quality of information provided.

response is detailed on page 29. This report will be sent to interested parties (including the Care Quality Commission, NHS Enfield Clinical Commissioning Group, and the London Borough of Enfield, as well as Healthwatch England) and will be published on Healthwatch Enfield's website at www.healthwatchenfield.co.uk

3. General information about Hugh Myddleton

- 3.1 Hugh Myddelton House Care Home is a part of the Barchester Group and has 48 beds. It is set in a residential area in Southgate, serviced by public transport. There is also a small car park.
- 3.2 The Home prides itself in resembling more of a hotel than a care home. There are 3 floors for residents, whereby each floor has its own dining room/lounge areas. There are 19 bedrooms on the ground floor for those most frail and elderly aging from approximately 75 to 93. The first floor is their specialist Dementia area, called Memory Lane, age range from early 60s to 90. The top floor is a 10 bedroom area for younger, disabled adults. Their age ranges from 30s to 55, and they have conditions such as brain injuries, Multiple Sclerosis, and Huntingdon's. There is a larger, communal dining area on the ground floor again, more in keeping with a hotel dining room, where many dine if they are mobile. Activities are also conducted there, as well as on each floor.
- 3.3 The main entrance opens into a small hallway, where relatives/visitors sign in. There is a second door, which has a pin code, and the receptionist controls the door during the day. After hours, nursing staff support. Each floor is secure with security pads to the stairwells. Residents on the ground floor can go up and down using the lift but lifts on the 1st floor, Memory Lane, need a pin code. The Home also has a pleasant, enclosed garden area with outside seating and garden umbrellas.
- 3.4 There is a mix of residents from Haringey, Barnet as well as Enfield, and as far afield as Bury. Some are funded by their Local Authority, the CCG and some privately.
- 3.5 Residents are a general mix of white, as well as ethnic and multi-cultural backgrounds. On the day of our visit, all 48 beds were occupied with permanent residents.
- 3.6 The Home employs 1 full-time Activities Co-ordinator across the whole week who works flexibly over 5 days, dependent upon activities planned.

The Registered Manager is Sam Antwi-Marful and Deputy Manager is Elina Simon.

4. Summary of our findings

- 4.1 During our review, we heard from 9 relatives, 9 residents, 5 staff and 2 managers. The management team and staff we engaged with were open and welcoming and demonstrated a good understanding of meeting the needs of their residents. The staff were complimentary of the management team, stating they were responsive if staff needed anything and made them feel appreciated. Since the new manager arrived almost 2 years ago, they felt the Home had improved. They also confirmed they were happy in their work. Through our discussions, both residents and relatives felt much of the care provided at Hugh Myddelton is of a good standard and many had chosen to reside there over other Homes. Based on feedback, the management team appeared approachable and responsive and most of the staff were appreciated by residents and their relatives for their friendly and caring attitude.
- 4.2 In terms of safety, all residents and relatives felt safe and the Home has ensured that where residents are more vulnerable, they have 1-1 care for part, or most of the day. All the residents we met seemed well looked after, clean and well groomed. A few relatives, in fact, commented their loved ones had chosen to stay there, following respite care and they felt they no longer had to "worry about them". We also noted that a number of occupational therapy (OT) assessments had been made and continue to be made, to support residents' health and wellbeing.
- 4.3 In terms of external specialist support, the Home has arranged for a GP practice to visit the residents at the Home under the normal NHS framework. The nursing staff assess the resident's needs and if necessary, following a call to the family, the GP is requested to attend which they do. This is to be commended. They also have a chiropodist who attends every 6 weeks, which residents pay for on a sessional basis if they need treatment. Hugh Myddelton also considers they have good support from the Care Home Assessment Team² (CHAT), as well as other community services.
- 4.4 However, many of the residents and relatives we heard from had not seen a dentist and did not appear to have regular or routine check-ups. Those requiring treatment either have to attend Forest Road for a check-up and/or go to the Whittington where there are long waiting times to be seen. Along with other Care and Nursing homes, the lack of dentist support seems to be a common theme and we recommend NHS England take note and appropriate action to support Care and Nursing Homes.
- 4.5 In terms of religious and cultural freedoms, all those who wanted to practice their religion, felt they were able to do so, with Church representatives attending on a regular basis, as well as the local Synagogue. However, there was a resident who wished to see an Imam. The Home has been unable to find someone to attend but confirmed that the family could invite an Imam in, if they wanted to. Moreover, some relatives felt their loved ones were no longer able to practice, or were less interested to do so and so were not concerned about this.
- 4.6 In terms of choice, flexibility and personalisation, 5 out of 8 of the relatives who responded to this question felt their loved ones were able to get up and go to bed when they wished

² [CHAT](#) is a nurse led community service which provides rapid response visits or telephone advice at times of crisis.

and could choose when and what to eat, within reason. All of the residents who responded to these questions agreed and felt they had some flexibility. In addition, relatives and residents were aware and felt able to personalise their rooms, many with photos and trinkets and some with smaller items of furniture, if they chose to.

- 4.7 Overall, the Home was clean, well decorated, nicely furnished and welcoming. 8 of the 9 residents responding to this question and all of the relatives, who responded, felt they or their loved ones were happy living there.
- 4.8 However, as with many homes in the current climate, there is a tension between providing good support and balancing staffing levels. Due to the frailty of many of the residents, support and care is intensive. The majority of residents and relatives felt staff attended within a reasonable time scale but some suggested it was different at night. The Home's policy is to attend within 5 minutes. The call-monitoring log supported the view that call times were longer at night. The Manager had already been investigating this prior to our visit, and confirmed he had been taking action to resolve some of the issues the night staff had. We would encourage the Management team to continue to monitor response times closely and take action as appropriate.
- 4.9 With regards to activities, it was noted that Hugh Myddelton has a 40 hour Activities Co-ordinator working 5 days over the whole 7 day week. There is a general activity plan, a monthly floor plan, and 1-1 personalised plans. There are also opportunities for the local community to visit the Home and engage with the residents, which is to be commended.
- 4.10 4 out of the 7 residents and 4 out of the 5 relatives who responded to the question around activities felt there were sufficient things to do in the Home. However, there were a few residents who confirmed there were activities laid on, but they did not join in. Whilst it is important to respect people's wishes, it is also important there is a sufficient variety of activities available, so that everyone can enjoy some, if not most of them. It is also important to offer activities on a daily basis and we noted the full-time co-ordinator works only 5 days across the whole week and there was no cover whilst she was away.
- 4.11 There has been much research into inactivity and low levels of engagement, and the negative impact this has on residents in care and nursing homes. As a consequence, the first statement in NICE's quality standard³ calls for older people in care homes to be offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing. NICE says that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities to ensure the activity is meaningful and that relationships are developed and maintained. Therefore, another of our recommendations centres around providing more activities for all, across the whole 7 day week, as well as providing cover whilst the Activities Co-ordinator is on leave. The Activities Co-ordinator should also ensure they are regularly liaising with those residents who do not wish to join in, to better understand which other activities they might prefer joining in with.

³ <https://www.nice.org.uk/news/feature/improving-the-mental-wellbeing-of-older-people-in-care-homes>

4.12 From the Home's perspective, the Manager confirmed that they might have more funds for activities, if payments for resident's support were made more promptly. He maintained his key challenge was cash flow due to the poor response times for the Clinical Commissioning Group and the Local Authority to make payments or agree responsibility in terms of who would be paying for the care some of the residents were receiving. In the meantime, the Home was still funding the resident, often running with deficits. We would therefore recommend the CCG and LA to review their commissioning processes to make speedier decisions and payments to the Home.

5. Areas of Good Practice

5.1 During our visit, we noted many examples of good practice:

- The management team seemed willing and able to take on board feedback and suggestions
- The Manager takes an active role in running the Home. Staff and relatives feel it is well led
- Staff are required to complete mandatory training and managers have a clear system in place to record this
- There are multi-lingual staff able to converse with the various residents in their mother-tongue
- Care planning documents are comprehensive and regularly reviewed
- There seems to be good support from the GP when needed
- Most staff are friendly, approachable, caring and patient
- There seems to be an appropriate level of equipment, e.g. 6 hoists, one of which weighs people, and following OT assessments, a number of mobile recliner arm chairs and lap belts were made available
- Sleep times are in the main, flexible and personalised to suit residents' individual preferences and whilst meal times seem to be set, residents are able to have snacks as and when they need them
- Residents are able to individualise their rooms
- There is involvement and interaction between the home and the local community
- Each floor's decor is differentiated
- The first floor, Memory Lane is focused on those with Dementia and each room has a brief personal history of the resident on the wall nearest to their door
- There is an outside garden area which residents and relatives enjoy

6. Summary of the Recommendations

Recommendation 1

Ensure staff performance including 1-1 carers, are carefully monitored so they all provide the highest level of care.

Recommendation 2

Re-confirm the Barchester Call Bell response time policy to all staff and continue to review the logs regularly to ensure the Home is meeting its own policy.

Recommendation 3

The Home to prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible.

NHS England to ensure NHS dental provision is commissioned and delivered to meet the needs of care homes.

Recommendation 4

Ensure that the specific concerns raised are addressed as appropriate.

Enfield LA and CCG to review their commissioning arrangements to ensure decisions around funding are made in a timely manner.

Recommendation 5

Consider ways to fully involve all residents across the whole week, so there are sufficient activities for all, on a daily basis. Ensure there is cover for when the Activities Co-ordinator is on leave.

Recommendation 6

Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction

Recommendation 7

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger, more clearly colour coded and more dementia-friendly.

Conclusion

- 6.1 Relatives and residents informed us that, overall; Hugh Myddelton provides good care and have friendly and helpful staff, as well as a good management team. We observed staff fully engaging with and supporting residents and providing them with some choice, flexibility and personalisation, particularly around eating and sleep times, as well as personalising their rooms. In addition, the Home is well decorated and nicely furnished. There's a well-maintained outside area for residents to enjoy and gain fresh air and overall, residents and relatives seemed happy and contented.

Appendix 1 Our detailed findings: Care

<p>Key area 1: Care</p> <p>Are residents well looked after, and cared for?</p>	<p>Our findings suggest that, overall residents are well cared for by friendly and caring staff who meet their residents' needs. Where some residents have greater need with regards to behaviour that challenges, the Home has been able to gain funding from the resident's Clinical Commissioning Group, (CCG) so some of the residents have 1-1 support for most or part of the day. Relatives and staff report that this has made the difference to the resident being able to remain in the Home. Most relatives we spoke with were very complimentary about the care their loved ones received. Residents appeared well looked after and clean and most seemed content, though a couple of residents mentioned that not all the staff were as friendly and caring as others.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> • <i>Very good level of care from wonderful staff. Care is personal and I have had no problems. Facility is clean and comfortable</i> ▪ <i>Nice team who do their best, quite up front</i> ▪ <i>They are fine</i> ▪ <i>We looked around a number of Homes and chose here. Matches what we think a care home should be. He can enjoy the things he likes</i> ▪ <i>Nothing bad to say. Manager, nursing managers, all wonderful. She's put on weight since she's been here</i> ▪ <i>Now it's OK but was awful before. He now has a 1-1</i> ▪ <i>He has a 1-1 for 24 hours a day paid for by the CCG in Haringey</i> ▪ <i>Some are very kind, some a bit nasty</i> ▪ <i>Care home requires more personal care and human contact</i> 	<ul style="list-style-type: none"> ▪ <i>Through good staff training and induction. Staff have 5 days training, at our training hub in Beaumont Southgate, as well as E-learning they have to complete in 12 weeks. The nurse in charge will assess their performance, as they shadow and work, at least for 1 week, and work in pairs. Staff also tend to stay on the floor/unit and get additional training specific to that floor</i> ▪ <i>We have stand up meetings daily to go through any issues. We walk the floor at different times, sometimes 7pm or 2pm and I do unannounced night and weekend visits once a month. A man came in with only 3 months to live, bed bound. 18 months later, he'd got a motorised wheel chair and goes out</i> ▪ <i>Hourly checks to make sure comfortable. Safety is paramount</i> ▪ <i>Monitor hourly, call for assistance if I cannot do something to help them</i>
<p>Recommendation 1 <i>Ensure staff performance including 1-1 carers, are carefully monitored so they all provide the highest level of care.</i></p>		

<p>Key area 1: Care</p> <p>Do all the staff know what you like/don't like and ask you what you need?</p>	<p>All 9 residents spoken with and 7 of the 8 relatives who responded to the question felt that the staffing team mostly knew residents' likes and dislikes. They understood the residents well enough to know and support their basic needs. However, again, there was some suggestion that not all staff were of the same calibre, in particular night staff or all 1-1 support.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Not always 100%, but most of the time</i> ▪ <i>We discuss likes and dislikes. Interactions are good</i> ▪ <i>Most</i> ▪ <i>They are friendly, night time staff are not so</i> ▪ <i>The staff know they like singing and also when they get agitated & what they like to help them calm down. They take the time to find out. Likes and dislikes in a book in each room</i> ▪ <i>Most of them know and understand his needs. They know when he's in pain and when to change him</i> ▪ <i>Sometimes they don't. Not getting continuity of 1-1's. Some help and are good, others less so and just sit and watch</i> 	<ul style="list-style-type: none"> ▪ <i>We always ask what they want, if they want a shower, choice of breakfasts, think about their well being</i> ▪ <i>Respond to what they want</i> ▪ <i>We have good relationship</i> ▪ <i>We ask the family. Most families are interested</i>
<p>Recommendation as per recommendation 1</p>		

Key area 1: Care Are the staff friendly, having the time to talk to and listen to residents?	<p>All 9 of the residents we heard from, as well as all the relatives who responded to this question felt most of the staff were friendly, approachable and had time to talk to them. However, it was felt that not all the staff had the time to talk to residents all of the time, though no-one we spoke with considered there to be a problem and were quite content with the level of engagement staff and residents had.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>They talk and ask how I am</i> ▪ <i>All do this, know all staff</i> ▪ <i>I go down to ground floor where there are people who speak Turkish. It feels more sociable</i> ▪ <i>Most of the time</i> ▪ <i>They take the time to see we're ok as relatives. Nothing is too much for them</i> ▪ <i>Depends on who's on. Mum shows a lot of affection and love so they show her love</i> ▪ <i>Most but they don't all have time to talk. Some don't. They excuse themselves. Have to go and sort something out for someone. Have to pick your moments. But they seek us out if necessary</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, they do. Head of unit, snr nurses and carers. All planned</i> ▪ <i>Yes, they have time. 1-4 residents on ground floor and 1-3 on 1st and 2nd floors</i> ▪ <i>Yes. Even if they cannot answer, I talk as they like the communication. Chatting during lunch</i> ▪ <i>Yes, each time have chance to do this. Chats are encouraged</i> ▪ <i>Every day, they can tell me if anything is worrying them</i> ▪ <i>All the time</i> ▪ <i>Yes, when feeding</i>

<p>Key area 1: Care</p> <p>How quickly do staff come when residents call them?</p>	<p>7 of the 9 residents we heard from and 4 out of the 5 relatives who responded to this question felt that staff attended to them within a reasonable timescale. Some commented staff were often busy, particularly if someone had not turned up for their shift, and were juggling to attend to the residents. One resident who used a catheter felt they were not as responsive as they should be in light of their condition, particularly at night. When discussed further with the manager, he confirmed they have been investigating the call bell responses during the night. He had found that some staff had lost their own “magnets” to switch the bells off, so were relying on other staff. In addition, if they were in someone’s room, they may not always be able to hear the call bells. The manager has now put in place a pager system and mandated all staff to have a magnet with them during their shifts. We hope that with these more robust systems in place, the response time will improve, particularly at night. We would recommend response times continue to be monitored carefully and appropriate action is taken to ensure the Homes’ policy is met the majority of the time.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Only call them at night and they come quickly, no issues.</i> ▪ <i>Always in and out, don't use it very much, depends on demand</i> ▪ <i>When I was first here, response was good. Not applicable now. Been here 1.5 years</i> ▪ <i>Sometimes not quickly...I'm immobile so cannot do much by myself</i> ▪ <i>They come straight away. Sometimes mum is sitting there and she has to wait as they are dealing with others but upstairs seems enough staff</i> ▪ <i>He's incontinent. They come as soon as possible. They prioritise</i> ▪ <i>A little while but do come. Always need more staff if someone not turned up</i> ▪ <i>Juggling to change people and feed people</i> 	<ul style="list-style-type: none"> ▪ <i>Policy is within 5 mins. We have a system which records and logs</i> ▪ <i>Policy to attend within 4 mins</i> ▪ <i>If busy with someone else, it can be 5 or 10 mins, but otherwise they go as it rings</i> ▪ <i>Quickly if not too busy, do best</i> ▪ <i>Straight away. If someone is in the toilet, may be a delay</i>
<p>Recommendation 2</p> <p><i>Re-confirm the Barchester Call Bell response time policy to all staff and continue to review the logs regularly to ensure the Home is meeting its own policy.</i></p>		

Key area 1: Care What training have the staff completed and can you provide records?	<p>The management team were able to provide their anonymised training records. It was noted that staff had or would be attending mandatory training in a timely manner. Staff training is also overseen by the Barchester group. The Head Office regularly updates the Homes regarding any up and coming training requirements or any training that remains outstanding.</p>	
	Residents and relatives said:	Management and staff said:
	<p>Neither residents nor relatives were asked this question</p>	<ul style="list-style-type: none"> ▪ <i>Yes, 95% up to date - some on sick leave, or maternity</i> ▪ <i>Yes, all staff go through robust induction and shadowing - all training in high 90 percent. Some on sick or maternity leave or have recently left and still showing on the system</i> ▪ <i>All mandatory training, manual handling, Dysphagia, Dementia 1&2, annual training, fire safety, training for stair climber. I've already got my NVQ level 3</i> ▪ <i>Refreshers are mandatory. Food hygiene. Attend all staff meetings</i> ▪ <i>We have refresher training and I have training on bed sides, choking, moving heavy equipment</i>

<p>Key area 1: Care</p> <p>Do you see a GP, Dentist, Chiropodist etc if you need to?</p>	<p>The Home has one GP surgery and the management consider they receive good support. The nurses are responsible for requesting their attendance. The Manager, as well as all the relatives and 8 of the 9 residents we spoke with confirmed they can see a GP without any problems. This is commendable. In addition, a chiropodist attends every 6 weeks, paid for on a sessional basis, and the CHAT team, OT and SALT all attend.</p> <p>However, with regard to dentists, the Home did comment that it was not always easy to get timely dental appointments at Forest Road and there was no support for Home visits for those less mobile. In addition, there were long waiting times if a referral needed to be made to the Whittington. As with other Homes, dental support seems to be an ongoing issue and NICE has issued guidelines⁴ to clarify the position. We recommend the Home continues to liaise with local dentists to secure one to visit the Home and meet the needs of all its residents, including those who are less mobile.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I had the doctor who came very quickly</i> ▪ <i>doctor here if necessary</i> ▪ <i>Yes, sees the Doctor when necessary</i> ▪ <i>They refer for the doctor - not aware about the dentist</i> ▪ <i>He sees the doctor when needs. He's got 3 or 4 teeth, but not seen the dentist since last June</i> ▪ <i>but not seen a dentist</i> ▪ <i>He broke his tooth and they said they would refer but that it would take time, takes months. He's on the waiting list but not in pain</i> 	<ul style="list-style-type: none"> ▪ <i>GP comes when needed and here regularly. Dentist is Forest road. It's OK but have to take them there. They won't visit. When refer to Whittington can take months. Chiropody every 6 weeks and paid by resident bar one. Physio if they have a WPD package or referred by GP. CHAT OT to help assess</i> ▪ <i>GP practice; one practice attends regularly and are here often. Dentist an issue. If mobile can take them to Forest Rd, but they don't do visits here and any referrals to Whittington take a long time</i> ▪ <i>GP comes in when needed. Families can get resident to dentist.</i> ▪ <i>Have to go out for appointment with dentist. GPs have days when they visit and outside if important</i>
<p>Recommendation 3</p> <p><i>The Home to prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible.</i></p> <p><i>NHS England to ensure NHS dental provision is commissioned and delivered to meet the needs of care homes.</i></p>		

⁴ <https://www.nice.org.uk/guidance/ng48/chapter/Recommendations>

<p>Key area 1: Care</p> <p>Is there anything that worries residents/relatives/ staff/management?</p>	<p>Most residents and relatives were quite happy with Hugh Myddelton and did not have any outstanding concerns. A couple of residents and relatives had some concerns around staffing and potential further cutbacks, whilst a few others had very specific concerns relating to their situations.</p> <p>From the manager's perspective, he was concerned about the time it could take to receive payment from the CCG or LA, particularly if there were a change in circumstances and agreement was needed as to who was responsible. Therefore, we would recommend the CCG and LA look to ensure their commissioning arrangements are as effective as possible and not adversely impact the Home.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>No worries. My wife comes every day and she can have a cup of tea if she wants and made very welcome</i> ▪ <i>No problems so far</i> ▪ <i>Happy with them. Any concerns we can talk to them. and it's dealt with immediately</i> ▪ <i>Could do with more staff. Sometimes they are doing a lot of running around</i> ▪ <i>How much drugs is he taking? Do they give him drugs to keep him sleeping?</i> ▪ <i>Blockage of urinary catheter</i> ▪ <i>Cutbacks to services and staff made redundant</i> 	<ul style="list-style-type: none"> ▪ <i>Joint working between social care and CCG, especially around funding if switching between the two and yet we have to keep continuity of care and have to wait often for 6 months to get the funding. Also recruitment, staffing issues a challenge</i> ▪ <i>It's hard to recruit good staff. It's a hard job and not well paid though we try to do what we can. But we can interview many and only one taken on. Brexit not helping!</i> ▪ <i>When I'm on holiday, there is no one to cover me, so I don't like to go away... I feel responsible. Would be good to have cover</i>
<p>Recommendation 4</p> <p><i>Ensure that the specific concerns raised above are addressed as appropriate. Enfield LA and CCG to review their commissioning arrangements to ensure decisions around funding are made in a timely manner.</i></p>		

Appendix 2 Our detailed findings: Choice

<p>Key area 2: Choice</p> <p>Can residents decide when to do things e.g. when to get up, go to bed, have dinner/ snacks etc.?</p>	<p>Of the 7 residents who responded to this question, everyone felt there was flexibility and choice around when to eat and to sleep or wake up, compared to 5 relatives out of 8 who answered this question. Relatives were aware there were set times for carers or 1-1 support and felt there were set times for eating though acknowledged there was flexibility for eating snacks and having drinks and most felt that sleep and wake times were up to the resident where possible.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Choose (my) own routine</i> ▪ <i>I'm in bed most of the time. Fall asleep any time and eat at certain times</i> ▪ <i>All the time</i> ▪ <i>No set times. Can nap after eaten. Always has breakfast, but won't eat dinner or lunch. So staff give her supplements and keep an eye on her weight</i> ▪ <i>As and when - set times but can be flexible</i> ▪ <i>Not really - set times the carers have their routine</i> ▪ <i>His 1-1 goes at 7pm so they give him medication to go to bed</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, assessed in Care Plan. Have their own routine, can have a lie in etc. Lunch is from 1 to 2:30 or 3pm</i> ▪ <i>Yes, it's flexible as is when they can have visitors</i> ▪ <i>Yes, can have late breakfast but main meals set</i> ▪ <i>Snacks are available</i> ▪ <i>Yes, a few residents are independent so go out with family or stay in bed and watch TV all day if they want</i> ▪ <i>People who are verbal can. Those who are not, I try and communicate through facial expressions and body language</i> ▪ <i>All residents on dementia floor we tend to make decisions and relatives' input for the care plan</i>

Key area 2: Choice Do you have enough to eat and drink? Do staff encourage you to drink?	When speaking with residents and relatives, 7 of the 9 residents, as well as all of the relatives felt there was a sufficient volume of food, and it was generally good, though 1 or 2 residents did not feel there was much choice or that the Home provided what they wanted.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Sufficient amount for me. Bring by my bedside, during the day, and during meals. Do not have to be encouraged. I like the food. I have a choice on a menu to tick</i> ▪ <i>I think so. If I were hungry, I would tell. Not much choice</i> ▪ <i>Like prune juice, but not always available</i> ▪ <i>They encourage him to get out and go into the dining room</i> ▪ <i>Food is good. I come at lunch time to make sure she eats as carer leaves food and does not help</i> ▪ <i>They do feed him well though</i> ▪ <i>I don't like all the food</i> 	<ul style="list-style-type: none"> ▪ <i>Fluid and food charts. Everyone who is cognitively impaired has an individual target and do weekly or 2 weekly weighs. For everyone else we weigh monthly</i> ▪ <i>We have fluid and food intake charts etc. Staff observe and encourage residents</i> ▪ <i>Fluid/food intake charts for all</i> ▪ <i>If they need help, but kitchen staff good at dealing with this</i>

Key area 2: Choice Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation	<p>There was a mixed response around this question with 2 out of 5 residents and 5 out of the 9 relatives stating they could follow their religious or cultural preferences. However, in listening to those we spoke with, they did not seem to be suggesting they were not allowed or able to pursue their religious or cultural preferences, but more that either they were less bothered, or chose not to. Though for one resident, the Home had struggled to find an Imam to visit and so had asked the family to invite one, if they so wished.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Worship is on the agenda for around half an hour</i> ▪ <i>Attends church with family</i> ▪ <i>Not particularly religious</i> ▪ <i>Does not bother me</i> ▪ <i>I am Jewish and do not join in Christian activities. I don't talk to staff about this</i> ▪ <i>Christian. Church has come out to visit as and when need to</i> ▪ <i>Member of the Church of England. Church visits</i> ▪ <i>Does not eat pork. Muslim staff interact with resident</i> ▪ <i>She used to pray but difficult now</i> ▪ <i>But doesn't want to</i> 	<ul style="list-style-type: none"> ▪ <i>In the care plan. e.g. no pork. We cook especially. Can do halal if necessary. But I'm not sure of each of the individual resident's needs. Had a Diwali celebration, family brought the sweets</i> ▪ <i>We celebrate different cultural festivals</i> ▪ <i>Mixed background staff and residents</i> ▪ <i>Baptist every Friday - 1-1. C of E comes in every other week to the ground floor dining room. Synagogue next door come in as and when to see some residents. Tried to get an Imam but can't, so have said to family they can bring theirs if they wish</i>

<p>Key area 2: Choice</p> <p>Are there varied and sufficient activities/ things for residents?</p>	<p>4 out of the 7 residents and 4 out of the 5 relatives who responded to this question, felt there were sufficient activities in the Home. There is a general activities plan, a monthly floor schedule, as well as individual plans, which seem comprehensive. However, there were a few residents who confirmed that whilst there were activities laid on, they did not join in. Whilst it is important to respect people's wishes, it is also important that there is a sufficient variety of activities, so that everyone can enjoy some, if not most of them. It is also important to offer activities on a daily basis and we noted the full-time co-ordinator works only 5 days across the whole week. Consideration should be given to covering the other 1 or 2 days and to provide back-up when the Activities Co-ordinator is on leave or unwell, as well as discussing with those residents who do not wish to join in, which other activities they would prefer.</p>	
	<p>Residents and relatives said:</p> <ul style="list-style-type: none"> ▪ <i>Love all the activities</i> ▪ <i>Have music sessions, bingo. Have not seen animals. I do not mind my own company</i> ▪ <i>I choose to stay in bed, don't like joining</i> ▪ <i>I don't stay but see plenty for others. There are music centres, dogs come in. I am invited but choose not to</i> ▪ <i>Exercise regularly, massage privately paid for</i> ▪ <i>Would like to do some</i> ▪ <i>Arm-chair exercises, craft, painting, music, playing the piano every Saturday at 3pm. Take her out to the lounge. Xmas parties</i> ▪ <i>She doesn't always want to join in...she walks out. They do try. I don't know what she would like. Though she likes singing, singing nursery rhymes. They join in with her. I've been asked to bring in photos</i> ▪ <i>They do lots of things downstairs, but there's not enough room. He ends up in the coffee room, no space in the larger lounge room. He doesn't join in... I've only seen 2 x where someone takes him out of his room, others leave him</i> 	<p>Management and staff said:</p> <ul style="list-style-type: none"> ▪ <i>We have a 40 hour (person) over the whole week. No set days or times but usually after 10am and can come in on the weekend too</i> ▪ <i>Budget was increased by over £1000 to cover individual activities. We also want to bring in staff carers to be part of the activities. They could do hand massage, or talk to and relax residents. Also trying to get the 1-1s to engage with them and start to go out</i> ▪ <i>Activities are challenging. Last summer only 2 outings as residents either have greater need and need to use larger mobile armchairs which are not suited to buses</i> ▪ <i>If an activity over the weekend, work a day less in the week and will come in. Basic schedule, monthly floor schedule and 1 for each resident</i> ▪ <i>few residents interact due to physical or dementia problems</i>
<p>Recommendation 5 <i>Consider ways to fully involve all residents across the whole week, so there are sufficient activities for all, on a daily basis. Ensure there is cover for when the Activities Co-ordinator is on leave.</i></p>		

<p>Key area 2: Choice</p> <p>What links do the residents have with the local community?</p>	<p>We were told by staff and relatives that given the generally high level of need the residents at Hugh Myddelton have, it is more and more difficult for them to engage in activities outside of the Home. The team do encourage this but are increasingly bringing in the community into the Home. We would encourage the team to continue to ensure links with the local community are maintained and enhanced.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Residents/relatives were not asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>Last week, they went to the church around the corner but they didn't want to leave the Home. Rotary club also difficult (to get to) so now we ask them to come here. We bring in the community. Level of need increasing. More needing palliative care</i> ▪ <i>Also have student volunteers</i> ▪ <i>Volunteer once a week, nurseries come in every 3 months, secondary school in just before Xmas and on St Patrick's day and we went to the secondary school also at Xmas. Do outings to the local coffee shop</i>
<p>Recommendation 6 <i>Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction</i></p>		

<p>Key area 2: Choice</p> <p>Are residents able to personalise their rooms?</p>	<p>7 of the 8 residents and all of the relatives confirmed they can have their own photos and pictures in their rooms, as well as furniture if they choose. Both residents and relatives seemed to be happy with the current arrangements. The Memory Lane floor was particularly well decorated with personal histories for each resident displayed by the entrance of their rooms and recognisable old fashioned pictures and signage. However, whilst the manager confirmed TVs could be supplied if necessary, one set of relatives were still waiting for this since their parent arrived at the Home, 5 months ago. We would recommend the Home clarifies their position on providing TVs and if included, to provide one for the resident who is still waiting.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Family pictures</i> ▪ <i>I have photos and own clothes washed by son. Furniture is not mine</i> ▪ <i>Own photos and pictures. Bed linens provided by home</i> ▪ <i>Very large widescreen TV</i> ▪ <i>Photos and memory box for her things/identity. We decorated her room for Christmas. She has a special chair from her OT referral</i> ▪ <i>I bought in a box for her to watch Turkish TV</i> ▪ <i>But I would like a TV. We still don't have one and been waiting 5 months</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, can bring in their furniture and TVs etc, as well as pictures</i> ▪ <i>Yes, photos and small items of furniture. Not beds as need to have our hospital type beds but can bring chest of drawers, TV etc. But we will supply a TV if required, though not all rooms have them</i> ▪ <i>Pictures and photos. Some have furniture and own bedding</i> ▪ <i>Yes, old memories</i>
<p>Recommendation 7 <i>The Home should clarify its position on providing TVs and if they do, to provide them as speedily as possible, if appropriate.</i></p>		

<p>Key area 2: Choice</p> <p>Are residents/ relatives views/ suggestions taken into account and acted upon?</p>	<p>The management team stated they had an open-door policy and confirmed that relatives in particular, do email or speak with them or staff.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Happy with them. Any concerns we can talk to them and it's dealt with immediately</i> ▪ <i>Said I preferred a foam mattress. Paula and Sam listened and changed it. I have better sleep</i> ▪ <i>Night staff good too. I phone in. They are polite, no issues</i> ▪ <i>Manager Sam is very good. I have complained to him and he said he will sort it out</i> 	<ul style="list-style-type: none"> ▪ <i>Most families engage. We do face to face meetings or over the phone. We also talk to residents who may be upset coming in</i> ▪ <i>Within a week of admission, mandatory that we have admission paperwork/assessment done... Get to know resident and their family all together. Then review within first 6 weeks and then every 6 months</i> ▪ <i>We ask the family. Most families are interested. A few residents have no family contact. They have an assessment, we just try to be their friends and talk to residents</i> ▪ <i>Care plan is seen by family, who can share input</i> ▪ <i>Yes, nurses and relatives as this is a dementia floor... I get to see the plans and write in the progress and evaluation</i>

Key area 2: Choice Overall, do residents like living here?	<p>Of those who responded to this question, 8 of the 9 residents we heard from and all of the relatives felt they or their loved ones liked living there. Whilst one resident commented they naturally would have rather been in their own home, residents seemed generally happy and contented.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I am cared for here and do not need to worry about bills</i> ▪ <i>I am looked after. Sam is very good and hands on</i> ▪ <i>Own space, people come when needed, I have a room to myself</i> ▪ <i>Feels like home</i> ▪ <i>Prefer to have own flat and independence</i> ▪ <i>She's settled here. Staff speak Turkish. Wouldn't want to leave. She's OK. I don't have anything to worry about</i> ▪ <i>More settled here and putting on weight</i> ▪ <i>He's come a long way from where he was. It's cosy and warm, not locked in all day. Own TV, 1-1 can sit in the garden</i> ▪ <i>She liked that it's cosy and small. She decided to come here after respite</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i>

Appendix 3 Our detailed findings: Environment

<p>Key area 3: Environment</p>	<p>The Home has two separate lifts with a pin code on the first floor, Memory Lane. Many of the residents are frail and so are less independent, though it was pleasing to note that one of the residents had recently been provided with an electric wheelchair. This has increased her level of independence and mobility to move around the Home and is to be commended.</p>	
<p>Are residents able to get around and about easily within the whole of the Home? If there are lifts, are they always working?</p>	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>I have wheelchair and there are 2 lifts</i> ▪ <i>With aid because in wheelchair, some places difficult to get in</i> ▪ <i>I need staff to push me in my wheelchair</i> ▪ <i>He needs 2 people to get him into his chair</i> ▪ <i>Needs help with her zimmer-frame</i> ▪ <i>She now has an electric wheelchair but low speed at moment while learning to use it</i> 	<ul style="list-style-type: none"> ▪ <i>There are 2 sets of lifts. Security coded on the 1st floor. Lifts serviced every 6 months</i> ▪ <i>Wheelchair friendly, wide doors and lifts. Stairs for safety</i> ▪ <i>Lady on 2nd floor likes to come down to be around staff, more sociable</i> ▪ <i>No. Many are bed-bound</i>

<p>Key area 3: Environment</p> <p>Do you feel safe here?</p>	<p>All of those we heard from felt they were safe in the Home, though one relative commented that they were concerned once their parent's 1-1 had left for the evening. There is a key code for the lifts on the first floor only and this ensures residents who may be confused, remain on their floor unless accompanied, whilst enabling other residents to be able to move around the floors if they are able to, safely. There are also key pads on each floor to the main stair-wells and on the main entrance door, though relatives know the code as they use it in the evenings when the reception area is unstaffed. We suggest the codes are therefore changed every once in a while and the night time staffing levels are closely monitored.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>There is always someone around and staff to care for you</i> ▪ <i>Coded entrance, nice area, I never felt vulnerable</i> ▪ <i>I can be away for a week and I know she's OK</i> ▪ <i>No worries on that front</i> ▪ <i>When he has his 1-1 from 9am to 7pm but otherwise not outside of these times. Not sure and only 2 people on at night</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, stairwells coded. Entrance secure. Door to garden alarmed and one from garden to street coded. Reception: 9-5 after which nurse in charge and after 6pm most relatives know the code</i> ▪ <i>Yes, Home secure. Happy the way it's running, pin codes, reception</i>

The following are notes of the observations made on the day of the visit by Healthwatch Enfield's Enter and View Authorised Representatives.

Key area 3: Environment	<p>Is the Home warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.?</p> <p>As you enter the Home, there is a small hallway for signing in which opens into the main reception area via a pin code or receptionist buzzing visitors in. The main reception area is quite large, with a side room with tea and coffee facilities, as well as freshly baked cakes. It opens out onto the garden area, as does the large dining area to the other side of reception. It is warm and welcoming. Just outside of the dining area is the menu on a stand, with tables inside, laid out like a good hotel. On the day of our visit, there were no odours in reception though as one moved into the main corridors, for example on the first floor, there was a slight odour. There were some pictures on the walls and some nice flower arrangements around. The building is well-decorated in muted, natural tones. Importantly, each floor is differentiated so residents and visitors can recognise the décor thereby lessening the opportunity for residents or visitors to get confused as to which floor they are on.</p>
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Key area 3: Environment	<p>Are the signs large, clear with contrasting colours so easy to read?</p> <p>The signage we noted were clear.</p>
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<p>Key area 3: Environment</p>	<p>Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean?</p> <p>All areas of the Home appeared clean. All communal areas appeared well maintained and bathrooms and toilets we looked at were also clean. However, one relative commented that it “doesn't smell clean. The chairs are dirty. Cleaner wouldn't go under the chairs”</p>
<p>Key area 3: Environment</p>	<p>Is there a garden or outside space and if so, is it well maintained, safe and accessible?</p> <p>There is a well-maintained garden area which residents and relatives stated they enjoyed in the summer. There were also some tables, seating and garden umbrellas for residents to sit under. It was wheelchair accessible and accessed from the downstairs lounge and coffee room areas. The garden is split and on the other side of the separation it looked as if it was being used for maintenance and building materials, which spoilt the view somewhat.</p>
<p>Key area 3: Environment</p>	<p>Overall is the Home secure?</p> <p>The door to the garden is alarmed and the one from the garden to street has a pin-code. There are key pads on each floor to the main stair-wells and on the main entrance door. However, relatives know the code as they use it in the evenings when the reception area is unmanned. We would therefore suggest that the front door code is changed periodically.</p>

<p>Key area 3.1:</p> <p>Is the Home Dementia Friendly?</p>	<p>Given the Home has some residents with diagnosed Dementia and others with varying degrees of Dementia, we assessed the following areas based on some of the questions from the PLACE (Patient-Led Assessments for the Care Environment⁵) system:</p>	
	<p>Is flooring consistent, matt, non-reflective and non-patterned and contrasts with the walls and furniture? And are different areas of the Home differentiated for ease of navigation?</p>	<p>The Home was carpeted throughout, other than in each dining area. Colours were calming. The first floor is specifically set up for those with Dementia. It has been well thought out and appropriately decorated. However, the walls and the doors were beige/muted or white and it would help if there were stronger contrasting colours for the doors/door surrounds to help differentiate them.</p>
	<p>Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?</p>	<p>As the floors are carpeted throughout, perhaps easy clean, non-shiny/non-slippery flooring could be considered when next being replaced.</p>
	<p>Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?</p>	<p>There were no obvious vivid or strong patterns in furnishings or wall paper</p>
	<p>Is it possible to cover or remove mirrors if required? E.g. is there a sufficient gap to allow a cloth to be draped over the mirror.</p>	<p>Our team felt that where there were mirrors, they possibly could be covered, if the resident felt anxious or distressed when looking into it.</p>
	<p>Are toilet doors distinctive so as to distinguish them from other doors in the same area?</p>	<p>The toilet doors were of a similar plain colour to the walls and were not particularly well differentiated. However, the toilet seats seen, were made of wood so stood out from the rest of the toilet area.</p>

⁵ [PLACE](#)

	Are taps colour-coded red/hot and blue/cold?	In the bathrooms we looked at, the taps did not appear to be clearly colour coded.
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Recommendation 7

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger, more clearly colour coded and more dementia-friendly.

Response from Hugh Myddelton management regarding our recommendations

Recommendation 1

Ensure staff performance including 1-1 carers, are carefully monitored so they all provide the highest level of care.

At the time of this review some of the residents on 1:1 were being managed by an Agency commissioned by the funding CCG. We recognise the variation in the quality of care delivered by the agency staff because of the frequent staff changes. The CCG has agreed to the transfer of this care package to the Home to ensure consistency, continuity and performance monitoring.

Recommendation 2

Re-confirm the Barchester Call Bell response time policy to all staff and continue to review the logs regularly to ensure the Home is meeting its own policy.

The call bell response time is 5 minutes. This has been reinforced with staff. The response to call bells is monitored and discussed daily at our Stand-up meeting with the heads of units and nurses.

Recommendation 3

The Home to prioritise efforts to ensure appropriate dental support for non-mobile residents, as soon as possible.

NHS England to ensure NHS dental provision is commissioned and delivered to meet the needs of care homes.

Despite the team's efforts, dental care for our residents remain inconsistent. Residents who are mobile or wheel chair bound are assisted by the team to access community dental practices. However, residents who are bed-bound cannot access community dentists because no dental surgery currently has access facilities for stretchers. We welcome commissioner's efforts to address the gap in service provision.

Recommendation 4

Ensure that the specific concerns raised are addressed as appropriate.

Regarding concerns listed by residents and relatives, I can confirm there has been cutbacks or redundancies in the two years since I have been in post. The staff turnover is improving in the light of the company's recruitment and retention strategy. Staff have access to wide ranging incentives and rewards to retain staff.

Hugh Myddelton is one of several Homes in Barchester's London region. The region serves as a hub and therefore has a well-coordinated support system to cover any staff absence.

Enfield LA and CCG to review their commissioning arrangements to ensure decisions around funding are made in a timely manner.

Response from the CCG/LA

We're currently in the process of setting up a dispute panel, which should deal with eventualities such as this. The panel will begin sitting in April and as both the local authority and ECCG have signed up to the principle, we would expect disputed decisions to get resolved fairly quickly.

Recommendation 5

Consider ways to fully involve all residents across the whole week, so there are sufficient activities for all, on a daily basis. Ensure there is cover for when the Activities Co-ordinator is on leave.

There is an ongoing programme to ensure a whole-home approach to activities in the Home. Most staff are able to engage and lead on one and group activities in the absence of the activity coordinator.

Recommendation 6

Build on existing work with the wider community in order to increase resident's opportunity to engage in social interaction

We welcome this recommendation. There is ongoing community engagement partnership with Enfield Rotary Club and local primary and secondary schools. The work with the schools is particularly significant in supporting young people to understand dementia and the care of the elderly and also offering them volunteering opportunities in the Home.

Recommendation 7

As and when the building is re-decorated, consider differentiating the décor between resident's doors, toilet doors and the walls, obtaining replacement flooring which is easier to clean, and does not appear slippery or shiny, as well as replacing the taps with those which are larger, more clearly colour coded and more dementia-friendly.

In line with Barchester Healthcare's strategy to enhance dementia care, colour schemes have been recommended for dementia care units. The Home will apply appropriate colour schemes in the rooms as and when residents are discharged. We are hopeful of phasing in dementia friendly colours in the Home within the next 6-12 months.

What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides
- Make it easier for you to raise your concerns about health and care services you receive. We do this by: providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision
- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

Further information about Healthwatch Enfield can be found on our website:
www.healthwatchenfield.co.uk

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website:
<https://healthwatchenfield.co.uk/our-work/enter-and-view/>

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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