

Enter & View Report

Premises name
Premises address
Date of visit

Arnold House
66 The Ridgeway, Enfield, EN2 8JA
Friday 29th November 2019

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Acknowledgements

Healthwatch Enfield would like to thank the people we met at Arnold House Care Home, including the staff, residents and relatives, as well as the 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 Arnold House 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 Arnold House 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, Liz Crosthwait, Janina Knowles, and Audrey Lucas.
- 2.2 During our visit, the team of four Enter and View Authorised Representatives heard from 13 residents, and 9 staff and 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 was 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 will be sent to the manager of Arnold House to be checked for factual accuracy and for an opportunity for the home to respond to the recommendations prior to publishing. This report will be sent to interested parties (including the Care Quality Commission, NHS Enfield Clinical Commissioning Group, and the London Borough of Enfield,

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.

as well as Healthwatch England) and will be published on Healthwatch Enfield's website at www.healthwatchenfield.co.uk.

3. General information about Arnold House

- 3.1 Arnold House is registered to provide care for 22 adults with physical disabilities such as Cerebral Palsy, Multiple Sclerosis or Spina Bifada, as well as those with Learning Disabilities. It's based on the Ridgeway in pleasant grounds near to Chase Farm Hospital. It has a small car park. The home is owned by the charity Leonard Cheshire. The registered manager is Doris Forson and the deputy manager Anthonia Iwegbuna.
- 3.2 It has been under new management for over a year but has belonged to the Leonard Cheshire group for a number of years.
- 3.3 Residents all live on the ground floor on one wing, as all but one are wheel chair users. The décor in the accommodation area looks tired and could do with a refresh. However, there are two lounges which appear well maintained and a dining area with an outside, flat, accessible patio area, as well as gardens. There is also an accessible kitchen area for residents where they can make teas and coffees and snacks etc, if they are able. This was previously used as an activities area to help support residents maintain their independence.
- 3.4 There is an upstairs area, where there are offices, a spare bedroom that can be used for relatives if necessary, as well as living quarters for 3 overseas volunteers who support for a year at a time. They help the full time Activities Worker. The Co-ordinator works Monday to Friday 10am to 4:30pm and another volunteer does a couple of hours on a Saturday afternoon. There is also a volunteer co-ordinator who recruits volunteers and overseas them.
- 3.5 Less than 25% of residents are being funded by Enfield Local Authority and one recently moved over to nursing care. At the time of our visit, one new resident was due to arrive funded by the CCG.
- 3.6 There are a few residents of differing ethnic backgrounds; Caribbean, Iranian and Asian. The remainder are British. In terms of religions, there is a mix of Catholics, Protestants, Jewish, and Muslim and some who don't practice. In terms of communication, some have a communication passport and communication books and some have assistive technology, though most are verbal.

4. Summary of our findings

- 4.1 During our visit, we heard from 13 residents and 9 staff and managers. The management team and staff we engaged with were open, welcoming and demonstrated an understanding of the importance of meeting the needs of their residents. Through our discussions with the residents, many felt most of the care provided at Arnold House is of a good standard and caters to their individual needs. However, there were a couple of residents we listened to who had some concerns. These include concerns about the cleanliness of the residents' area in the kitchen and about the poor attitude of a few of the staff.
- 4.2 Based on feedback from most of the residents, many staff appeared approachable and responsive and were appreciated by residents for their friendly and caring attitude.

Residents told us that staff were flexible to support their needs, their daily routine and their likes and dislikes.

- 4.3 Generally, residents felt that most staff are able to meet their needs and that they receive good care. However, a couple of residents told us that they feel that staff should have more mental health awareness, as well as other condition specific training to enable them to provide the residents with more support. We also heard about an instance where a resident was not left with their call button in easy reach.
- 4.4 In terms of supporting their overall healthcare, residents told us that staff can escort them to GP, hospital and dental appointments when needed and that the GP also visits the home when required; the team consider they receive good support from their local GP practice, Abernethy House. Staff told us that the home employs a physiotherapist, who visits three times a week, a chiropodist every 6 weeks and a member of the CHAT² team as and when needed.
- 4.5 Regarding eating and drinking, some residents spoke well of the food being offered at Arnold House and expressed their gratitude to the chef catering for their individual dietary requirements and food preferences. Residents told us that they are able to eat their meals at the times they want, and that staff assist with this by keeping their food hot. They are also able to have snacks as and when they would like, however, a few felt the menu was quite limited and often bland.
- 4.6 In terms of overall cleanliness, whilst the floors etc. were clean, our representatives were very concerned that some areas within the home such as the residents' kitchen area including their fridge, dishwasher as well as some of the bathrooms, were in need of an immediate, deep clean. There was milk and juice leaking into the bottom drawers of the residents' fridge as well as some out of date foods. Kitchen drawers were unclean, and a resident's tub of fluid thickener was left with the lid off in a dirty cupboard which stated it should be kept locked but was left open. The team immediately informed the home of their findings on the day of our visit and the management team took action whilst we were there.
- 4.7 Overall, however, residents were happy living at Arnold House. Some residents, however, told us that they are often woken up during the night by staff banging doors. We were also told about incidences where staff have shouted at other staff members in front of residents, making the residents feel uncomfortable. It is important that residents feel comfortable in their own home, and that all staff should conduct themselves in a courteous manner at all times.
- 4.8 Residents reported feeling safe living at Arnold House but told us about problems with the door handles on the bedroom doors which lead to the garden and that their main bedroom door is heavy and difficult to open.
- 4.9 Staff and residents also explained that they feel the home would benefit from having exterior CCTV security systems in place, specifically covering outside areas which need to be accessed during the night, such as the bins.

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

- 4.10 We were informed there are a wide range of activities taking place in the home and some residents seemed to enjoy these. We were also told that some residents prefer to spend their time in their room or are able to go out on their own and that staff respect these individual's wishes. However, the activities seemed to be aimed at the whole group. Given the varied needs of the individual residents, it was felt that there should be more small group activities to better meet the needs of the residents, especially those with the most profound needs.
- 4.11 A resident told us that the home used to run a 'supper club' and that they would like to see this activity return so that they can participate in cooking their meals where possible. We also heard about the homes 'cultural food days' and residents enjoyed these and expressed they would like these events to cater for different cuisines, more regularly.
- 4.12 Residents told us that staff often assist them to go out to places such as the shopping centre, pub and bowling lane. Both residents and staff echoed that they would like to have more drivers and care staff available to help residents go out more. One resident explained that they cannot go swimming because there are not enough staff to take them and that this is something they would really like to do.
- 4.13 We were told about regular 'residents' meetings' with staff, but some residents told us that these are poorly advertised and can sometimes change at the last minute. Residents expressed that they would appreciate wider advertising of these meetings and that they think the poster should be displayed in a larger font to make it easier to read. Some residents also told us that they would like these meetings to take place at an earlier time in the day than currently.
- 4.14 The home was fully accessible to meet the physical needs of all residents. However, our authorised representatives noted that the signage within the home was small or not apparent, for example, it was unclear as to what might be communal bathrooms and toilets and resident's rooms. The signage was not clear, large or accessible to all and needs to be improved.

5. Areas of Good Practice

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

- Most staff take note of, and cater for residents' individual needs ensuring the care they receive is person centred and individualised
- Most staff provide good care with a friendly and caring attitude
- The home is flexible towards individual needs and ensures residents are able to eat and perform daily tasks when the resident wants to
- The home offers a range of activities
- Staff take residents out when possible
- The chef prepares food upon request from residents to cater for their likes and dislikes
- There is a specific residents' kitchen area for residents to access and be more independent where possible
- There is an accessible outside patio area and pleasant, surrounding grounds
- A good use of volunteers to support residents' activities
- The Manager's and Deputy's office are accessible to residents and located on the ground floor

6. Summary of the Recommendations

Recommendation 1

We recommend that measures are put in place to ensure that residents are not disturbed at night by doors banging.

Recommendation 2

We recommend that procedures are put in place to ensure that residents are easily able to access their call bells at all times.

Recommendation 3

We recommend that the home considers improving the safety of the outside of the home by moving the yellow bins outside to a place which feels safer for staff and considers the option of installing CCTV outside the home for added security.

Recommendation 4

We recommend that the home considers re introducing the supper club so that residents are able to assist with cooking and that the home reviews the menus used and food cuisine offered during their 'cultural food days'.

Recommendation 5

We recommend that the home reviews the activities on offer to ensure that they are more person centred and adapted for all residents to participate, for example by providing visual aids and sensory equipment and conducting more small group specific or individual activities, in addition to assist residents in being able to attend more outside activities of their choice.

Recommendation 6

We recommend that the home reviews the resources available for residents who prefer not to go out, for example by providing portable DVD players which can be used in residents' rooms.

Recommendation 7

We recommend that residents are made fully aware of residents' meetings by advertising these more widely to residents, in areas which are accessible to them, e.g. displaying posters at waist height for wheelchair users to see them.

Recommendation 8

We recommend that measures are put in place to ensure that staff have the skills and training required to deal with confrontation with other staff members, as well as residents, in a calm and supportive manner.

Recommendation 9

We recommend that additional mental health and condition specific training is provided to staff to ensure they are equipped to support residents' emotional needs.

Recommendation 10

We recommend that residents' doors which lead to the garden are fitted with a handle on the outside to enable residents to get back into their room (whilst maintaining complete security for residents) and that measures are put in place to ensure that the front door is not difficult or stiff for residents to open.

Recommendation 11

We recommend that the home undertakes an immediate deep clean which is then repeated regularly, specifically, the communal bathrooms and residents' kitchen area and elsewhere as needed

Recommendation 12

We recommend that signage within the home is reviewed to ensure it is comprehensive, large, clear and accessible.

7. Conclusion

- 7.1 In speaking to residents, they explained that they were generally happy living in the home and feel that staff are able to meet their needs. Residents informed us that, overall, Arnold House provides good care and most staff are friendly and helpful. Residents explained that staff are flexible to ensure that their daily routines are personalised to their individual needs to create a person-centred living environment. This is especially valued by residents who have been living at Arnold House on a long-term basis.
- 7.2 Residents explained that they get the support they need to enable them to live as independently as possible and enjoy staff taking them out the home for various activities. Overall, residents who participate in activities were pleased with the activities on offer within the home but did express that they feel they would benefit from having more support staff and drivers to take them out more.
- 7.3 Some residents voiced some concern around doors banging at night and staff having disputes with each other in front of residents and that a member of staff could be quite brusque and rude. One additional area which was highlighted as an area for improvement was the need for staff to have more mental health and condition specific awareness training.
- 7.4 Overall, residents felt safe living in the home but explained some issues relating to the door handles on their bedroom doors that lead to the garden and also their bedroom door is stiff and difficult to open. Staff expressed that they feel the home would benefit from exterior CCTV.
- 7.5 There are opportunities for residents to talk to staff about their experiences living in the home during 'residents' meetings' but in listening to residents, these meetings would benefit from being advertised more widely to residents and care should be taken to ensure they are not cancelled at the last minute.
- 7.6 Finally, we considered the home was fully accessible to meet the physical needs of all residents, but it came to our attention that many areas within the home were in need of an immediate and regular deep clean.

**Appendix 1:
Our detailed
findings - Care**

Key area 1: Care

**Are residents well
looked after, and
cared for?**

8 out of 10 residents we spoke with, overall, felt satisfied with the care they received. The residents we spoke to had been living at Arnold House from a range of a few months to 32 years.

Some residents told us that they feel the staff are ‘brilliant’ and ‘very good’ and look after them well. However, some residents also told us that staff are very busy and not always able to help. They told us that they feel there is ‘not enough staff’ ‘due to cutbacks’ and a few told us that they feel they are not treated with respect.

A resident told us that they hear doors banging during the night which interrupts their sleep. They feel this is ‘thoughtless and inconsiderate’ of night staff.

Staff told us how they feel that current management is better than it has been previously and that they feel that management is approachable, in addition to informing us that they can contact Leonard Cheshire for help and support if needed. Staff told us that management meets with residents to talk to them.

Overall, staff told us that they tend to ‘pay attention’ to residents needs and ‘ask what they want to do’. We were also told that residents tend to ask for help and that staff ‘help as well as we can’. Staff told us that they work alongside ‘support activity staff’ who work on a voluntary basis to provide activities for residents.

Management staff told us that a manual is used to guide staff and that spot checks are carried out to ensure that staff are providing good care. Staff meetings are used as opportunities to discuss potential improvements that can be made.

Residents and relatives said:	Management and staff said:
<ul style="list-style-type: none"> ▪ <i>Been here for 11 years. Has good days and bad days. Staff are busy, I don't rely on staff that much. I don't feel there are enough staff. There are banging doors during the night, night staff are a bit thoughtless and inconsiderate. I have complained repeatedly.</i> ▪ <i>Staff do just fine most of them are brilliant little bunnies. Look after me as best they can.</i> ▪ <i>At times, they are busy don't always come for me, not enough staff due to cutbacks. They bang doors and keeps me awake. Not always treated with respect.</i> ▪ <i>Fulfil all of my needs, very good.</i> ▪ <i>Yes, feed me and keep me clean. I feel looked after.</i> ▪ <i>Ask if I'm okay. If I need something. People care if I asked but I can do most myself.</i> ▪ <i>Just paperwork not doing shift. Unexperienced and</i> 	<ul style="list-style-type: none"> ▪ <i>With support activity staff who are voluntary workers from abroad.</i> ▪ <i>We ask them how they are. We look at their reaction and we pay attention to how they communicate back to us.</i> ▪ <i>I have been here three years - it has got better - when I started, we had a manager who left. We had a lot of inspections - not a good atmosphere - felt the pressure = now much calmer - back to normal. The manager is a good manager, she's approachable, meets with residents.</i> ▪ <i>I always ask what they want to do. Our wheelchairs able to come on trips and fun days.</i> ▪ <i>They ask for help and we listen and help as well as we can. We do not make them over tired. We do a variety of things/activities, songs, sing-along, crafts and the Halloween activity. The residents like the quiz we do and</i>

	<p><i>unqualified staff. CQC made huge mistakes by passing in last inspection I feel discriminated against. I spoke to CQC about poor quality staff. Staff are clueless. Been here for 20 years focus on writing not looking after us.</i></p> <ul style="list-style-type: none"> ▪ <i>No complaints. I praise the staff highly. I have only been here 6 months as I required wheelchair to get around.</i> ▪ <i>This room is my home - It's like everything I have here - 32 years been here. lots of changes. New staff. On the whole quite good</i> 	<p><i>the party's theme can be their choice, they like cooking/baking.</i></p> <ul style="list-style-type: none"> ▪ <i>When you speak to resident themselves they tell you if they are happy and not happy - we build relationships with them and if we have any problems we can talk to the manager and someone from Leonard Cheshire talk to staff and residents - been two months ago - residents speak to them and any issues raise with us - not issues raised. Staff are generally OK - if there is sometimes an argument - so ask them to leave and get another staff member to support the resident = quite rare in the last year, not seen anything this year</i> ▪ <i>When volunteers do activities, I give the residents drinks, not in job description but they'll be thirsty.</i> ▪ <i>The residents can be challenging at times to understand, and also cultural and political information but we try not to let this get out of hand with jokes.</i> ▪ <i>Guide for managers. and staff how and what to do = team leaders do spot checks and following up. I do spot checking - look at where there is room for improvement. Use the feedback guide - team meetings monthly and staff also as well as residents</i>
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Recommendation 1

We recommend that measures are put in place to ensure that residents are not disturbed at night by doors banging.

<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>10 of 11 residents felt that staff knew their likes and dislikes and ask them what they need. Residents told us that staff were 'brilliant' and tend to know what the residents need and what they want without having to 'repeatedly tell them'. We were told that residents are also asked what they want and feel their needs are understood. One resident told us that they feel that staff know what they want but do not make the 'effort'.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Staff help her get washed and dressed. Feels the assistance is helpful and staff. Understand her needs. Staff come around with menu and ask what she wants to eat. Likes her room</i> ▪ <i>Staff generally know what she wants, know her needs and she doesn't have to repeatedly tell them what she wants</i> ▪ <i>Staff know her needs, and are generally brilliant</i> ▪ <i>They know what food you like, playing scrabble, play on computer, play with residents. What time I get to bed.</i> ▪ <i>They do but don't make the effort. The attitude is unacceptable feel fear not comfort. People scared to say something. Made complaint to managers about staff no action taken. Frightened they might spit in my food if I complain.</i> ▪ <i>They know how to wash and dress me and what I like for breakfast. They get me up and ask me what I want.</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i>

<p>Key area 1: Care</p> <p>Are the staff friendly, having the time to talk to and listen to residents?</p>	<p>10 out of 10 residents felt most of the staff were friendly, approachable and had time to talk to them. Residents told us that staff help them carry out daily living and recreational activities such as shopping and scrabble, as well as chatting to the residents. However, some residents told us that they feel staff do not understand their needs and are often 'very busy'. One resident told us how they feel that staff changes has impacted the relationship they have with staff. Staff told us that overall, they try and make the time to talk to residents, but this can be challenging, especially during periods of being short staffed. They told us that residents 'like talking' and that they also try to initiate conversation with residents when they are quiet but would like more time to interact with residents. The manager told us that they had moved their office downstairs so that residents can come in and talk to them whenever they want.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Staff are kind and friendly. Take me shopping and play scrabble</i> ▪ <i>Generally positive attitudes but I feel none of the staff understand mental health issues. Feel they need more training around understanding and talking to people in a helpful way.</i> ▪ <i>Generally, staff are ok but very busy and try their best. Tend to be very task oriented</i> ▪ <i>I have a key worker who I spend time with</i> ▪ <i>All very friendly includes night staff.</i> ▪ <i>Very nice to me, talk nicely.</i> ▪ <i>Some long term staff okay. Changes in staff over past year have poor attitude, feel harassed. I watch how they treat residents, abuse their power, frustrate residents then they complain about resident. manager listens.</i> ▪ <i>No problem in this area. They always find time to have a chat except when lots of bells are ringing from other residents.</i> ▪ <i>yes, they are nice - all ok</i> 	<ul style="list-style-type: none"> ▪ <i>When we get a new resident, we get families involved with other professionals and develop the person-centred plan - after 6 months we review but can review more often - we involved the residents as well</i> ▪ <i>We do have time to talk to residents. Residents like talking especially mostly when they see you walking around the home. We will talk when they want to but also start talking to them when they are quiet. Activities mean we talk a lot to them.</i> ▪ <i>Through the day, as much as we can - some support workers were short, but others stop to talk. I always had the time - not too busy. At some points it has been short staffed so financially hard they didn't have the money so we had to take up and also need one more driver - but not sure if they have the money - activities co-ordinator asked to help at lunch time - I was asked to help out all the time.</i> ▪ <i>Don't get that much time to chat with the residents - most of the time always on the move - 7 in the morning including the team leader and 5 in the afternoon and 3 in the night. Morning shift is too hectic - we used to have 8 staff and now 7, but we are 3 residents down but would</i>

		<p><i>still have preferred to have 8 staff especially as some residents have appoints etc. Or some residents want to go out - we have volunteers to take residents - they can just decide on the day if they want to go out</i></p> <ul style="list-style-type: none">▪ <i>Yes, at times I talk to the residents. I'd like more time. Sometimes it's too busy, not time to have a general conversation.</i>▪ <i>If they seem sad or alone for some time, we help them to talk or ask if they want a drink. we try to make them feel happy.</i>▪ <i>I chat with residents. I've moved down my office so they can come in and talk to me - they come in - rest of staff, from 11 to lunch finished with personal care so they can join in activities or making the beds up. From 2pm to 4 pm and they have lunch and chat with service users.</i> <p><i>Volunteers - are trained same as care staff</i></p>
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<p>Key area 1: Care</p> <p>How quickly do staff come when residents call them?</p>	<p>5 of 7 residents felt that staff attended to them within a reasonable timescale when called. Some residents told us that staff ‘come fairly quickly’ and are ‘on the ball’, but other residents told us that they have to wait for staff, for time periods varying from 10 minutes to 30 minutes.</p> <p>We were told that the waiting time can vary dependent upon the number of staff on duty. Residents were respectful of staff time and understood that staff were busy but also told us their frustrations and anxieties about having to wait for staff when they call them. One resident told us that their buzzer is currently inaccessible to them.</p> <p>Staff told us about the policy to attend to a call bell within 10 minutes and told us that they try to react as quickly as they can. They told us about a different bell which is used within an emergency and that they often check first with a resident if they call the bell, and then go back later, depending on what they want. Management staff told us that logs are reviewed regularly to ensure that the policy is adhered to.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Yes and no. Sometimes have to wait ten minutes or so. I get anxious waiting when I need the toilet.</i> ▪ <i>Can wait 30 minutes. Can feel like a long time</i> ▪ <i>No problem with this. Staff are on the ball and come quickly</i> ▪ <i>When I pull cord, it can be quite a long time. Half - an - hour or more. I hate to complain.</i> ▪ <i>Two bells, generally come on time, but they have others to look after. We don't have 1-1 so cannot expect it.</i> ▪ <i>I have a pull cord, they usually come fairly quickly.</i> ▪ <i>Sometimes fairly quickly, but other times you have to wait for ages, and they say they are busy as they are short staffed.</i> ▪ <i>Night staff, useless. I am reluctant to call due to the attitude, looking at their watches if you asked them to do something.</i> ▪ <i>Yes, on the whole, but sometimes you will have to wait. At 5.30-6am staff wake the residents who need to be changed. At 09.00 you are washed. These are the busy</i> 	<ul style="list-style-type: none"> ▪ <i>If doing an activity, we react quickly but there is usually a support staff there.</i> ▪ <i>If calling at night and 2 staff to one resident the bell could wait 10 mins as everyone occupied - during the day about 5 mins - there is a policy - no more than 10 mins - if someone will call, we go to check first and then go back later depending on what they want. It beeps differently when an emergency</i> ▪ <i>1- 2min - 6 mins personal care time - review logs regularly. Policy states no more than 10mins - we say straight away - acknowledge them and find out what they need first</i>

	<p><i>times</i></p> <ul style="list-style-type: none">▪ <i>Buzzer usually pinned to the pillow - and in the bathroom but can't reach at the moment as it's wrapped round.</i>▪ <i>Overall quicker now - cos staff have changed - quite a few left - I think it was right they left</i>	
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Recommendation 2

We recommend that procedures are put in place to ensure that residents are easily able to access their call bells at all times.

Key area 1: Care What training have the staff completed and can you provide records?	<p>Staff told us that they have completed a range of training from first aid, to manual handling, health and safety and food hygiene to name a few. They told us that they complete a test on 'e-learning' after the training to consolidate and assess learning. Refresher courses are monitored by admin telling staff when a refresher is due and flagging it on the noticeboard. We were told that training is managed by management at the home, but also by Leonard Cheshire.</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>Choking, first aid, manual handling, health and safety, food and hygiene, confidentiality, mental capacity, undergone training, in the past autism training.</i> ▪ <i>We had 3 days learning and training in safety, do's and don'ts, mandatory handling other must have training to work here. There is a test at the end on what is learnt on e-learning and must get 60/100. All training is up to date.</i> ▪ <i>I did a lot of training Safeguarding</i> ▪ <i>Training - E learning - admin tell us when we are due and a refresher then flagged on the notice board - can do it anywhere - safeguarding, moving and handling, CPR, First Aid, DOLs.</i> ▪ <i>We are managed by staff at this care home, but also by our managers from the organisation that sent us here. They track and ask how we are doing and get information from the manager of the home.</i>

<p>Key area 1: Care</p> <p>Do you see a GP, Dentist, Chiropodist etc if you need to?</p>	<p>All the residents we spoke to told us that they can see the doctor if they need to and 10 out of 11 residents told us they have access to a dentist. Residents told us that they either receive home visits from a local GP practice or attend the practice with support. All the residents we spoke to explained that staff support them to book and attend appointments to see a GP if they are not well. Some residents told us about care they receive from other health professionals regularly, such as a nurse, chiropodist, optician and/or dentist. Some also told us that they had received their flu jab. Staff told us that residents are taken to GP appointments, hospital appointment and dental appointments and that they have a driver to take them. They also told us that a GP visits the home and that they have their own physiotherapist employed by Leonard Cheshire that comes three days a week and sees all the patients.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Staff respond with booking appointments but can waiting time to get to see GP can be long</i> ▪ <i>Bethany House Surgery Sometimes do home visits also attends surgery with staff support</i> ▪ <i>Doesn't usually need to see the GP but staff would help. Would complain if there was a problem</i> ▪ <i>Nurse comes twice a week for ulcer. Staff arrange doctors visit or they go to the surgery with staff.</i> ▪ <i>Went for a hospital appointment.</i> ▪ <i>Tell staff I don't feel well, they will sort it out for me.</i> ▪ <i>They called, and he came here.</i> ▪ <i>I made call to arrange meeting.</i> ▪ <i>He has been seen by two different doctors on two occasions but that was ok.</i> ▪ <i>Never used - had to go to the Doctor - but my bad eye, Doctor came a couple of times and checked me over and had the flu jab - might as well. A man comes every 6 weeks for my feet but I have to pay</i> ▪ <i>I've had one of the paramedic people come and see me a few times - she was here the other day. asking residents if they wanted a flu jab. A doctor came but missed me for some reason - I didn't see me - came to</i> 	<ul style="list-style-type: none"> ▪ <i>Don't know</i> ▪ <i>GP visits and they are taken to appts and taken them to the hospital - and dentist - have drivers taking them - all attend their appt</i> ▪ <i>If a GP comes to visit in house, when needed or their meds are reviewed, they come out - no problems. Most dentist appt we take them out or organise someone to come and check their teeth. We have our own Physio, three days a week - employed by LC. She gets to see all the residents</i>

	<p><i>review my medication - seen a doctor about scarring on my hips.</i></p> <ul style="list-style-type: none">▪ <i>Goes to dentist in community. Has had dental problems in the past and these were sorted out quickly</i>▪ <i>I go out to the dentist.</i>▪ <i>Glasses come here.</i>▪ <i>Went to the dentist support worker</i>	
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Key area 1: Care Is there anything that worries staff/management about how the home is run?	Staff told us that they generally didn't have concerns about how the home is run but feel that more work is needed to improve their current CQC rating. One staff member told us that they feel that there should be CCTV in place to make the environment safer, following a break in last year. They explained their concerns about someone breaking in, whilst residents are in bed/sitting in the lounge. One staff member also told us about difficulties getting to the yellow bins outside due to a path which makes them feel vulnerable.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Neither residents nor relatives were asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>Not so far</i> ▪ <i>Not really - last year they had an issue with CQC, so a little push to do better- maybe not quite there yet</i> ▪ <i>The environment - no cctv in place and it's a risk - where the yellow bins are there is a path which makes it more risky at night and not many of us - only 3 of us usually - it was raised but not sure what happened - we had a break in last year. Stole two bags and the car for a carer - worried it could happen again. We normally sit in the lounge - someone could break in the back - most residents in bed - only 1 resident goes to bed between 1 and 2 in the morning -</i>
Recommendation 3 <i>We recommend that the home considers improving the safety of the outside of the home by moving the yellow bins outside to a place which feels safer for staff and considers the option of installing CCTV outside the home for added security.</i>		

<p>Appendix 2: Our detailed findings -Choice</p> <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>11 out of 12 residents who responded to this question felt there was flexibility and choice around when to eat and to sleep or wake up. Residents told us that they make the decisions themselves about when they want to go to bed and get up and that staff ‘always listen to me’. Residents told us that they have a ‘lie down when I want to’ and that they go to bed ‘when they feel like it’.</p> <p>Residents told us that they get to choose what food they want from the varied menu and that they can either eat their food in the dining room or their bedroom. Some residents told us that they like to eat their food a little later, and that their food is kept warm for them so that they are able to eat their food when they wish.</p> <p>We were told that generally the food and choice was ‘good’, and that staff make them something else if there is nothing on the menu that residents like. However, one resident told us that they thought the menu was a bit ‘bland’ and lacked variety e.g. Western Indian food. Residents told us that snacks were available for them to help themselves to if they wanted and that they could make themselves a cup of tea. Some residents told us that they are unable to make a cup of tea and that staff do this for them.</p> <p>Residents told us that there used to be a ‘supper club’ and that they used to make cakes, but this does not happen any more due to the lack of staff. Staff echoed the fact that residents can choose when they go to bed, get up and eat their meals and that there is flexibility around this. They also echoed that residents could choose if/which activities they participate in.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I go to bed and get up when I want</i> ▪ <i>No issue here, staff always listen to me</i> ▪ <i>Got up at 11 and had lunch. I am a vegetarian and they give me good food.</i> ▪ <i>I go after midnight, have a lie down when I want to.</i> ▪ <i>I go when I feel like it.</i> ▪ <i>I make the decision</i> ▪ <i>Yes. Also, you can get up when you want and also there is the option of having breakfast in your room or the dining room.</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, residents can decide when they go to bed, get up and have food when needed.</i> ▪ <i>Mostly flexible. One person likes to have his breakfast late - after 11am but sometimes, he would not eat and take him so long, he'd just have lunch. He wants to eat late</i> ▪ <i>Between 6pm and 8pm in bed, some sleeping and some watching TV. It depends on the resident -they have their own choice</i> ▪ <i>Meals are not mandatory, but staff know who eats and who does not. The residents can eat in their room when they want. For example, a certain resident eats at 9pm each day. There is also snacks they can have any time. Not all residents want to do activities and they are not forced to do so.</i>
<p>Recommendation 4</p> <p><i>We recommend that the home considers re introducing supper club so that residents are able to assist with cooking and that the home reviews the menu’s used and food cuisine offered during their ‘cultural food days’.</i></p>		

<p>Key area 2: Choice</p> <p>Do you have enough to eat and drink? Do staff encourage you to drink?</p>	<p>Staff told us that water is provided to residents during and after activities and that support staff encourage residents to drink when they think they need to. Drinks are offered to residents at 10am every day and those who need support to hold their cup or choose their drink of choice are given this support. Staff record what residents eat and drink and offer more food to residents at mealtimes.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I pick food from the menu and it has a choice. I am not allowed to use the kitchen although some of the residents make a cup of tea,</i> ▪ <i>Good choice and food is good. Staff will make something else if I don't like what's on the menu. It would be good if the menu was in a bigger font.</i> ▪ <i>I can make snacks and drinks myself. I go to the dining room for meals. I used to do more cooking, but this has been less so recently due to staff shortages</i> ▪ <i>Food is good, good choice of food. Staff will get me anything I want.</i> ▪ <i>I can ask if I want to eat later. I used to make cakes and supper-club. staff not doing it very much</i> ▪ <i>More than enough. Meals are a bit predictable, little variety. I have raised this but its Shepard's pie, sausage and mash, other food. Not really available fish and chips on Fridays. Trying meat free Mondays.</i> ▪ <i>I can ask to keep it warm. Cup of tea in moments. Food okay, big portions. Don't cook myself, make my own hot drinks.</i> ▪ <i>Have schedule but will ask to wait for later, no issue. Quality of food. Only one good cook used to have a supper club where we made simple food, changes made staff more interested in playing their music.</i> ▪ <i>You can have snacks anytime what is available is on the wall in the resident dining room next to the</i> 	<ul style="list-style-type: none"> ▪ <i>We have water during activities of any kind, and especially when activities are over. Support staff are there to make sure they drink when needed or when they think it's time to drink.</i> ▪ <i>They record everything they eat and drink - have paperwork - if you give someone a drink you have to write it down</i> ▪ <i>Normally when we are serving food - we ask if they want more - those able we put water in their rooms and 10am we go around with drinks - we offer and give them drinks if they can't hold the cup. If nonverbal show them different bottles - and show them 3 trousers and tops and they choose</i>

	<p><i>kitchen. You can make tea in the resident kitchen and if you want meet other residents.</i></p> <ul style="list-style-type: none">▪ <i>Lunch normally 12 noon - have two sessions for all the wheelchairs - half past 4 is tea/supper. Sometimes at the weekend I have soup or sandwiches - don't like to eat late as I get indigestion</i> <p><i>yes, I get a lot of food but not much west Indian food family don't bring in - some of it where it's bland - lentil curry or vegetable curry really bland - I eat when I want to - I can have scampi if I want as don't like fish.</i></p>	
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Key area 2: Choice Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation	<p>Staff informed us that one ‘religious’ resident has a nun who visits her every week and goes to church ‘sometimes’. We were told that generally residents are asked when they come into the home if they want to participate in any cultural/spiritual/religious activities. There is a ‘cultural food day and lunch’, but staff told us that this ‘mostly’ involves ‘British’ food.</p> <p>Some residents have dietary requirements related to their religion and these dietary requirements are catered for.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Neither residents nor relatives were asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>There is a cultural food day and lunch (I think each week) but mostly British food cooked. There is always a vegetarian option.</i> ▪ <i>A certain resident is very religious and has a nun who visits her each week and plays music to her. She also goes to church sometimes.</i> ▪ <i>When they come into the Home, we make sure we involved them if they want to go to Church or go out on a Sunday - no-one has particular requests.</i> ▪ <i>One resident has halal meat - some are vegetarians - sometimes 3 options chefs are good they can sort something else out.</i>
<p>Recommendation 4 <i>We recommend that the home considers re introducing supper club so that residents are able to assist with cooking and that the home reviews the menu’s used and food cuisine offered during their ‘cultural food days’.</i></p>		

<p>Key area 2: Choice</p> <p>Are there varied and sufficient activities/ things for residents?</p>	<p>11 out of 11 residents who responded to this question told us that they feel there are enough things for them to do at the home. Residents told us that there is a programme of activities and there is flexibility for them to choose or suggest activities. We were told that people come into run activities such as exercise programmes and physiotherapy.</p> <p>Residents told us that they tend to go out with their support workers to partake in activities of their choice such as bowling, going to the pub and shopping, and those able to go out independently go out themselves.</p> <p>One resident told us that they want to go swimming, but current staff capacity issues mean that there is not enough staff to take them. Another resident told us that they do not get to do the activities that they want to.</p> <p>Residents told us that they spend time watching TV and DVDs but would benefit from having more TV channels available and portable DVD players so that they can watch a DVD of their choice on their own if they wish to.</p> <p>Staff told us that there are sufficient activities on offer to residents, but not all residents are able to/want to participate. They told us that a few residents don't leave their rooms and they spoke about the difficulties of managing a range of individual needs. Staff told us that there is a full-time activities co-ordinator and three students who help plan activities for residents. However, staff explained that they struggle to take residents on outings because there are not enough care staff to support them and they feel the home would benefit from having one more driver.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>I participate in a variety of activities. I use the garden and I have a pet rabbit</i> ▪ <i>There is a program, but residents can choose or suggest things. I go out in the minibus. I go Shopping. Sea life. I generally go out once a week.</i> ▪ <i>I read a lot, I draw, listen to music and watch films</i> ▪ <i>Activities are good and I like to do everything. Everybody is so nice, and I enjoy joining in. I would like to go swimming as this something I really enjoy as I was the best swimmer in my school year. I am told there is not enough staff to be supported to do this. I sit here doing bugger all. I worked as a riding instructor would like to see the horses at a stable, but I haven't had the opportunity to do this.</i> ▪ <i>Plenty or me to do, always activities Mon - Fri. Cannot partake, in some things, 3 afternoons a week have visitors' activities. Staff all off at the weekend so they put a DVD on which is usually for older people.</i> ▪ <i>Don't get bored.</i> 	<ul style="list-style-type: none"> ▪ <i>Yes, but not everyone can speak but some other residents help to say what is the matter.</i> ▪ <i>Not all residents do activities - about 2 or 3 don't do activities and don't leave their rooms.</i> ▪ <i>Hard to manage all the different needs - last year - tried different questions for everyone but it didn't work, and others can't speak as quickly</i> ▪ <i>There is a full time activities co-ordinator and 3 students. I can't really comment as mostly on nights.</i> ▪ <i>Singers and dancers, arts and crafts, bingo, try to save choices. Blowing, sea world, drawing.</i>

	<ul style="list-style-type: none"> ▪ <i>Quite independent, bowling, go out with a support worker, been out with family.</i> ▪ <i>Do my own activities, I asked if I could go shopping.</i> ▪ <i>I agree but it's all paperwork I never get taken. No dates are actually given. I am Muslim but I actually enjoy Christmas. They leave people in bed who miss out on food celebrations. I have said do not ruin our Christmas, think about us, what it's like to be in our shoes. There is a meeting chat, all set for 6 pm. I asked for it to be earlier, as before as many are exhausted and in bed already but I was totally ignored.</i> ▪ <i>Sometimes I go out alone by bus to Enfield or Potters Bar in my wheelchair. Sometimes we go to out to events with the support activity people and to the pub. There is activity in the day if you want to join in.</i> ▪ <i>They have things going on in the dining room - they have physio here - I used to go but will try to start again after Xmas. Usually go on the exercise bike - can't walk much now - can pedal a bit - I move my arms a lot. A woman comes in and does exercises and asks quizzes and I like that. Wednesday, I went bowling and so we'll be going to the pub at some time to have a Christmas lunch - it's not far.</i> ▪ <i>No activities in my room at the moment - I have problems if I need to use my remote and put the TV on - as long as I've got my iPad and watch my videos then it's OK - I would like a broader range of channels on my TV</i> 	<ul style="list-style-type: none"> ▪ <i>There are activities twice a day</i> ▪ <i>Struggles with outings, there are no care staff to support</i> ▪ <i>One more driver would be good to go out more - they enjoy it and one of the best things for them</i>
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Recommendation 5

We recommend that the home reviews the activities on offer to ensure that they are more person centred and adapted for all residents to participate, for example by providing visual aids and sensory equipment and conducting more small group specific or individual activities, in addition to assist residents in being able to attend more outside activities of their choice.

Recommendation 6

We recommend that the home reviews the resources available for residents who prefer not to go out, for example by providing portable DVD players which can be used in residents' rooms.

Key area 2: Choice Are residents able to personalise their rooms?	Staff told us that residents are able to personalise their rooms, and some have organised their room in the way they want to.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Residents/relatives were not asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>Yes</i> ▪ <i>Yes, all personalised</i> ▪ <i>Some of them can - if they are able - even those not able they ask for pictures to be moved etc - they can organise the rooms as they wish</i>

Key area 2: Choice Are residents/relatives' views/suggestions taken into account and acted upon?	Management staff informed us that a review is conducted every 6 months with residents and that their family are invited if desired.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Residents/relatives were not asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>Every 6 months in house review with them and invite their family if they wish and review changes</i>

<p>Key area 2: Choice</p> <p>Overall, do residents like living here?</p>	<p>8 out of 10 residents who responded to this question told us that they liked living there. Overall, residents described their experience as being ‘okay’ and explained that they ‘like living here’. Residents told us that they have made friends within the home (some of whom they know already from other placements).</p> <p>We were told that there are residents’ meetings but that these often do not happen when they are supposed to and are poorly advertised to residents so that not all residents know about them. It was suggested that these meetings are advertised better so that all residents know about them.</p> <p>Overall, residents told us that staff were helpful. However, one resident told us that staff do not understand their mental health needs and one resident told us that staff have not provided a cream for them that they have asked for. We were told that negative staff attitudes can sometimes impact the residents experience and that management can sometimes shout at staff in front of residents, which they feel is ‘unprofessional’ and ‘makes everyone feel uncomfortable’.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Been here for fifteen years. It’s ok.</i> ▪ <i>I want to leave because of my mental state. I lived at my previous placement for 20 years. I would like to live nearer my brother. Staff in previous placement provided more support around my mental health issues and I do not feel staff here have that awareness.</i> ▪ <i>I have an old school friend living here. We have residents’ meetings but not very well advertised and people don’t know about them.</i> ▪ <i>I like being here. I have memory problems which is very difficult for me, but staff are reassuring.</i> ▪ <i>One resident is an old school mate. Residents’ meeting supposed to have on yesterday, but this didn't happen, but others didn't know about it. Timing could be earlier.</i> ▪ <i>One complaint, manager tends to shout at staff in front of residents which is unprofessional and makes everyone feel uncomfortable.</i> ▪ <i>There are horrible people here who are running things</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i>

	<p><i>for shift and I will not keep quiet.</i></p> <ul style="list-style-type: none"> ▪ <i>New staff, I have problem, I asked for cream they refused and said do it yourself. I am allergic to inflammatory products and they used them.</i> ▪ <i>It's quiet and made friends with a few other residents.</i> ▪ <i>Yes, I do - since I've been here a lot have died but I do have some friends here but not a lot of family so don't always come - we can keep in touch by phone - got a landline phone</i> ▪ <i>The building is nice - nice facilities - I have friends here but I don't see them at the moment in my room.</i> 	
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Recommendation 7

We recommend that residents are fully aware of residents' meetings by advertising these more widely to residents, in areas which are accessible to them, e.g. displaying posters at waist height for wheelchair users to see them.

Recommendation 8

We recommend that measures are put in place to ensure that staff have the skills and training required to deal with confrontation with other staff members, as well as residents, in a calm and supportive manner.

Recommendation 9

We recommend that additional mental health and condition specific training is provided to staff to ensure they are equipped to support residents' emotional needs.

Appendix 3: Our detailed findings - Environment

Key area 3: Environment Are residents able to get around and about easily within the whole of the home? If there are lifts, are they always working?	Staff told us that the home is on one level, with all rooms and activities on the ground floor. They told us that there was wide access for wheelchairs and no obstacles, with ramps to the garden.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Residents/relatives were not asked this question</i> 	<ul style="list-style-type: none"> ▪ <i>All rooms and activities on ground floor and no obstacles. No problems.</i> ▪ <i>On one level - wide access</i> ▪ <i>Ramps to garden</i>

<p>Key area 3: Environment</p> <p>Do you feel safe here?</p>	<p>8 of the 11 residents who responded to this question felt they were safe in the home and told us that they know they can talk to staff if there was a problem. Residents were generally happy with their rooms, but a few told us that their doors that lead to the garden do not have a handle on the outside, meaning they have to leave it propped open when they use it to get back into the building. We heard that the front door cannot be left open because it sets off the burglar alarm, but that this door can get stiff and can be difficult to open for some residents.</p> <p>We were told that residents had not had a fire drill for over a year, which did cause some concern amongst some and highlighted the need for regular fire drill testing. It seems that the patio area in the garden gets very hot during the summer and one resident suggested that having more shaded areas during hot weather would make the garden better.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>I feel safe and would tell staff if there was a problem. It has been much better since a member of staff has moved her office downstairs. My room is lovely, has door to garden and I have a key to my room. I have my own toilet and wash basin and use the communal shower. It is generally kept clean but sometimes the toilet is dirty.</i> ▪ <i>Incident yesterday of someone taking pictures and alarmed the staff. I think there should be CCTV. I have a door to the garden but there is no handle on outside and I have to prop it open while in the garden.</i> ▪ <i>Completely.</i> ▪ <i>Security wise, I can transfer myself.</i> ▪ <i>In short, staff need to show respect, dignity and adhere to health and safety. Not had a fire drill for over a year.</i> ▪ <i>Good security no problem so far.</i> ▪ <i>Yes, fairly safe - don't leave the door open as it sets off the burglar alarm - but the main door can get stiff, so someone has to open the door wide for me. I can go to the patio but not much out there - if hot on patio not much shade and too hot - they can put up shades in</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i>

	<p><i>the summer = but too hot on patio.</i></p> <ul style="list-style-type: none">▪ <i>have to keep door clear - but have too much here so like running a garage sale - family buying me stuff - my auntie manages my money. I am scared that when I do heal, that they are going to go back to proper rushing things - especially in the morning.</i>	
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Recommendation 10

We recommend that residents doors which lead to the garden are fitted with a handle on the outside to enable residents to get back into their room and that measures are put in place to ensure that the front door is not difficult or stiff for residents to open.

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> <ul style="list-style-type: none">▪ Residents had their own colour schemes and belongings. Some rooms smelt of urine and en- suite required deep cleaning▪ Decoration very tired looking. General environment needs a deep clean.▪ All paintwork required cleaning.▪ There were pleasant Christmas decorations in the communal areas.▪ Rooms were not very clean.▪ Residents kitchen needs attention. Fridge was filthy with out of date food, seeping into vegetable trays and lumpy milky substance with a packet of smoked salmon on top. All needed a good clean. Staff came and attended to this after it was raised.▪ Cutlery drawer was dirty with glitter and fluff covering the contents. Cooker was unclean and the outside had grease and grime all over it.
<p>Recommendation 11 <i>We recommend that the home undergoes an immediate deep clean which is then repeated regularly.</i></p>	

<p>Key area 3: Environment</p>	<p>Are the signs large, clear with contrasting colours so easy to read?</p> <ul style="list-style-type: none"> ▪ No, they were not. It was difficult to know what a room, toilet or a cupboard was ▪ Door numbers are really small, and all doors are white ▪ Notice board in dining area displayed menu for week, activities for next week, coffee morning and other general information, however, the signage is very small, needs to be larger with much bigger font. Residents confirmed that they are difficult to read
<p>Recommendation 12 <i>We recommend that signage within the home is reviewed to ensure it is comprehensive, large and clear and accessible.</i></p>	

<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> <ul style="list-style-type: none"> ▪ The bathroom was unclean and required a deep clean service. The toilet was discoloured, there were dead insects behind the bath and dust everywhere. ▪ There was a persistent leak in the bathroom visible from pipe at the back ▪ Inspected shower and bathroom. Both in need of a deep clean. Bath appeared to have a slight leak. Bin had no lid, basin needed a wipe, dust behind the bath. ▪ The bathroom and shower room were cluttered, and I cannot see how residents could access the shower room as there were chairs, etc piled up in front of it.
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<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> <ul style="list-style-type: none"> ▪ Garden was well laid out and accessible. ▪ Large garden, wheelchair accessible. Looks well maintained, mainly grass and shrubs and mature trees ▪ They have a pet rabbit. ▪ One resident has access to the garden but as he cannot get back in once the door closed so he felt anyone could enter his room and take something while he wheeled himself all the way round to the front door.
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<p>Key area 3: Environment</p>	<p>Overall is the Home secure?</p> <ul style="list-style-type: none"> ▪ Yes, but residents cannot close their doors to the garden and get back in. ▪ Front door locked, there is a signing in book by the door.
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Response from Arnold House management regarding our recommendations

Recommendation 1

We are aware that around a year ago there was an issue with some bedroom doors banging during the night. This was dealt with at the time and through spot checks and discussions in team meetings this appears to no-longer being the case.

Recommendation 2

(awaiting more information on this)

Recommendation 3

We have looked at locating the external bins to a different area, but there currently is no other area away from the building which is also accessible to the lorry's coming to empty the bins. We are however looking at further security lights to be installed in the area. We have previously looked at the option for installing CCTV outside the service and this has so far proved too costly, we are however reviewing this on a regular basis with our property team.

Recommendation 4

The supper club has been discussed at a recent service user meeting and 2 service users expressed an interest in re-introducing this. We are therefore currently exploring the options with them. The menus are being reviewed regularly and had just changed at the visit. These were reviewed together with the service users.

Recommendation 5

We have a changing programme of activities for both internal and external options. These are developed together with the service users in line with their choices. These consists of both individual and group activities and also incorporate any adaptations required in order for all to participate. An example is that the art and craft sessions will shortly get some gadgets

for service users who can use their mouth to paint. Staff and volunteers support in tasks to ensure it is person centered to the individual

Recommendation 6

We have a communal DVD player. Service users who wish to have their own DVD players in their rooms, some of these are integrated within their TV's. We also have a number of iPads and Samsung tablets for the service users to use.

Recommendation 7

We take this recommendation on board.

Recommendation 8

We run an ongoing training programme which includes difficult conversations and how to deal with difficult situations. We recognise that this is an area staff find challenging and we therefore ensure the training is on a rolling basis.

Recommendation 9

There is an ongoing training programme which looks at mental health specific conditions and we will continue with this throughout the year to ensure all staff attend this training.

Recommendation 10

We have reviewed the recommendation to add handles on all the external doors for the service users rooms and currently this would prove a very costly option due to the type of door and locking mechanisms. We will therefore ensure we consider this at a time where the doors will need to be replaced. We recognise that the doors leading into the service users rooms can appear heavy to open and have looked at the option of automating these doors. This is however an expensive option which we will be discussing with our property team.

Recommendation 11

We can confirm that the service users kitchen area has had a deep clean and we have also changed the cleaning schedule for this area. The communal bathrooms have had a deep clean too and we have had a meeting with the domestic team to ensure full understanding of how these areas should be cleaned.

Recommendation 12

Discussed at service user meeting and the response was that the service users did not want to have signs everywhere. But meds room and communal bathrooms now have signs.

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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