

Enter and View Report

Bridgewood House, March 2023



A report by Healthwatch Enfield

“Things have improved quite a lot since last year.

Residents have more things to do - both inside and outside the home.”

Staff Member

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Visit Details	
Service Visited	Bridgewood House, 1 Old Road, Enfield, Middlesex, EN3 5XX
Registered Manager	Bibi Codabaccus
Date & Time of Visit	6 th March 2023 10.00am - 11.30am
Status of Visits	Unannounced
Authorised Representatives	Janice Nunn Janina Knowles Margaret Brand Pauline Hooper Liz Crosthwait
Lead Representative	Darren Morgan

1. Visit Background

1.1 What is Enter and View?

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

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

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

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

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

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes

anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

1.2 Disclaimer

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

1.3 Acknowledgements

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

On this occasion, 6 Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Bridgewood House

On 6th March 2023 we visited Bridgewood House, a nursing and residential care home in Enfield.

The home provides personal and nursing care to older people and younger adults, with specialist care available for Dementia, Learning Disability, Physical Disability, Sensory Impairment and Mental Health.

2.2 CQC Rating

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

Bridgewood House was last inspected by the CQC in February 2021. The inspection [report](#) gave a rating of 'Good' - in all areas.

A review was conducted on 9th March 2023, and the rating of ‘Good’ maintained.

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback - the average rating given is 8.1 out of 10.

2.4 Purpose of the Visit

At our Enter & View visit(s) of 16th and 20th March 2022, we received and observed examples of good practice, however we also identified several areas requiring some improvement, in our view. These included:

Potential Areas of Improvement

Accessibility and Environment:

Securing rooms (such as toilets) that are out-of-order/being maintained; having more dedicated storage facilities to reduce clutter in communal spaces; enhancements for the garden such as a tap, smoking area and some planting.

Care and Clinical Needs:

Improved access to outside clinical treatment (such as dentistry or optometry) and more opportunity to feedback on in-house care; greater consistency (between permanent and temporary staff) when updating care plans, re-instatement of professional hairdressing; a better ratio of in-house nursing - to avoid delays and discomfort.

Activities and Diet:

Expanding the range of activities on offer; more support to attend for the less mobile; ‘buddying’ for the lonely; greater variety at mealtimes and more fresh vegetables.

Staffing and Management

Increased staffing levels and more effective sickness cover; a better, more transparent relationship between staff and managers - so that disputes (such as on completing training in personal time) may be resolved timely, and not diminish morale.

You can read our full Enter and View report of March 2022 [here](#).

Given that our recommendations encompass wide aspects of the service, we decided to revisit the home, at a later date - in an unannounced capacity (without notifying management, staff or residents).

3. Visit Observations

On arrival at the premises at 10am, we pressed the buzzer and were allowed in. While signing in (we were not asked to, but did so anyway) we asked to speak with the manager.

We were greeted by a Support Worker at the reception desk, who notified us that:

- The Manager has been off sick for 4 weeks (later reported to be 6 weeks) and is not on-site.
- The Deputy Manager is on holiday, therefore also not on site.
- The duty Team Leader is off sick, so not on site either.

The Support Worker said that today was her first day back from holiday. Her shift was due to start later that day, however she was called in to cover the Team Leader's absence - so will be working morning overtime, and continue her shift afterwards at 3pm (when a Team Leader takes over). There was minimal notice of this and no handover, so she was having to digest events over the weekend, and over the wider duration of her holiday.

When we asked 'who is in charge right now' and 'what would you do in an emergency' she gave no response - there appeared to be no clear route to escalate matters, such as our unannounced visit.

Given this apparent lack of leadership on-site, and notification that a resident had passed away at 7am, we decided to minimise our impact on the home and curtail our visit - to viewing the 3 residential floors, speaking briefly with staff and making observations.

Our concerns about the lack of appropriate managerial cover were immediately escalated via Healthwatch to senior social services managers in Enfield Adult Care services.

During our time in reception, and on the residential units we observed the atmosphere to be generally calm and orderly, with staffing reportedly at usual levels. Staff were found to be pleasant, accommodating and focused on their morning routines.

Observations: Residential Second Floor

Notes

- This floor contains two units and caters largely for people with dementia. At the time of the visit 24 people were in residence.
- 8 staff members were on duty - this is around the usual level.
- Both units had a Support Worker on duty.

Positives

- The units were warm and welcoming. Staff were friendly, and offered to talk.
- All residents appeared to be well cared for.

Negatives

- On one unit, a number of people were in their rooms, with only one gentleman in the lounge (this was at around 10.30am).
- Also on this unit were two male residents approximately in their 50s - it was thought that they were there following discharge from hospital, though we are not sure. These residents appeared confused as to their admission.

Observations: Residential First Floor

Notes

- This floor largely accommodates people with a Learning Disability. At the time of the visit 13 people were in residence.
- 3 staff members were on duty - including the only nurse on-site (we were told there is typically 1 nurse in on Mondays, and 2 on Tuesdays).
- today's rota was 'normal' and nobody appeared to be under pressure.
- One resident wanted to go out, who we hear was 'quite energetic and ready for a walk'.

Positives

- Staff were friendly and the environment appeared calm and orderly.
- We had a discussion with the Activity Coordinator, who says that 'things have improved' since our visit this time last year.

Negatives

- On this floor they are short of staff '1 or 2 times a week', one staff member suggests.

Observations: Residential Ground Floor

Notes

- The ground floor facilitates mixed use, and during our visit accommodated people with dementia and at the end of life. At the time of the visit 10 people were in residence.
- We met with a Support Worker, who says that 3 Health Care Assistants (HCAs) were on the unit - one of whom is employed on a one-to-one basis for a resident who falls regularly.
- The HCAs are responsible for all personal care, mealtimes and making beds.
- The Domestic staff only clean the unit.
- The Support Worker is responsible for medication as well as assisting with everything else.

- Residents were having breakfast - some of the food comes from the kitchen and some is prepared in the small kitchen attached to the dining room. One lady was sitting out in the corridor eating her breakfast.

Positives

- We spoke to one resident who was happy with his breakfast (but didn't like the fat on his bacon). The other resident said she was happy.

Negatives

- While walking through we observed a lot of 'wear and tear' such as paint peeling.
- We noticed that one pull-chord was on top of the unit, therefore not reachable from the resident's bed.

Although we did not speak in depth with staff members, or at all with residents or families, there was a sense that some improvements had been made compared with a year ago - such as greater support and provision of activities, reinstatement of professional hairdressing and some improvements to the garden.

It is also clear that certain issues remain - poor morale among some staff members, staffing ratios including nursing, under-utilisation of lounges and communal spaces.

General Environment and Garden

Notes

- The general environment was clean, but some areas needed redecorating.
- One of the garden 'visiting pods' still contained storage boxes, however we are told a storage shed is under construction.
- The gym room had been cleared of storage boxes, and is now being used for staff meetings. It is suggested that residents prefer to exercise less formally, such as in lounges.

Positives

- A tap has now been installed in the garden.

Negatives

- Some of the hand-gel dispensers appeared empty.
- In one lounge wallpaper was badly damaged at chair-back height and in need of replacement.

Personal Care and Activities

Positives

- The professional hairdressing service has been reinstated.
- There is a general consensus that activity provision has improved.
- A full-time (Monday to Friday) Activity Support Worker is now in place - to assist the Coordinator.
- There is a new 'Participation Register' to record when residents were last encouraged to participate, and the outcome (coloured dots to indicate accepted, considering or declined).
- There were notices of activities on the walls, with a good variety.
- A relative's meeting (30th March) was advertised on the café door.

Staffing

Notes

- A Support Worker tells us that 'flash meetings' are sometimes attended by management and there are monthly staff meetings.

Positives

- During the visit all staff were welcoming and supportive.

Negatives

- When asking kitchen staff about who to contact in an emergency, a Team Leader would be the 'first port of call'. During this discussion, it was noted that Support Workers may not be enthusiastic about stepping in as Team Leaders to cover.
- Some kitchen staff members thought the Deputy Manager was on-site (he was on holiday).
- Frontline staff have 'flash meetings' at 11am each day, however today's was poorly attended (just 2 present). Without these catch-ups, colleagues would lack basic information - such as if a resident had died, or who is on duty.
- One staff member told us that 'favouritism and bullying' is still taking place, and that complaints have been 'dismissed or disregarded at home and escalation level'.
- Some staff had been required to attend 'Managing Difficult Situations' training directly after a night shift, then work as usual the following night, according to one staff member. This has caused resentment, and staff feel that their concerns have been 'dismissed by management'.
- Levels of support and communication from management are reported to be poor. For example, staff often don't know when managers are on leave, or what covering arrangements are in place.
- Being without adequate management support seems to be a 'regular occurrence', a staff member tells us.
- A staff member comments that 'without a competent and present management infrastructure, the pressure on hard working staff is enormous'.

We intend to visit again, so that our work in assessing the full service may be completed.

4. Managerial Response

In response to Section 3 (above), the Nominated Individual says:

“On the alleged staff bullying by management, the author only got one side of it - my extensive report details a close management of an individual (not bullying or harassment).”

“The ‘gym’ has never been such while I have been in charge and when IWE had it, it had a running machine only. We now use it as a meeting and training room as it allows more privacy and efficiency than the canteen area (though we still use that on occasions”

5. Urgent Questions

At our unannounced visit of 6th March 2023 we discovered there was no Manager, Deputy Manager or even a Team Leader on site at the home. As well as representing a serious risk to the normal operation of the home, it places Team Leaders and Support Workers in situations they are not trained for, and should not be expected to fulfill.

Healthwatch Enfield would like to ask the following urgent questions:

Urgent Questions, Arising from Our Visit

4.1 As both the Manager and Deputy Manager were absent, what is the process for monitoring and overseeing managerial cover at the home?

4.2 Team Leaders (and at our visit a Support Worker) were in overall charge - why did they not escalate this situation to the Local Authority? If they did, why was action not taken to provide immediate managerial support?

4.3 Does the home have a risk assessment for managerial cover?

4.4 Is the CQC (Care Quality Commission) fully aware of the managerial situation? Their [review](#) of 9th March 2023 maintained an overall rating of ‘Good’ and this is surprising, given that four of the domains, being ‘Safe, Effective, Responsive and Well-led’ rely on good management.

4.5 As well as the safety concerns (staff were unsure how to escalate issues or clearly report emergencies) a lack of management places an additional, and unreasonable burden

on the Team Leaders and Support Workers who have remained in post. What is being done to support their welfare?

4.6 Many staff members were not sure if either the Manager or Deputy Manager were on site. Frontline staff need greater situational awareness of who is ultimately in charge on any given day. Handover, and relaying basic information needs to be much more robust within the home.

5. Glossary of Terms


CQC	Care Quality Commission
HCA	Health Care Assistant

6. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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