



Enter & View Report

Minchenden Lodge Care Home, 12 November 2025

healthwatch
Enfield

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Visit Background

About Enter and View

1. Visit Background

1.1 What is Enter and View?

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

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

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

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

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

1.1.1 Safeguarding

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

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

1.2 Disclaimer

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

1.3 Acknowledgements

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

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

About this Visit

Minchenden Lodge Care Home

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Minchenden Lodge Care Home
Manager	Kemisha Morris
Date & Time of Visit	10.00am, 12 November 2025
Status of Visit	Announced
Authorised Representatives	Margaret Brand, Elizabeth Crosthwait, Catherine O'Malley, Michelle Malwah
Lead Representative	Darren Morgan

2.2 Minchenden Lodge Care Home

On 12 November 2025 we visited Minchenden Lodge Care Home, a residential care home in Enfield.

Operated by AgeCare, the home provides residential care for older adults. It specialises in support for dementia and sensory impairments, and also offers respite care.

The home may accommodate up to 22 residents and was at full occupancy at the time of the visit.

2.3 CQC Rating

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

Minchenden Lodge was last inspected by the CQC in August 2019, with a subsequent review in July 2023. The inspection [report](#) gave a rating of

'Outstanding' overall, with individual ratings of 'Good' for being safe, effective and caring, and 'Outstanding' for being well-led and responsive.

2.4 Online Feedback

Feedback posted on carehome.co.uk gives an average rating of 9.9, out of 10.

Summary of Findings

Key Points

3. Executive Summary

During the visit we engaged with four residents, two staff members and the manager. Following the visit we engaged with six families by phone. In total, we spoke with 13 people.

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

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

Location and Reception

Notes

- The home is located in a quiet residential area, with pleasant surroundings including the home itself – which appears to be a period building.
- The front garden looks attractive, with neatly cut shrubs and small trees. It is tidy and well-maintained.
- There is parking for around seven vehicles, however this may be increased by 'double parking' if necessary. The local street is a controlled zone (parking for permit-holders only).
- Public transport links are good – the home is a short walk from the underground station, and several buses serve the area.
- The building itself is slightly elevated from the garden, with a ramp leading up to the front entrance.
- On entry, there is a very small room, with reception style notices detailing first aiders, fire wardens and duty staff. There is also information on the complaints policy, whistleblowing and the latest CQC report.
- The reception desk itself is in the area beyond.

What has worked well?

- The home is well signposted.
- Entry is controlled, the door is locked and fitted with a keypad.
- On arrival we were checked for identification and asked to sign in (and later out).

- The reception area (including small entrance room) appeared clean, tidy and uncluttered.

What could be improved?

- We found no potential areas for improvement.

Accessibility and Safety

Notes

- The home is not purpose-built and the building itself appears very old. Communal rooms are on different levels and therefore ramps are widely used. Although not ideal, the ramps themselves are wide and clearly marked.
- Residents would need to be escorted into the garden, as the ground is a little uneven.
- We did not notice any clutter or obstacles, however the corridors are narrow and it is easy to 'get in the way'. Hand rails are not fitted, presumably as it would not be practical, given the space limitations.

What has worked well?

- Hand sanitiser is widely available.
- A defibrillator is located near the lounge.
- The toilets and bathrooms are modern and accessible, with suitable aids and pullcords. Taps are clearly marked for hot and cold.
- The fire evacuation procedure is clearly posted, and fire exits are clearly marked.
- Fire extinguishers and alarms are in suitable locations, we also noticed fire blankets and sledges.
- Utility rooms are clearly signed, and were locked.
- We note use of 'cleaning in progress' signs by house-keepers.
- The garden has a designated smoking area.

What could be improved?

- The lift does not have access control (such as a keycode). The lift itself is quite small, with barely enough room for a wheelchair and attendant. We observed one resident using the lift, unattended.
- The downstairs carpet, used along the corridors is very thick, making it difficult to navigate (feet and wheels sink in, slightly).

- Some of the toilet seats do not contrast with the basins. One, we note, is askew and is a slight risk.
- In the lounge and in resident's rooms, we noticed loose cables. While somewhat tucked away under furniture or alongside walls, they are not secure, and are very noticeable.
- Generally, the home does not have dementia friendly signage (words and images) and the existing signage is not consistent around the home.

General Environment

Notes

- Resident's rooms are on both the ground and first floors. They vary in size and layout, some with ensuite facilities and others without.
- The communal spaces – the lounge and dining room are located on the ground floor.
- Maintenance is at group level, with staff working across homes.
- Gardeners visit weekly, the manager says.
- We found the temperature to be very warm inside, however windows were opened later in the morning and this was effective.
- The home has large windows downstairs and therefore good access to natural light. Overhead lights were on during the day, this creates a clinical effect, we feel.
- There is background music on the ground floor. While providing some ambience, at the same time it raises the noise levels generally.

What has worked well?

- Rooms are cleaned regularly, according to residents.
- The doors to resident's rooms are well considered. They are all unique in colour, in vibrant shades such as purple, yellow or green, giving a personal feel. Names are on raised glass panels, which look stylish.
- On the first floor, the room number is additionally alongside the door – this works very well with the brick-style wallpaper – the corridor feels more like a street, with the rooms appearing as houses.
- The rooms themselves looked personal. We noticed a piano in one room, and an abundance of teddy bears in another, as examples.
- The home makes good use of paintings, pictures and faux flowers, to give a homely feel. The chandeliers are a nice touch.

What could be improved?

- The home can be 'too hot' and 'too noisy' according to some relatives.
- We observed the home to be generally clean throughout. That said, on the ground floor we noticed fluff and light debris on the floor surfaces. These areas were later vacuumed, at around 11.00am.
- The environment appears well-appointed, but is visibly tired in places. For example, the walls and windowsills in the dining room are dented, scratched and have become discoloured over time.
- While the environment overall is homely, the lounge is somewhat sparse, lacking in flourishes such as shelves and ornaments. It is essentially a room lined with chairs.
- There is a slight odour upstairs. The difference between upstairs and down, is noticeable.

Personal and Clinical Care

Notes

- Around half of the residents have dementia, and many are hard of hearing, the manager says. Most are mobile (not bed-bound).
- Care planning and management is electronic, through the PCS (Person Centred Software) platform.
- As with similar systems, staff use handheld devices – similar in size to mobile phones, to input information and to receive instructions.
- Residents receive a monthly care plan review – on the day of the month that corresponds with their room number.
- There is also a wider annual review, with families routinely involved.
- The hairdresser comes monthly. There is no dedicated hairdressing space but the manager is 'considering use' of an upstairs room.
- Chiropody is every six weeks.
- On clinical treatment and care, the home is visited by community nurses and paramedics.
- Dentistry is the responsibility of the family, generally.

What has worked well?

- The residents and relatives we spoke with are broadly complimentary of the staff, who are considered to be professional and supportive.
- A homely, 'family' atmosphere is described and staff take 'genuine interest' in the residents, we hear.
- The staff we spoke with feel that they know the residents well.
- Dementia awareness training has been useful, they tell us.
- Relatives feel well involved in care planning – they are invited to attend annual reviews, and receive copies of the reports.
- At the visit, the residents appeared to be clean, appropriately dressed, and comfortable.
- There is a 'hydration station' in the lounge, with jugs of water and juice.
- Bathroom and toilet doors have notices to 'keep closed'.

What could be improved?

- In one concerning case, a resident at a routine hospital appointment was found to have a pressure sore, and some bruising. Apparently, the home was not aware of this.
- Staff were observed to be caring and supportive during our visit. However, as many of the residents are hard of hearing, and/or have dementia, we did note frequent shouting by staff, especially during the chair-based exercise session. Residents were being 'directed' to participate, rather than 'encouraged', it seemed.

Activities

Notes

- There has been no Activities Coordinator since April this year.
- The home is recruiting for the post, however finding candidates who 'meet the criteria' has been difficult, according to the manager.
- In the absence of a professional staff member, care assistants are tasked with delivering activities.
- There is a monthly activities schedule and popular activities include music, bingo, arts and crafts, pampering and movies. Due to the staffing situation, the schedule can be subject to change.
- Residents may be taken out, with assistance, and wider activities such as firework displays are operated at group level.

- For those who prefer to stay in their room, one-to-one sessions 'are available'.
- On faith, a priest visits monthly (the last Friday) and some residents occasionally go to church.
- The lounge was well-attended during our visit, with around 19 residents present. We observed that many of the residents were asleep, or appeared to be drifting off.

What has worked well?

- The monthly activities schedule was up-to-date (for November).
- The main garden is a very nice space, it is quiet and secluded, with a generous patio area, well-kept lawn and attractive planting, including raised beds. There is a very large table under a canopy, with plenty of seating. According to staff, the garden is utilised for summer parties.

What could be improved?

- On the whole, the residents we spoke with express a level of boredom. A lack of physical exercise is cited, along with limited opportunities to go outside. This is echoed by the relatives.
- When speaking with the relatives, most mention the staffing situation (with the Activities Coordinator) and while support staff are thanked for 'doing their best', both the quality and variety of provision has markedly declined, we are told.
- During the chair-based exercise session, we observed a distinct lack of enthusiasm amongst the residents. As noted earlier (on page 13), it seemed as if the residents were being 'directed' to participate rather than 'encouraged'.

Diet and Nutrition

Notes

- Catering is subcontracted to a professional company, 'Compass'.
- The menu is seasonal with meat and vegetarian options, plus regular alternatives.
- A 'show plate' helps with meal selection and we are told that residents are encouraged to eat.

- Snacks are available, however not 'put out' due to some 'hoarding issues'.
- The dining room is quite spacious, with seating for over 20 people and a bistro-style counter for serving beverages.

What has worked well?

- The dining room is an appealing space, with wall-papered alcoves and crockery on shelves (however it does need a general repaint). Presentation of the tables, with cutlery and napkins gives a café feel.
- The tables are spaced apart and there is good access for wheelchairs and those using mobility aids.
- We noted a fire blanket near the microwave.

What could be improved?

- Food is of good quality, however lacks variety, according to one comment.

Visiting, Feedback and Complaints

Notes

- Families are encouraged to post feedback online (at carehome.co.uk). The manager says that reviews and ratings are monitored.
- There is an annual internal survey – for care workers.
- A quarterly newsletter is produced at group level.
- Relative's meetings are quarterly, the manager says. Attendance is variable, ranging from 'four to eight' families.
- Complaints are recorded and dealt with 'quickly' according to the manager.
- A suggestions box is located in reception.

What has worked well?

- The relatives we spoke with feel well-supported to visit, and are able to do so, 'at any time'.
- Relatives, on the whole, describe a good relationship with staff and management, with any issues or concerns respected, and acted on.
- The complaints policy is clearly posted in reception.

What could be improved?

- One relative received a negative response to a (serious) complaint – which did ‘not go down well’ with management.

Staffing and Management

Notes

- The staffing complement is 26, and includes care assistants and house-keepers.
- Agency staff are used – largely to cover maternity leave and retirement, we are told.
- Breaks are paid, and are typically 50 minutes for a 13 hour shift.
- Training can be remote or in-person, depending on the topic.

What has worked well?

- The staff we spoke with have felt ‘comfortable’ during their inductions and the process has helped to ‘raise confidence’.
- Job satisfaction is reportedly good, with a sense of teamwork expressed.
- Career development is supported – one of the carers we spoke with has been promoted into a more senior role.
- General meetings are ‘monthly’, with staff feeling confident in participating, and able to contribute to the agenda.

What could be improved?

- We found no potential areas for improvement.

Residents and Relatives

Feedback Received

4. Resident Feedback

At the visit we engaged with four residents.

Length of residency ranges from six months to two years.

The residents we spoke with are generally positive about the staff, who are considered to be empathetic and helpful.

One resident, who has cognitive challenges, cites a lack of communication.

Staffing and Personal Care

General Comments:

"Some are better than others."

Positives:

"The staff are nice. They have been helpful."

"Staff are very good. They assist with dressing, showering and meals."

"I get very good care from the staff. I'm very happy here."

"I see staff often."

Negatives:

"They don't explain anything, they don't talk to me."

A resident is waiting for ear wax removal and dentistry.

Clinical Care

General Comments:

"I need a registered nurse to clean my ears. This has been requested. Also I want to see the dentist, I'm having some problems with my teeth."

On the whole, the residents we spoke with express a level of boredom. A lack of physical exercise is cited, along with limited opportunities to go outside.

Communication about the activity offer could be better, according to one resident.

We receive no complaints about food or diet.

Activities and Diet

General Comments:

"I attend activities every day. I have falls, so need someone to take me downstairs, and out into the garden."

"I watch TV. I read about the medieval world and ancient history."

"I like crosswords, jigsaw puzzles and my indoor garden."

Positives:

"The food is fine. I have breakfast in my room."

Negatives:

"It's not good to be sitting all the time, people get big bottoms. I'd like to do more exercise."

"I would like more opportunities to leave the room."

"I would like to be taken into the garden."

"I'm not sure about the activities. They don't explain what is going on."

Some of the residents would feel comfortable in raising issues or complaints, while others would not.

Feedback & Complaints

General Comments:

"I'm not one for complaining. It's mind over matter, I could complain but I don't."

Positives:

"I haven't felt the need to make a complaint, but I'd feel comfortable to do so."

Negatives:

"I wouldn't feel comfortable in raising a complaint. I'm still trying to come to terms, with being here."

"There are no meetings here."

The residents we spoke with have been able to personalise their rooms. Cleaning is reportedly regular.

One person, who resides at the 'end of a corridor' feels somewhat isolated.

General Environment

Positives:

"I've put up some pictures."

"I like my room. It's bright and airy, with a garden view. It's regularly cleaned."

"My room is cleaned daily."

Negatives:

"I feel that my room is in an isolated position – not many people pass by, as it's at the end of a corridor."

When asking for any other feedback, we receive general compliments.

One resident is feeling lonely, and frustrated.

Any Other Comments
<p>Positives:</p> <p>"I like it at the home, it's nice here."</p> <p>Negatives:</p> <p>"I would like someone to explain why I have come to the home, after being in hospital. I feel unsettled. I would like to see my friends."</p>

5. Relative Feedback

At the visit we engaged with one family member. Following the visit we spoke with six family members, by phone.

Length of residency of loved-ones ranges from ten months to 17 years.

The relatives we spoke with are wholly positive about the staff, who are considered to be professional and accommodating.

A homely, 'family' atmosphere is described and staff take 'genuine interest' in the residents, we hear.

Staffing
<p>Positives:</p> <p>"Overall I'm very positive about the care and other families I speak to also seem very happy."</p> <p>"My husband was quite agitated when he first came here, and I feel the staff were very professional."</p> <p>"Staff are very helpful, and always there to help."</p>

"The staff are very professional, warm, generous people and I am very happy with the way my husband is cared for. It is a small home and has a homely, family atmosphere. It doesn't feel like an institution."

"I'm very happy with the care, staff are really good to dad. I feel like they really know him, and are genuinely fond of him and understand his likes and dislikes."

According to feedback, mobility is supported and in one example, a resident has been thoughtfully placed downstairs, with easier access to communal spaces.

Personal Care: Mobility

Positives:

"Staff are very responsive to my dad's needs. He recently had a long stay in hospital and he has become much frailer and less mobile since discharge. I was happy that the home had him back even with significantly increased needs. He has to keep his legs elevated most of the time and the staff have adapted to managing this."

"My husband has dementia and I like the fact he is not in a sperate dementia unit. He has a downstairs room and can walk around, and safely access the lounge and dining area."

Residents receive regular hairdressing and chiropody and there are options around this – one family uses a private (external) hairdresser.

While there are no laundry issues, one relative, who repairs her aunts clothes, would like clearer communication from staff.

Personal Care: Laundry & Grooming

General Comments:

"My aunt has regular hairdressing and chiropody."

"Dad wasn't happy with the visiting hairdresser, so now goes to a local barber. We take him to McDonalds after, so it's become a day out which he enjoys."

Negatives:

"I would like the staff to be more vigilant about when my aunt's clothes need mending. She does not like to wear new clothes and her clothes are well worn and dresses in particular need the seams stitching. I do the mending but I need the staff to tell me what needs doing. I feel that making sure the clothes are in good repair is a dignity issue."

The relatives we spoke with feel involved in care planning – they are invited to attend annual reviews, and receive copies of the reports.

Personal Care: Care Planning

Positives:

"I feel very involved in my husband's care. We have an annual review meeting with staff to go through his care plan, medication, planning for future care needs and any issues we have. I am also promptly informed if there are concerns and when I raised a concern the matter was dealt with straightaway."

"My aunt has annual review meetings. I am invited to attend and they always send me the report."

We hear that staff are 'well trained and professional' on the whole. However, it is also commented that expertise on dementia can 'vary' and that spoken English 'could be better'.

Personal Care: Staff Training & Awareness

Positives:

"The staff are really good, well trained and professional. The staff make the place."

Negatives:

"Their heart is in the right place, but expertise around dementia varies."

"With some staff, their spoken English could be better. I don't find it a problem, but some of the residents might find them hard to understand."

A relative complains that inaction by staff, around a Urinary Tract Infection (UTI) resulted in an 'avoidable' visit to A&E.

In one concerning case, a resident at a routine hospital appointment was found to have a pressure sore, and some bruising. Apparently, the home was not aware of this.

Personal Care: Staff Training & Awareness

Negatives:

"Overall great, but I wish staff would intervene earlier when mum starts showing signs of a UTI. I recently had to go to A&E with mum, only to establish it was just a UTI – this could have been avoided."

"I took mum to a hospital appointment and she needed to undress. They spotted a pressure sore and some bruising – they took photos and raised concerns with the home. Why hadn't the home spotted this?"

Generally, there are no issues with accessing clinical treatment or care.

Clinical Care

Positives:

"No problems with accessing services. I feel that the staff are proactive and have good understanding of health issues and quickly pick up on anything which requires medical attention."

"Mum is seen by doctors from Bincote Surgery who are excellent, and even follow up with me. Mum recently had a chest infection, which was treated with two courses of antibiotics. The doctor kept me informed."

Negatives:

"Dad is on level 6 food. I had fought for quite some time to get him to have "normal food", but I was informed it was at the GP's request. I am yet to meet the GP, so I'm not impressed with him."

Food is of good quality, however lacks variety, according to one comment.

Diet

Negatives:

"The quality of food is fine but there's not much variety or types of food. Mum should have more protein in her diet, but I'm not sure if this will be able to be accommodated, as it's an external food provider."

On activities, many of the relatives mention the current situation (there is currently no Activities Coordinator, in post).

While staff are thanked for 'doing their best' in the meantime, both the quality and variety of provision has markedly declined, we are told – particularly with a lack of exercise and outside trips.

Activities

General Comments:

"They're looking for a new activities person. Staff do their best, for example making kites, drawing, events for veterans. Dad likes animals, so is happy a cat lives at the home, and the chef has a dog."

"I would like him to have more access to the garden, but this is difficult as he needs supervision."

"I'm notified of the activities and events, but dad is a 'grumpy old man' and likes his own company, he is not sociable and enjoys watching the TV in his room. The staff do try and encourage him to go downstairs, but he just isn't interested."

Positives:

"Mum likes to sing and they have a monthly church service and she joins in all the hymns. They also have staff-led sing-songs."

"There are social events, for example a Christmas and Summer party."

Negatives:

"The Activities Coordinator was excellent. When my dad first moved in he was much more active and he used to go swimming and there were regular outings to the pub etc. Since she left, there is a lot less happening, although the staff do their best."

"There has been no Activities Coordinator since April – how can other homes recruit, and not this one?"

"There's no stimulation for the residents. I know, as I visit most days."

"The activities are quite poor and there's no exercise. I guess, this is the best you get – with care workers."

"My husband needs more exercise."

"Obviously, having an appointed activities coordinator would help."

"I would like my dad to go out for short outings, even if just into the garden."

"There was a summer party, but nothing regular."

The relatives feel well-supported to visit, and are able to do so, 'at any time'.

Visiting

Positives:

"I visit four or five times a week, at all times. I've even taken friends to visit dad. Staff are very accommodating, we can come at any time."

"The staff are very kind. They've recently allowed a large number of the family to visit, which meant mum met her first great granddaughter."

A good relationship with staff and management is described, with any issues or concerns respected, and acted on.

One relative however, received a negative response to a complaint – which did ‘not go down well’ with management.

Involvement, Feedback & Complaints

General Comments:

“I’ve very rarely had to raise a concern (hardly ever).”

“I visit mum regularly and discuss everything on an ongoing basis.”

Positives:

“The manager is really helpful, accessible by email and available to talk to, when I visit.”

“Mum had an issue with an aggressive female resident, who grabbed and scratched her hand and said some ‘not acceptable’ things. The staff reacted well, and in a nice way. They now make sure that they sit apart”

“They welcomed our complaint, and acted on the evidence presented.”

Negatives:

“Criticism doesn’t go down well. I complained and they served me with a notice of termination as a response.”

On the general environment, the home is commented to be ‘spotlessly clean’ and has a ‘homely’ feel.

We also receive some negative feedback, the home can be ‘too hot’ and ‘too noisy’, for some.

General Environment

Positives:

“It is always spotlessly clean.”

"There's a good standard of cleanliness and I've never noticed any odours. They are forever redecorating!"

"I think the home is like a hotel, a fresh smell, tablecloths over the tables in the dining area with flowers on, clothes are kept clean and overall the place is very homely."

Negatives:

"There's just the lounge, and that's it. The TV is on loudly, and there's shouting. It's too noisy, and impossible to have a quiet or private conversation with mum."

"The music can be too loud, which mum finds overwhelming. She likes dancing and listening to music though."

"The temperature can be very hot and sometimes my husband is sweating. I also think he needs to be prompted to drink more and I will be raising this at the review meeting."

"I'm not sure anything can be done as it's an old building, but in the summer the radiators can't be turned off as they are linked to the hot water, so the resident's rooms are unbearably hot. We brought in fans and cooling units to help."

When asking for any other feedback, the relatives express satisfaction with the home, staff and management.

Other Feedback

General Comments:

"Maybe consider more technology?"

Positives:

"The staff are great people and the home is well managed."

"It was the nicest care home we viewed. We feel there isn't a better one in the area."

"I find the home delightful, I'm so happy my dad is so well looked after and safe."

"I'm delighted with the home, and how they go out of their way to help the residents feel at home and welcomed. I feel like I am part of dad's life."

"I am 100% happy with the home, the staff are amazing and the new manager (in the last year) is very nice. Can't praise them highly enough."

"I was lucky to find it as a placement for my dad and I'm very grateful to the staff."

Staffing and Management

Feedback Received

6. Staff Interviews

During the visit we interviewed two staff members. Length of service ranges from nine months to two years.

The staff we spoke with have felt 'comfortable' during their inductions and the process has helped to 'raise confidence'. Supervision is reportedly every 'two to three' months.

Training is a mix of remote and in-person, and topics mentioned include Basic Life Support, Moving and Handling, and Health and Safety. Annual updates are cited.

The staff are familiar with the safeguarding policy and process, however do not discuss this in detail.

Induction, Supervision and Training

Induction:

"My induction was a week, as I already have relevant experience. I shadowed staff members and completed all the mandatory training."

"I felt comfortable during the induction, and it made me feel more confident."

"I felt well-supported and went through the care plan process. I felt confident about the job."

Supervision:

"Supervision is every two to three months."

Training:

"Training is a mix of remote and face-to-face."

"I've recently completed Basic Life Support and Manual Handling."

"Moving and Handling, and Health and Safety are updated annually."

Safeguarding:

"I'm aware of the safeguarding policy, and know where to find it. I'd report any incidents or issues to a senior staff member."

"I'm aware of the safeguarding procedure. A current issue is being dealt with by the manager."

Job satisfaction is reportedly good, with a sense of teamwork expressed. Career development is supported – one of the carers has been promoted into a more senior role.

Staff meetings are monthly, we are told. The staff we spoke with feel confident in participating, and are able to contribute to the agenda.

Breaks are 50 minutes, for a 13 hour shift.

Staffing and Conditions

Job Satisfaction:

"I feel quite happy, there's a good sense of teamwork."

"I came in as a carer and was promoted to senior carer. I enjoy the job."

"It's a long day and hard work."

Staff Meetings:

"There are monthly staff meetings."

"We can contribute to the agenda."

"We also have meetings to discuss particular issues – every other day, or on demand if needed. We can give opinions and discuss openly."

Terms (Breaks):

"I have 50 minutes and can take in two parts."

"I work a 13 hour day and have a 50 minute break. For an eight hour day it's 20 minutes. I'd prefer more, shorter breaks."

Care planning is largely electronic, and staff are able to receive instructions, and make notes, through handheld devices. Handover includes room visits.

The staff we spoke with feel that they know the residents well. Dementia awareness training has been useful, we hear.

No issues are reported with clinical treatment or care.

Personal and Clinical Care

Care Planning:

"Care plans are updated daily, through the handsets."

"I have access through a mobile device, I can read and update notes."

Handover:

"Night staff give handovers to day staff and vice-versa. There are written notes and it's also put on to the system."

"Handover meetings are at the beginning of the shift. We also make a round of every room, at the start of the shift."

Personal Care:

"I work for the best interests of the residents."

"I've recently had dementia awareness training. It's enhanced my insight, I have a better understanding of how people with dementia feel."

"I monitor the residents by talking and observing, I look at body language and expressions. As you get to know people, you can tell if something is not right."

"There are monthly weight checks and weekly if required."

Involvement:

"I ask the residents about their needs. There is choice of food and personal care (shower or wash).

"Residents get a daily wish. I ask them each day."

Clinical Care:

"I report health or care issues to senior staff, who can make referrals."

"Staff or family will take residents to medical appointments, especially if they need to be escorted."

According to staff, activities take place in the lounge, and residents are invited to take part.

On food, individual preferences are documented. A daily 'show plate' helps with meal selection, staff say.

Activities and Diet

Activities:

"There are activities in the lounge – music, games, chair exercise, arts and crafts, crosswords and sensory activities. It's difficult not having an Activities Coordinator, we share out the tasks."

"Today there are chair exercises. I ask the residents if they'd like to take part."

Diet:

"There is a choice for breakfast, we go through the options with the residents. Also, there is a list of resident's preferences in the dining room. We also have 'show plates' to help the residents make a decision."

There is opportunity for families to give feedback – this could be through general discussion, or more formally through posting reviews or suggestions.

Staff would convey any issues or complaints to senior colleagues, we hear.

Feedback and Complaints

Feedback:

"I talk to family and friends, and get feedback. I offer them tea, drinks and snacks."

"A suggestions box is used by relatives. There's also a code to scan, to give feedback."

Complaints:

"I've never had a complaint, but would pass to a senior staff member."

"If there are problems I tell staff."

In any other comments, general satisfaction is expressed.

Other Feedback

General Comments:

"I like the job and enjoy working at the home."

7. Management Interview

During the visit we interviewed the Manager, who became registered in April this year. She has many years of experience (over 10) at the group, AgeCare.

A summary of the discussion is outlined below:

General Information

- The home's official capacity is 25, however it accommodates 22 residents over 21 rooms (there is one double room).

Staffing

- The staffing complement is 26, and includes care assistants and house-keepers.
- Maintenance is at group level, with staff working across homes.
- Agency staff are used – largely to cover maternity leave and retirement, we are told. The home tries to secure the same people, and there are around six regulars. As a rule, agency staff are accompanied by permanent staff members while on duty.
- The manager is negotiating with the group to acquire bank staff.

Staff Induction, Training & Development

- Staff retention is reportedly good, with long-serving staff members (over five years) in post.
- Many of the overseas staff members are approaching the two-year mark.
- Staff receive an annual bonus, in December.
- Breaks are paid, and are 50 minutes to one hour, for a 13 hour shift.
- Training can be remote or in-person, depending on the topic.
- Examples of training delivered include Moving & Handling, General Health & Safety, Fire Safety, Infection Control, Food Hygiene, Dementia Awareness, Nutritional Support and Safeguarding.

- Induction is typically for two weeks, and can vary – depending on the person. Agency staff do not receive inductions, but are guided and supported as required.
- General staff meetings are monthly, currently.

Safeguarding

- Safeguarding incidents are reported to relevant partners, such as the local authority and CQC.
- In the event of an incident – internal learning is important. According to the manager, staff are engaged at handovers and wider meetings, and ‘lessons learned’ are discussed.

Care Planning

- Care planning is electronic, through the PCS (Person Centred Software) platform.
- As with similar systems, staff use handheld devices – similar in size to mobile phones, to input information and to receive instructions.
- Certain elements are mandatory – requiring staff to confirm instructions or actions.
- The system has alerts and prompts, unique for each resident. In one example, fluid intake is monitored, with a daily target set.
- Wider health and safety is also monitored through the system. Recently, members of staff received re-training on moving and handling, to reinforce the correct protocols.
- Residents receive a monthly care plan review – on the day of the month that corresponds with their room number. The manager likes to ‘get people involved’ and this may include family members, carers, house-keepers and laundry assistants.
- As part of the review, the resident receives a ‘wish’. This could be fish and chips, or simply a cup of tea (whatever is wanted, and practical).

Clinical and Personal Care

- Around half of the residents have dementia, and many are hard of hearing, the manager says.

- Most are mobile (not bed-bound).
- End of life care is supported at the home, and staff receive training for this.
- There are daily '10 at 10' standup meetings, which routinely involve senior teams, and occasionally wider staff members.
- The home is visited regularly by community nurses.
- Weekly GP visits have 'stopped' and the home is working to resume these. In the interim, paramedics visit as required and there is liaison with the community nurses.
- The home has a 'good and long' relationship with the community nursing team, who routinely go 'above and beyond' for the home and the residents.
- Dentistry is the responsibility of the family.
- The hairdresser now comes monthly. It used to be fortnightly, however residents can be resistant despite encouragement. There is no dedicated hairdressing space but the manager is considering use of an upstairs room.
- Chiropody is every six weeks.

Involvement and Choice

- We are told that residents may get up, and go to bed as they wish. Preferences around this are documented in care plans, for staff awareness only. The manager says there is choice, 'as long as it is safe'.

Activities (Recruitment)

- There has been no Activities Coordinator since April this year.
- The home is recruiting for the post, however finding candidates who 'meet the criteria' has proved to be difficult so far.
- A new round of interviews is scheduled soon we are told, and the manager is keen to 'move forward' with the recruitment.
- The post is planned to be full-time – this could be one person, or two working part-time.
- In the absence of a professional staff member, care assistants are tasked with delivering activities in the meantime, and there is 'always one person available' for this.

Activities (General)

- There is a monthly activities schedule and this includes visits by professionals to deliver music, exercise and arts and crafts sessions.
- Due to the staffing situation, the activities schedule is subject to change and is not necessarily delivered as stated.
- Popular activities include anything music related, bingo, arts and crafts, pampering and movies. The residents like to reminisce, and staff support this – for example by singing wartime songs, or showing history documentaries. Sensory activities are accommodated and a recent ‘odd sock session’ seemed to ‘go down well’.
- Exercises and other sessions can be facilitated through the TV, using the ‘OOMPH!’ or ‘NAPA’ platforms (we observed this during the visit).
- For those who prefer to stay in their room, one-to-one sessions are available. The residents are notified of group activities, we hear.
- Residents may be taken out, with assistance.
- The home does not have its own transport and taxis are used if required.
- Wider activities, such as firework displays are operated at group level and residents can be taken to sister homes for events. While the residents are invited, there is ‘limited interest’ – with some preferring not to participate.
- The garden is utilised, especially during the summer and residents have been involved in planting. We noted several raised beds, with floral displays. While residents are encouraged to go outside, many prefer not to, the manager says.
- The home is ‘establishing connections’ with the local community. This includes links with schools and nurseries, and visits to the Royal British Legion for activities such as bingo.
- On faith, a priest visits monthly (the last Friday) and some residents occasionally go to church. Communion is delivered by ‘Sister Joyce’ for catholic residents. A Hindu priest has visited, but this was a one-off due to lack of engagement from the residents (dementia is cited).

Diet and Nutrition

- Catering is subcontracted to a professional company, 'Compass'. We are told that the main cook used to work in-house at the home, so relationships are well-established.
- Although the catering is outsourced, the home conducts routine checks and there are 'no issues or complaints' with the food or diet.
- The menu is seasonal with meat and vegetarian options, plus regular alternatives.
- A 'show plate' is used to stimulate engagement and we are told that residents are encouraged to eat.
- For some, weight is reportedly 'picking up' and residents on special diets have been able to move to more 'normal' provision. For one resident, extra plates and sandwiches are given.
- Currently there is one resident on pureed food, and generally staff support and monitor residents as required.
- Occasionally there are 'Fish and Chip Fridays' and one resident is supported to access takeaways.
- Snacks are not put out due to dementia and 'hoarding', but residents and families are aware that snacks are available, typically biscuits, fruit, cheese and crisps.

Visiting, Feedback and Complaints

- Families may scan a code, which takes them to the review page on carehome.co.uk. The manager says that reviews and ratings are monitored.
- There is an annual internal survey – for care workers.
- A quarterly newsletter is produced at group level.
- Relative's meetings are quarterly, the manager says. Attendance is variable, ranging from four to eight families. At the latest meeting, the families were 'very happy', according to the manager.
- Complaints are recorded and dealt with as soon as possible – typically this includes an email with a plan of action. In a recent case, a room odour was dealt with 'immediately'.

General Environment

- The manager would like to make 'better use' of the limited space available, and is interested in sensory themes, both inside and outside.
- Gardeners visit weekly, the manager says.



Recommendations

Based on the Evidence

8. Recommendations

Healthwatch Enfield would like to thank the service for the support in arranging our Enter & View visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Recommendations

Activities

There has been no Activities Coordinator in-post since April this year. In the absence of a professional staff member, support staff are tasked with delivering the activities.

On the whole, the residents we spoke with express a level of boredom. A lack of physical exercise is cited, along with limited opportunities to go outside.

This is echoed by the relatives, most of whom mention the staffing situation. While support staff are thanked for 'doing their best' in the meantime, both the quality and variety of provision has noticeably declined, we are told.

8.1 When speaking with the manager, we hear that recruitment has been difficult, with candidates so far 'not meeting the criteria' for the role. The manager expresses a keenness to 'move forward' and new rounds of interviews are in progress, we understand.

It is clear, that in the meantime, residents are not getting the stimulation and in particular physical activity that they need. Support staff are neither qualified or experienced in this type of role, and we feel the provision we observed (chair-based exercise) was not of good quality. This is the most pressing issue for the home currently, it would appear, and we hope that recruitment is prioritised, and secured.

Personal Care

In one concerning case, a resident at a routine hospital appointment was found to have a pressure sore, and some bruising. Apparently, the home was not aware of this.

8.2 While not intervening in this case, or commenting further, it does need to be highlighted and we trust it has been fully investigated by the home.

Complaints Policy

Relating to the above case, a complaint was lodged by a family member, who says it was 'not received well' by management.

8.3 Again while not intervening or commenting, we hope that complaints and indeed serious complaints are handled in a consistent and professional manner, and fully documented. The process should be fair, and transparent.

Lift

The lift does not have access control (such as a keycode). We noticed one resident using the lift, unattended.

8.4 As we observed, it is entirely possible for residents and visitors to move around floors - unattended, and possibly unnoticed. If not already, the lift needs to be risk assessed - for both safety and security. It is the home's responsibility, to provide a safe and secure environment, for all.

Signage

Generally, the home does not have dementia friendly signage (words and images) and the existing signage is not consistent around the home.

8.5 Ideally, any internal signage should be suitable, and also consistent. We recommend that the home reviews this, and invests in new signs, if needed.

General Décor

The environment appears well-appointed, but is visibly tired in places. For example, the walls and windowsills in the dining room are dented, scratched and have become noticeably discoloured over time.

8.6 We feel that the time and investment needed, to refresh the dining room (for example) would be minimal – an afternoon's work, and less than £100 in materials (paint and filler). This would transform an already good space, into a 'great space' and we feel it is certainly worthy of consideration.

Environment – Temperature and Noise Levels

According to relatives, the home is both 'too noisy' and 'too hot'. There are issues with radiators, which 'cannot be turned off in summer' and it is difficult, to find space for personal conversations.

8.7 Indeed, at our visit we also encountered a 'hot and noisy' environment. We hope that the home evaluates use of background music, year-round temperature, and provision of quieter spaces. This should be achieved through consultation with residents, families and staff.

Glossary

Other Information

9. Glossary of Terms

As below.

CQC	Care Quality Commission
PCS	Person Centred Software
UTI	Urinary Tract Infection

10. Distribution and Comment

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

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



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