

Enter and View Report

Penmar Care Ltd (4 Kavan Gardens, Cranford), 26th November 2021



“I get to know the residents, gain their trust, join them to watch TV and chat informally. I try to be like a friend and help residents speak out by being trustworthy and encouraging.”

Staff member

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Visit Details	
Service Visited	Penmar Care Ltd
Site	4 Kavan Gardens, Hounslow, TW5 9AZ
Manager	Kelvin Gathiaka
Manager on site	Evans Harrington
Date & Time of Visit	Friday 26 th November 2021, 10.00am - 12.00pm
Status of Visit	Announced
Authorised Representatives	Mystica Burrridge, Victoria George
Lead Representative	Mystica Burrridge

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 Hounslow would like to thank the service provider 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, two Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Penmar Care Ltd

Penmar Care Ltd is a supported living service providing personal care and support to older and younger adults with mental health support needs.

The service has 15 permanent staff members and operates 3 homes, 2 of which are in Hounslow (4 Kavan Gardens and 42 Hanworth Road). Staffing incorporates a mix of full and part-time posts and additionally agency staff are utilised.

On 26th November 2021 we visited the home at 4 Kavan Gardens, which at the time had 3 residents.

2.2 CQC Rating

The CQC are 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.

Penmar Care Ltd was last inspected by the CQC in June and July 2021. The inspection [report](#) gave an overall rating of 'Good' – with specific ratings of 'Good' for being safe, effective, caring and responsive, and 'Requires Improvement' for being well-led.

2.3 Online Feedback

The official NHS [review page](#) currently contains no feedback on the service.

3. Executive Summary of Findings

During the visit of 26th November 2021, we interviewed a manager and staff member in-person. In addition, 6 staff interviews were conducted remotely (by telephone). While at the premises, we made detailed observations.

This is a summary of key findings - see sections 4 - 5 for findings in full.

General Environment and Accommodation

Notes

- 4 Kavan Gardens is on a quiet residential street in Cranford.
- Inside, the bedrooms are on the first & second floors. All bedrooms are single, with 2 of the 5 not in use by residents (one is used for emergency/respite and one by staff).
- We asked about enabling residents to personalise their rooms and were told that in the spirit of encouraging independent living, it is entirely up to residents whether they do this or not. Some do, others don't.
- Just one bedroom has an ensuite bathroom. There are shared bathrooms on the 2nd and 3rd floors, and a toilet/basin room downstairs.
- There is a small back garden, accessible from the lounge.
- The landlord is responsible for repairs. Maintenance may be accessed through an online system.

What has worked well?

- At the time of the visit, the house was clean and appeared safe.
- A general cleaning rota/schedule is in place - staff indicate which tasks have been completed on a spreadsheet.
- As a response to previous hygiene concerns, a professional company now undertakes weekly 'deep cleaning'.

What could be improved?

- Generally, the appearance of the house is not homely or inspiring, just functional, with visibly aged furnishings and fittings. Residents' rooms appear to be 'very basic'.
- The garden was observed to be neglected, with overgrown grass and weeds.
- We noticed the middle bathroom had an unpleasant odour, we are unsure if this is due to recent use, or an issue with waste and drainage.

Accessibility and Safety

Notes

- There are 2 parking bays, neither of which designated.
- We observed no specific access for those with disabilities.
- Residents have keys to their bedrooms only (not for the front door).
- The fire alarm is reported to be tested weekly and extinguishers are situated on all upper floors. Carbon monoxide is also regularly tested for.
- A first aid box is present. In the event of accidents or medical emergencies, the procedure is to contact a GP or prescribing clinician.

What has worked well?

- Staff are commented to be trained in fire safety.
- Medication is kept in a locked filing cabinet (there is no refrigerated medication on site).

What could be improved?

- The manager says that residents may use the extinguishers, if necessary, though it was not clear if they knew how to do so.

Resident Care and Activities

Notes

- The manager says that existing care plans are utilised and 'built on'.
- Activities include yoga, house cleaning, scrabble, arts and crafts, jogging and walks in the park.
- On meals, the manager says that residents have the choice to cook what they want, or to utilise a menu.
- Residents are free to come and go until 10pm, and need to get in touch if they won't be back.

What has worked well?

- The manager described a rewards system - attached to completing activities. Rewards included day trips, going to the pub and meals out.
- The staff we spoke with are 'comfortable and confident' in working with clients with learning disabilities.
- Continuity is demonstrated - with the same staff supporting the same residents.
- Online apps have proven useful in daily micro-management, such as recording residents' activities and in preparing for handover.
- At the time of the visit, the noticeboard contained up-to-date information.

What could be improved?

- According to the manager, residents are unlikely to attend planned activities, with some cancelling at 'the last minute'. This is partly attributed to their young age.

Involvement and Feedback

Notes

- There is a noticeboard for staff and residents in the main room. It contains a feedback and complaints sheet, 'Mood Diary' and details on contacts, staffing and activities.

What has worked well?

- From our observations of the home, we noted residents were well attended to and noted staff encouraging residents to think independently and empowering them to have their own say.
- Staff say they encourage families to regularly keep in touch with the residents.
- Monthly house meetings are reportedly held, with family members 'welcome to attend'.
- It is suggested that families are encouraged to give service-related feedback and a general survey is available.

What could be improved?

- The official NHS [review page](#) currently contains no feedback on the service.

Covid-19 Protocol

Notes

- Interactions between staff and residents are one-to-one, to limit spread.
- If staff are unwell, they have to contact the manager on shift and take a test at home. They are then required to self-isolate according to government guidelines.

What has worked well?

- A Covid-19 staffing risk assessment is in place, which we were able to view.
- Staff undertake a temperature check (daily on arrival) and are lateral flow tested twice a week.
- The staff we spoke with are complimentary of PPE (Personal Protective Equipment) provision, strategically placed hand sanitisers, hand-washing points and information on vaccines.
- Staff say they support residents with testing and remind them to take daily tests.

What could be improved?

- Staff mentioned that some residents have found it difficult to cope in the pandemic due to loneliness and not seeing family/friends.

Staffing and Training

Notes

- As the service is supported living, a manager is required to be on-site during the day and the premises is always staffed.
- Staff supervision is now taking place monthly.
- A general risk assessment is in place, which we were able to view. This is reportedly updated bi-annually.
- Staff say they have access to safeguarding information, and are aware of how to raise an alert.

What has worked well?

- It is suggested that general working relationships are good.
- The majority of staff appear to enjoy their jobs, and do not feel under pressure in delivering their roles. Most find management to be supportive and engaging.
- Staff comment positively on induction and training, and many prefer the option of revisiting training sessions online to refresh their knowledge.
- Rotas for staff with young children are 'being adjusted'.
- Breaks are officially documented.
- A monthly staff recognition scheme is being implemented.
- Staff have access to professional counselling.
- There are regular staff meetings.

What could be improved?

- Some staff feel they do not get paid well and have experienced issues with being paid on time.
- Some mentioned that their efforts were not appreciated by management as they sometimes felt they did not receive the recognition they deserved.

Based on findings, we have made several recommendations (see section 6).

4. General Observations

During the visit of 26th November 2021, we viewed the downstairs area including the garden, and the two upstairs floors, including un-used bedrooms.

The Authorised Representatives made the following notes and observations:

General Environment and Accommodation

Notes

- 4 Kavan Gardens is on a quiet residential street in Cranford.
- Inside, the bedrooms are on the first & second floors. All bedrooms are single, with 2 of the 5 not in use by residents (one is used for emergency/respice and one by staff).
- Just one bedroom has an ensuite bathroom. There are shared bathrooms on the 2nd and 3rd floors, and a toilet/basin room downstairs.
- There is a small back garden, accessible from the lounge.

Observations

- Although the environment is reasonably clean and appeared safe, the whole house looks in need of decorating - walls are scratched and scruffy, furniture is adequate but tired-looking. Generally, the appearance of the house is not homely or inspiring in any way at all, just functional.
- Residents' rooms also appear to be 'very basic'.
- We noticed the middle bathroom had an unpleasant odour, we are unsure if this is due to recent use, or an issue with waste and drainage.
- All cleaning is done by care staff and residents, and observed to be 'just about adequate'.
- There is a punch bag which we were told is used regularly by one resident, and an inflatable house (not inflated) which another resident uses sometimes.
- The garden consists of a square of overgrown grass, weeds round the edges and paving stones.

Accessibility and Safety

Notes

- There are 2 parking bays, neither of which designated.
- Fire evacuation is via the front or garden door.

Observations

- We observed no specific access for those with disabilities.
- We did not notice whether there was a keypad to enter the building, or if the garden doors were secure.
- Fire extinguishers are situated on the landings of the 2 upstairs floors.

Noticeboard

Notes

- There is a noticeboard for staff and residents in the main room. It contains a feedback/complaints sheet for residents to use and a 'Mood Diary' used by one resident.
- Also included are safeguarding contact numbers, shift change procedure and the residents' weekly activities timetable - which we discussed.

Observations

- The noticeboard was up-to-date.
- We did not notice any residents' work on the walls.

5. Staff Feedback

During the visit we interviewed a service manager and an agency staff member. In addition, we conducted 6 remote (telephone) interviews.

5.1 Manager

The manager has worked at the service for 2 years.

Opening Questions

Can you give us an overview of your service and care staff structure?

There are 6 staff who are contracted to circulate around 3 homes (2 of which are in Hounslow). We minimise agency staff, we only contact the agency when the need arises.

Covid-19 Protocol

Do you have a Covid-19 staff risk assessment system in place?

Yes. [a demonstration is given]

If staff are unwell, they have to contact the manager on shift and take a test at home. They are then required to self-isolate according to government guidelines. Staff also support residents with testing and remind residents to take daily tests.

What approaches have you adopted to reassign duties that leave staff at lesser risk of contracting Coronavirus?

We try to minimise interactions and activities, and allocate 1 staff member to 1 resident to avoid the spread of Covid. For staff, there is a daily temperature check, regular sanitising and we encourage this of residents too.

Cultural/Religious Needs

Do you have a diverse care staff team?

Yes.

Can you give us a breakdown of the Black and Ethnic Minority care staff you have within your team?

The majority of staff are Black (that may be due to the nature of the work). White English staff didn't want to be vaccinated and tested daily, therefore they have left their jobs now. We only have 1 White staff member who is currently sick (long term).

Are residents' cultural or religious needs met? If so how?

Yes. Residents have regular activities (such as attending college). One resident watches 'Songs of Praise' on Sunday but we don't have any who require cultural or religious needs to be adapted. The only focus is around activities.

How do you meet the needs of residents who do not speak English as their first language?

All residents speak English, however if there was a need then we would have access to staff who can speak different languages, this may include specific recruitment.

Meals

Can residents choose where to eat their meals?

Yes.

Are some residents encouraged to be involved in menu planning and cooking? If so, how?

All the residents have the choice to cook what they want. There is a menu available if they need it.

Activities and Support

Are social activities initiated by staff (do staff ask or encourage residents to do what they want to do during their leisure time)?

Staff try to plan activities for residents but sometimes they change their minds at the last minute and plan their own activity. This can be difficult when planning ahead for the residents as they're quite young as well.

Is there a planned programme of activities for residents with a Learning Disability?

Yes.

What do you do to encourage your residents to engage in activities?

Verbal encouragement - if we plan anything, this is usually not attended by residents.

How do you provide stimulation to those residents who often (may refuse) say ‘no’ to most activity suggestions?

When residents are upset and angry, they go for a walk but have to return before curfew otherwise we will call the police. We have a punching bag in the garden which helps one of the residents blow off steam.

What help is offered to residents who may need support?

Staff encourage residents to take responsibility for their own personal care. One of the residents requires mental health support, we access this through a dedicated service. We prompt/encourage residents to do their own laundry and clean-up after themselves. There is a reward scheme in place to further encourage the residents.

How do you overcome barriers such as physical access (for example, residents confined to their room)?

We don't have this issue with residents.

Can residents choose when they get up or go to bed?

Yes.

Feedback and Involvement

How do you find out about your residents' history preferences, likes and dislikes and how does this information inform your planning?

All the residents have a care plan in place. Some come through as referrals as we offer respite as well for the homeless. We build on existing care plans as well.

Are family/friends encouraged to give feedback? If yes, how are views are collected, how is the feedback circulated to family/residents?

Staff keep in contact with families regularly. Families are encouraged to call. We ask family members to complete a questionnaire as well to give feedback about the service.

Are there any family/friends who attend care staff meetings?

We have monthly house meetings which family/friends are welcome to.

Staffing and Management

Please show us an example of a home risk assessment.

The assessment is reviewed every 6 months and the same version is updated. [a demonstration is given]

As management do you believe you have a good relationship/rapport with your staff?

We have a good relationship with staff members and they can approach management if there are any issues. Staff can come directly to me.

What steps have you taken to establish a good relationship with your staff?

We have a 'comms diary' to communicate with each other. Supervision is now taking place monthly. Staff can discuss any issues onsite.

Are there any social gatherings or rewards programmes in place for staff?

Yes. There is a paid referral scheme in place for staff. Staff breaks are paid and we are introducing 'staff member of the month'.

Given the pressures on care staff during this period, what support have they received to maintain their physical and mental health?

Staff can access Bright HR counselling. We are adjusting rotas for staff who have young children.

Safeguarding

Are staff aware of how to make a safeguarding alert?

Yes.

Is safeguarding information available to staff?

Yes.

How often are safeguarding concerns raised?

We have raised a few safeguarding incidents in the past. One relates to a resident not taking medication for a mental health condition.

One of the residents (at another house) is making a complaint about overhearing staff members talking about him. This was investigated and no substantial information was found and this has been closed. The incidents have been reported to safeguarding.

Closing Questions

What lessons or improvements have been identified since and after the pandemic and lockdown measures?

Residents have been getting back into their activities. Due to lockdown some missed college and activities.

Do you have any other comments you would like to share with us?

Premises:

The landlord is in charge of repairs. We submit online support requests which are then prioritised. [a demonstration is given]

A cleaning rota/schedule is in place which staff complete on a spreadsheet, indicating which tasks have been completed (such as cleaning table tops, laundry, wiping door handles, cleaning banisters, mopping floors).

A cleaning company called SCS carry out weekly cleaning (deep cleaning) for both properties (4 Kavan Gardens and 42 Hanworth Road). We recently recruited this company because LBH (London Borough of Hounslow) had concerns about the cleanliness of the property.

Staffing:

Agency staff have access to the tablet that staff use at both homes so they can have a read through, and that's how the handover is done too. [a demonstration is given]

We have a good relationship with our current staffing agency and are able to have regular agency staff on both sites.

I have worked in many different settings and this is the first time I've had to record breaks for staff.

Other:

Residents are fairly young at this home.

5.2 Agency Staff Member

The agency staff member has worked at the service for 2 months.

Due to language/communication barriers, and the fact that this staff member is relatively new, the interviewer feels that some responses are limited in detail.

Opening Questions

How do you feel about your job?

I'm very happy and enjoy it, I want to stay as long as possible.

Covid-19 Protocol

Do you feel the scheme has implemented effective infection control measures to prevent the spreading of Coronavirus?

Temperature is taken at the door on arrival every time. Lateral flow tests conducted twice a week.

Did you feel safe working during the early stages of the Coronavirus pandemic, and do you feel safe currently?

I feel safe in this workplace. I worked for another agency during the early stages and had a very bad experience in a care home where the majority of residents were infected and PPE was inadequate. I have worries about the future of the pandemic and implications for work.

Residents and Relatives

Do you have sufficient time allocated to deliver good, personalised care?

I have plenty of time.

Are you generally rostered to support the same set of residents?

I support all 3 residents.

How do you support the needs of residents?

Very much on an as-and-when needed basis. Getting to know residents, gaining trust, joining them to watch TV and informal chatting.

How do you monitor the residents' progress?

Progress is recorded on a tablet hourly.

Can you tell us about the handover procedure between shifts?

Approximately 15 minutes handover time, verbal and written, in client files.

Do you know what the process is for when you are running late for a shift?

We ring the house. The last person on shift must stay until the handover arrives.

Do you have any involvement with the residents with family/friends/relatives?

Yes, some residents more than others. I haven't had any involvement with family, but have with friends when they visit the house.

Involvement and Feedback

How do you empower residents to have a voice?

I try to be like a friend and to help residents speak out by being trustworthy and encouraging.

How do you encourage residents to become more involved and give input (such as on activities)?

This is completely left up to them, it is their choice whether to be involved in activities.

How do you engage with residents to give feedback? Are residents aware of how to provide feedback to the scheme?

[difficulty understanding this question]

What would you do if some areas/needs are changed for the resident (for example, updating a support plan and notifying the council social care team)?

There is the hourly recording of residents' status and a more substantial update is done by the managers. I don't know about the social care team.

Premises

What's the cleaning arrangement for the service?

All cleaning is done by the residents and the staff. I do a lot of the cleaning myself.

What's the maintenance reporting procedure?

I report maintenance problems to the manager.

Induction and Training

How long was your induction process and what did it cover?

The induction with the agency was for 3 months and the induction here was with a manager - not sure how long it was. [unsure that the question was understood]

Did you feel supported during the induction process?

Yes.

What training have you completed? And do you receive any on-going training?

At the agency there was group work (such as videos) over the 3 months. No on-going training.

Do you feel you have enough training to do your job well?

Yes.

Do you think the training you have been given provides enough skills to work with and support people with a learning disability?

Yes. I feel comfortable and confident working with clients with learning disabilities.

Management

Do you receive adequate breaks?

Yes.

Do you feel supported by the management, at the home?

Yes.

How often are management on site?

A manager comes in every day, sometimes for an hour, or more or less depending on need.

How regularly do you receive supervision/appraisals?

With the agency, monthly.

Do you participate in regular staff meetings?

Yes, every 3 weeks.

Administration

Please can you show us where the referral documents and processes are kept, or in place?

[difficulty understanding this question]

Who manages the finances of the resident, and what processes are in place to monitor this?

It's done independently from the staff.

Where are your incident/accident forms kept?

In the filing cabinet.

Safeguarding

Are you aware of the process of how to raise a safeguarding alert?

Yes, I report to the manager.

Do you have access to clear safeguarding information at work?

Yes.

Closing Questions

Are you aware of any possible funding issues that affect the way you provide the service for residents?

No.

Do the residents face issues accessing community health and social care services?

I'm not aware of any social workers/community health services or access issues related to them.

5.3 Summary of Staff Interviews

In addition to the 2 in-person interviews (above), we interviewed 6 staff members by telephone. Length of employment ranges from 2 months to 2 years. This section evaluates the combined response.

Overall, staff mentioned that they are satisfied with their role as they enjoy being able to care and help individuals. There were many positive comments around training and induction, and many prefer the option of revisiting training sessions online to refresh their knowledge.

Some staff members mentioned they enjoy being able to collaboratively work together as a team and have found utilising the MCM Care delivery App useful in keeping track of resident's daily activities, this makes it easier for them to communicate with other members of staff as part of the handover process. From the two face-to-face interviews we conducted, staff also seemed well equipped and possessed the knowledge and skills to effectively engage and care for residents through also adopting an empathetic approach.

In addition, staff members seem to effectively communicate and utilise online platforms such as Zoom, and WhatsApp. These online platforms have proved to be an excellent means of communication throughout the pandemic for staff and management. From our observations of the home, we noted residents were well attended to and noted staff encouraging residents to think independently and empowering them to have their own say.

Furthermore, staff mentioned they generally feel supported by management. Staff said managers were on site every day and if they had any concerns, they would speak to managers directly. However, there were some mixed opinions around this, as some mentioned that they felt there was lack of appreciation of their efforts despite having to work throughout the pandemic and feeling apprehensive about their own health and safety.

Some expressed that they do not get paid well and have experienced issues with being paid on time. Some staff members also stated that they would particularly like to get paid extra for overtime and working on Christmas day. It would be useful if staff received employee benefits as a form of recognition.

An area of improvement we identified was around the reporting of maintenance issues as some staff expressed there had been issues with the cooker and toilet not working, these issues had taken a while to get resolved.

All the staff members agreed that there were effective infection control measures in place to prevent the spread of the virus and mentioned there was an adequate supply of PPE. Staff mentioned that all visitors were required to take a Covid test prior to entering the home. We noted that there was hand sanitiser gel, and disposable gloves available around the home and upon entrance.

Whilst speaking to staff members, they felt some residents had found it difficult to adjust during the early stages of the pandemic without seeing family and friends but have kept in contact through online communication methods such as video calls as well as telephone calls. An issue one staff member explained is that it is now difficult to encourage residents to go outside as they have adjusted to staying indoors. Pre-pandemic, residents would go to day centres and take part in activities, but many centres are partially opened.

In addition to this, one staff member mentioned that it would be particularly helpful if the home could assist residents with a form of transport to go outside, in order to take part in different activities.

5.4 Staff Feedback - Detailed Overview

Quality, Effectiveness and Treatment of Care

Supporting Residents

Staff mentioned that they generally support the same set of residents. Support examples include personal care (baths etc), breakfast, cooking, laundry, medication, handling behaviour, activities such as walking

Engaging Residents to Provide Feedback

Staff mentioned that they actively ask residents questions to gain feedback. Some residents find it difficult to articulate their thoughts and staff rely on physical cues such as residents nodding their head to find out if they approve or are happy with the care received.

Monitoring Residents Progress

Staff mentioned that they monitor residents progress through logging daily activities on an app called MCM Care delivery through a tablet device. There has been a recent shift in moving documentation to online platforms such as OneDrive, which staff have found very useful.

Empowering and Encouraging Residents

Staff mentioned that they encourage and empower residents by openly talking to them and encouraging them to complete activities independently and assisting them with activities such as cooking and walking.

Handover Process

Staff mentioned that they use the MCM app to keep track of resident's progress and tasks for the day. They have found using this app very useful. They also use verbal communication as means of keeping other staff members updated on the residents needs for the day.

Process for Running Late

Staff mentioned that they usually inform managers and the team they are running late on a shared group chat on WhatsApp. They also call the manager to let them know what time they will be able to arrive.

Cleaning, Maintenance, Resident Finance

Cleaning Arrangements

Staff mentioned that there is a rota for morning and night shift staff to follow. They usually assist with cleaning throughout the day to make sure all surfaces are clean and disinfected.

Maintenance Reporting Procedure

Staff mentioned that they would report maintenance issues to their manager.

Finances of Residents

Staff mentioned that the family of residents usually deal with the finances of residents and in some cases management deal with it.

Staff Experience, Induction, Training and Support

Training and Induction Period

Staff mentioned that they felt supported during the induction process which consisted of shadowing other staff members on shift.

Staff mentioned that they receive regular training, and they can revisit training sessions online. All the 8 staff members we spoke to were very pleased with the training they had received. Staff mentioned that they preferred the option of online training as they can effectively complete these sessions in their own time. Staff mentioned that there is now the option of taking part in face-to-face training sessions, which will resume in a few weeks' time.

Examples of training undertaken include infection control, risk assessment, basic food safety, manual handling, Autism, learning disability, mental health and safeguarding.

Breaks

Staff mentioned that they were happy with the length of breaks, which often lasted an hour depending on the shift.

Support from Management

In general, staff felt management were supportive of their needs, particularly around training. They feel they are comfortable to discuss any concerns with the managers. Staff mentioned that they participate in monthly meetings which takes place via Zoom. Some staff mentioned that their efforts were not appreciated by management as they sometimes felt they did not receive the recognition they deserved, despite working throughout the pandemic.

Infection Control and Pandemic

Early Stages

Staff mentioned they were apprehensive in the early stages, but others had recently started working at the home so could not comment on this.

Infection Control Measures

Staff said that there are effective infection control measures in place at the home. One staff member expressed that none of the residents had been infected by the virus. There is an adequate supply of PPE, such as gloves, masks and hand sanitiser. They also follow procedures to make sure visitors, family and friends have taken a covid test upon entry.

Challenges of the Pandemic (Residents)

Staff mentioned that some residents have found it difficult to cope due to loneliness and not seeing family/friends. Some have found it challenging to adjust to a new routine, however as restrictions have been lifted it has also proven quite difficult to get residents to leave the home for daily activities such as walking.

Challenges of the Pandemic (Staff)

Staff mentioned it has been satisfactory for them, whilst some mentioned that they were not working for a certain time. They felt working during the pandemic had helped keep them busy.

5.5 Provider Response

The provider wanted to provide further clarification regarding the feedback and observations from the visit.

“Decoration - we have recently received the go ahead from the landlord for painting/decorating, residents are putting together the kind of furniture and colours they want for the house.

Plan of action in the next 4 weeks.

Parking there are 2 allocated parking spaces, one is numbers (4) in front of the property, the other one is on the side of the road and it also has a numbered (4).

Rooms - Your report states that there 5 rooms and that all the rooms are single room, which is inaccurate, there are 5 room in which 4 of the rooms are double rooms and 1 single room (staff sleeping room).

Smell - The report mentioned that there was a smell from one of the toilet's, it is more likely that one of the residents had just used the toilet.”

6. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the service.

Based on the analysis of all feedback obtained, Healthwatch Hounslow would like to make the following recommendations:

We make 3 recommendations on the general environment.

6.1 General Environment

Generally the appearance of the house is not homely or inspiring in any way at all, just functional, with visibly aged furnishings and fittings.

6.1.1 Given that the house is a home, ideally furnishings, fittings, interior décor and layout should be well-considered. A makeover need not be expensive, walls could be painted, outdated seating covered, furniture sanded and re-surfaced. In any redecoration (whether buying or repairing) involving the residents would be an opportunity for them to enhance their collective living environment - certainly boosting self-esteem, and the overall experience for themselves, visitors & staff.

The garden is also uninspiring - consisting of a square of overgrown grass, weeds around the edges and paving stones.

6.1.2 As the garden is small and largely grass, it should be entirely possible to assign basic upkeep to rotas, or to acquire a gardener. Again, gardening is also an opportunity for residents to enhance their own environment.

We noticed the middle bathroom had an unpleasant odour, we are unsure if this is due to recent use, or an issue with waste and drainage.

6.1.3 We hope that this can be assessed, with any resulting issues addressed.

We make 1 recommendation on accessibility and safety.

6.2 Accessibility and Safety

The manager says that residents may use fire extinguishers if necessary, though it was not clear if they knew how to do so.

6.2.1 We recommend that the risk assessment is reviewed, to check the protocol and status of fire extinguisher use.

We make 1 recommendation on involvement and feedback.

6.3 Involvement and Feedback

The official NHS [review page](#) currently contains no feedback on the service.

6.3.1 We understand that as a small service, it is perhaps unlikely that residents or families will be generally aware of the website. That said, it is disappointing to see no reviews posted. We recommend that a link is shared with residents and staff, where the opportunity arises - online posts often encourage and inspire others to give feedback.

We make 1 recommendation on Covid-19 protocol.

6.4 Covid-19 Protocol

It is commented that some residents have found it difficult to cope in the pandemic due to loneliness and not seeing family/friends.

6.4.1 From staff feedback we know that residents and families have been encouraged and supported to keep in regular contact. That said, if residents have experienced difficulty or loneliness, there may be a need to give this more prominence - perhaps building into support plans.

We make 4 recommendations on staffing and training.

6.5 Staffing and Training

While management are said to be generally engaging and supportive, some staff would like greater levels of recognition, and appreciation for their efforts.

6.5.1 We know that an 'employee of the month' initiative is being developed - this is welcome, however should be implemented sensitively, as not to alienate staff members. We also feel the service could go much further, in providing benefits, incentives, and in acknowledging and rewarding staff contributions.

We hear that staff salary payments have been delayed.

6.5.2 This is very disappointing, and wholly unacceptable for any reputable organisation within the care sector. As distress and discomfort will have resulted for employees, we would like to better understand this issue - is it an administrative 'glitch', or something more fundamental within the company?

Some staff feel an increase in pay is needed, particularly if working additional hours, or during public holidays.

6.5.3 While we do not comment on pay settlements, we know that any uplift will certainly benefit staff morale and retention.

7. Glossary of Terms

CQC	Care Quality Commission
LBH	London Borough of Hounslow
PPE	Personal Protective Equipment

8. 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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“Staff try to plan activities for residents but sometimes they change their minds at the last minute and plan their own activity.

This can be difficult when planning ahead for the residents as they’re quite young as well.”

Manager