

Enter and View Report

Penmar Care Ltd (42 Hanworth
Road, Feltham, TW13 5AY)

25th November 2021



A report by Healthwatch Hounslow

“Residents are treated with respect and dignity, their opinions are always sought, their consent is obtained for decisions directly affecting them.”

Staff member

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Visit Details	
Service Visited	Penmar Care Ltd
Site	42 Hanworth Road, Feltham, TW13 5AY
Manager	Kelvin Gathiaka
Manager on site	Laetitia Liseo
Date & Time of Visit	Thursday 25 th November 2021, 11.00am - 1.00pm
Status of Visit	Announced
Authorised Representatives	Mystica Burr ridge, Zainab Babar
Lead Representative	Mystica Burr ridge

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 patients and 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, Cranford and 42 Hanworth Road, Feltham). Staffing incorporates a mix of full and part-time posts and additionally agency staff are utilised.

On 25th November 2021 we visited the home at 42 Hanworth Road, 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 25th 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

- The manager mentioned that over Christmas, they were hoping to have the walls painted, if all the residents were going for Christmas to their families.
- Maintenance may be accessed through an online system.

What has worked well?

- At the time of the visit the house looked clean.
- A professional company now undertakes weekly 'deep cleaning'.
- A gardener visits weekly.
- There is plenty of signage around the house including CQC certificates.

What could be improved?

- The furniture appears a bit worn and ideally needs replacing.
- We thought the laundry room is a bit crowded which may cause difficulties for residents when entering or leaving.
- Staff say that issues with the cooker and toilet have taken 'a while' to get resolved.

Accessibility and Safety

Notes

- Regarding parking, the house has 1 space in the driveway and 2 dedicated parking spaces on the road.

- There is ramp access at the front of the house with a railing.
- One of the residents requires assistance with walking and personalised care.
- One resident's room has an ensuite bathroom with a hoist.
- We were told that staff dispense medication, and record details on a Medication Administration Record (MAR).
- Incident and accident forms are reportedly available to staff.

What has worked well?

- At the visit we were asked to show our ID on arrival, and to sign in and out. Gloves were available.
- The medicine cabinet is in the manager's room upstairs and is locked (there is no medication in the fridge).

What could be improved?

- The dedicated parking spaces are used by people not connected with the service. If families come to visit sometimes, they have to park on the side road and pay.

Resident Care and Activities

Notes

- Care plans are said to be updated every 6 months, and support plans every 6 weeks.

What has worked well?

- According to the manager, all residents are encouraged to take part in cooking.
- It is suggested that staff actively encourage participation in activities.
- Staff say they engage with residents on their care and support plans.
- 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.
- Training on learning disabilities is complemented by staff.

What could be improved?

- As restrictions have been lifted it has proven 'quite difficult' to get residents to leave the home for daily activities such as walking.
- One staff member mentioned that it would be particularly helpful if the home could assist residents with a form of transport to go outside, to take part in activities.

Involvement and Feedback

Notes

- The manager is looking to install a noticeboard.

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 are said to speak a number of languages (examples include Swahili, Yoruba and French).
- Staff say they encourage families to regularly keep in touch with the residents.
- We were told that families are asked to complete a feedback form, twice a year.
- There is also a feedback form for residents.

What could be improved?

- The official NHS review page currently contains no feedback on the service.

Covid-19 Protocol

Notes

- 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?

- There is signage on the front door asking people to wear a mask, and providing general Covid-19 information.
- At the beginning of the visit, the staff member asked us at the door if we were vaccinated and if we have taken a lateral flow test.
- It is reported that all staff are vaccinated (some have had boosters) and tested regularly - including daily lateral flow tests and PCR testing once or 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.

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.
- Staff say they have access to safeguarding information, and are aware of how to raise an alert.

What has worked well?

- According to the manager there is 'good teamwork'.

- 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.
- 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.
- The manager could not locate the risk assessment on her computer (this is apparently because the 'OneDrive' system is new).

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

4. General Observations

During the visit of 25th November 2021, we viewed all floors of the house.

The Authorised Representatives made the following notes and observations:

General Environment and Accommodation

Notes

- The manager is looking to install a noticeboard.

Observations

- Overall, the house looked clean but the furniture seemed a bit worn and could do with being changed.
- We thought the laundry room is a bit crowded which may cause difficulties for residents when entering or leaving.
- There is plenty of signage around the house including CQC certificates.

Accessibility and Safety

Notes

- Regarding parking, the house has 1 space in the driveway and 2 dedicated parking spaces on the road (however these are sometimes used by other people).

- There is ramp access at the front of the house with a railing.
- There is signage on the front door asking people to wear a mask, and providing general Covid-19 information.
- Gloves are available at the front.
- There is a fire exit sign at the front of the door and upstairs.
- There is a Zimmer frame in one resident's room.
- One resident's room has an ensuite bathroom with a hoist.
- The medicine cabinet is in the manager's room upstairs and is locked.

Observations

- At the beginning of the visit, the staff member asked us at the door if we were vaccinated and if we have taken a lateral flow test. We had our masks on.
- We were asked to show our ID on arrival, and to sign in and out. Gloves were available.

5. Staff Feedback

During the visit we interviewed a manager and staff member in-person. In addition, we conducted 6 remote (telephone) interviews.

To uphold confidentiality, residents' names have been changed.

5.1 Manager

The manager has worked at the service for 3 months.

Opening Questions

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

15 permanent staff members work across both sites (4 Kavan Gardens and 42 Hanworth Road). This incorporates a mix of full and part-time posts. Additionally, agency staff are used once or twice a week - the agency sends 'regular staff' which makes it easier for the home and residents as they're already familiar with how the service runs (they know the routine). 2 staff are on site. 1 sleep-in staff member and 1 wake-in staff member. As it is supported living, 1 manager is required to be on site during the day.

- Emma has mobility issues and requires one-to-one support. Her health is deteriorating as well.
- Also, Julian can be an aggressive resident, he sometimes attacks Emma because he doesn't like it when she makes too much noise. He needs to be kept an eye on.

Covid-19 Protocol

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

Yes. [we don't recall seeing a copy]

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

Staff are regularly testing themselves, handwashing, wearing masks. If they have symptoms or a positive test comes back, then they have to let management know immediately.

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?

We have a diverse team from a range of Black and Ethnic Minority backgrounds. African mainly - Nigerian, Congolese, Kenyan, Mauritius etc. The majority of English staff (apart from one staff member who is currently on long-term sickness) left as they didn't want to take the Covid-19 vaccine and didn't want to be regularly tested for Covid-19.

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

Yes. We used to have a resident who identified as Muslim but didn't practice it. However, we always take residents needs into consideration.

- We're currently trying to meet Emma's health needs as she is obese, therefore we have to keep an eye on what she is eating.
- For Julian, we have involved Hounslow and Richmond Community Healthcare Team to assist with risk of choking on food and we have to be mindful of the foods he eats (such as salt intake, soft foods).

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

All the residents speak English. However, staff members can speak different/multiple languages (such as Swahili, Yoruba, French).

Meals

Can residents choose where to eat their meals?

They can eat their meals downstairs or in the room.

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

All residents are encouraged to take part in cooking. They are also encouraged to do their own laundry but sometimes require some support.

- Katrina is able to do her own grocery shopping and cooking.
- Emma's mum helps out with her grocery shopping. Emma has a choice of what she eats and sometimes we can't stop her from choosing what to eat when she goes out.
- Julian requires support with his grocery shopping.

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 actively encourage residents to take part in activities.

- Staff will ask Julian if he wants to go out for a walk but requires support and sometimes needs a wheelchair. Sometimes he goes into the garden for a walk. Sometimes, we go to Feltham ASDA for a walk.
- Katrina is very independent and can do lots of things by herself. She also volunteers regularly and is able to go to places by herself.

How do you plan activities for the week/month ahead?

It can be difficult to get Emma/Julian to be involved in activities due to health reasons and how they feel. Therefore, we try to regularly encourage them to go for a walk around the area.

- We plan activities on a weekly basis for Emma.
- Katrina regularly volunteers and 'helps out a lot'.
- Julian has set-days for activities and enjoys reading magazines.

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

- Yes. Twice a week for Emma.

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

We regularly ask the residents and some of the families take them out.

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

Staff try to suggest different choices.

What help is offered to residents who may need support?

- Katrina receives a couple of hours of support.
- Julian enjoys watching sports, cricket, football. He can be challenging in terms of behaviour and becomes easily annoyed by Emma. Therefore requires one-to-one support.
- Emma requires support with sometimes cutting her meal into smaller pieces. She also requires a lot of encouragement, and she can be 'lazy'. The doctor said she only will have a 'couple of years left' due to her health and needs to make changes to her health immediately. Emma's mum is very involved in her care. She attends GP appointments and picks up her medication. We try to encourage her to take part in activities (swimming, arts/crafts, drawing etc).

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

Staff encourage residents to come out of their rooms. One of the residents wears incontinence pads and is encouraged to go to the toilet.

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

Yes. Residents have the choice, but we encourage them to be in bed by 10pm. This is also when night staff come in and begin their shift. Residents are up by 7.30am usually.

Feedback and Involvement

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

The care plan is used for the above. We update it regularly (every 6 months) and it's stored in the 'OneDrive'. Managers and staff also speak with residents to make sure they're keeping up with the information. Families live locally and residents see them regularly.

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

Every 6 months, families are asked to complete a feedback form. Usually, if issues arise, they are verbally fed back.

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

No. Emma's mum is involved in almost all aspects of her care/living and staff and management keep families involved in the resident's care. Residents receive a feedback form, and their families receive a different feedback form.

Staffing and Management

Please show us an example of a home risk assessment.

This is completed and reviewed every 6 months. The risk assessment for this site was reviewed last month, it looks at fire risk, corridors, wires etc.

[the manager could not find the assessment on their new system 'OneDrive' which has been in use for a couple of months - a senior manager had to send it over by email]

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

Staff are managing well. Prior to my employment, staff were unable to speak with management and there were delays in staff salaries.

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

Being transparent and open in communication. Any issue can be raised with management. I strongly believe in the staff team and there is good teamwork.

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

Yes. For Christmas we get together. I am currently putting together a 'best staff of the month' award. This could take place every 3 months.

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

We meet and talk regularly. Staff are in fact asking for more hours to work.

Safeguarding

Are staff aware of how to make a safeguarding alert?

Yes.

Is safeguarding information available to staff?

Yes. There is a number available, and a staff member is on-call in case any safeguarding incidents arise. Staff now have to have supervisions on a monthly basis due to an LBH (London Borough of Hounslow) visit.

How often are safeguarding concerns raised?

One safeguarding alert was raised when a resident said that 2 staff members were talking about them. This has been raised with LBH but we haven't heard anything back. 2 months ago a safeguarding alert was raised relating to Julian. This was raised by the paramedics who attended the call.

Closing Questions

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

We are currently recruiting an additional person as we don't want current staff to cover shifts, or be on stand-by as that causes pressures. LBH are regularly testing us.

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

We have been working in different boroughs and this particular borough, LBH are being 'harsh'. We haven't put any residents in danger. An action plan has been put in place. The regular visits from LBH, only came about because of a whistle blower (July) who was an ex-manager. We had a CQC visit in August 2021 and were rated good.

Staffing:

Staff can access Bright HR Counselling for support.

We have an updated rota format showing breaks and funded hours (this is the first time in my career I've seen breaks recorded).

Staff can log online tasks on the tablet and laptop.

Administration:

Myself and another manager have access to the laptop in the upstairs staff office. Staff have a separate laptop downstairs. [we saw both laptops]

Support plans are reviewed every 6 weeks and include the resident as well.

Premises:

We have a weekly contractor in place for deep cleaning. We also have a gardener who helps out weekly.

We have an online repairing service which we can access through a website.

Covid-19:

All staff are vaccinated (some have had boosters) and tested regularly. This information is recorded on the laptop. Staff test every day (lateral flow test). PCR tests take place one or twice a week for all staff members. The mask is a choice for staff. Family and friends are asked to test as well.

5.2 Staff Member

The staff member has worked at the home for 1 month.

Opening Questions

How do you feel about your job?

I feel immensely satisfied with the level of impact I am making in the lives of our clients, the training and skills I am continually exposed to and the personal fulfilment that I derive from this line of work.

Covid-19 Protocol

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

Management has instituted a strict infection control regimen, which staff and residents continue to adhere to. These include strategically placed hand sanitisers, lots of PPE (face shields), multiple hand washing points and daily testing (via lateral flow kits). As such, breakout of Covid and other infectious diseases have been greatly minimised in the various houses.

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

I feel relatively safe working currently due to easier access to PPE, updated vaccination guidance (booster shots included) and infection control measures.

Do you have adequate supplies of PPE and adequate opportunity for you and residents to be tested earlier in the pandemic and currently?

Despite the difficulties in obtaining adequate PPE, especially earlier in the pandemic, the residents and staff now have easier access to lateral flow test kits. Also, regular tests are carried out in lieu of the requirements.

Did you receive adequate support to continue working during the pandemic in terms of additional training or guidance?

We were and continue to be updated on the latest guidance for care home and work, vaccination and infection control.

Residents and Relatives

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

Yes. Indeed our care schedule is round the clock with staff and management committed to this schedule. Thus, there is never a time when our clients are ever without care and support.

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

Yes, I am usually supporting the same set of residents, except when other support workers become unavailable.

How do you support the needs of residents?

I support them by conversing with them and making them comfortable, taking care of their personal hygiene, making meals and serving them, keeping their environment clean, checking their medication and offering it to them in the right prescription and time. All these according to the legal care regulations.

How do you monitor the residents' progress?

By observation, by documentation, through frequent meetings and exchange (feedback).

Can you tell us about the handover procedure between shifts?

The handover procedure is electronic whereby important details with regards to the shift is inputted to a dedicated company app on a tablet. The staff next on shift can access this app and thus have an overview of the condition of each resident.

What means of communication is used by staff during the handover process?

Handover is done electronically. This is usually on a company tablet using a dedicated app which every staff can access after authentication.

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

If I will be running late for a shift, I inform colleague(s) usually ahead of time and on a common social media platform for company announcements (WhatsApp).

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

Relatives and friends are key to the emotional wellbeing of the residents. As such, we encourage them to regularly keep in touch. They are also informed of major development in the affairs of our clients, occasionally participate in their health-related sessions, and are constantly intimated on best practices during times these clients are with them, perhaps on holiday.

What support are you able to provide if any to help residents speak/see their family and friends?

Residents are allowed to have regular visits as well as make visits of their own. Indeed, they are encouraged to do so, including being provided with strong Wi-Fi services to communicate electronically as they see fit.

Involvement and Feedback

How do you empower residents to have a voice?

When I do the key working referring them to the complaints or compliments procedure, getting them involved when doing the care plan during the client's weekly meeting.

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

Residents are treated with respect and dignity, their opinions are always sought, their consent is gotten for decisions directly affecting them. They are offered opportunities through regular meetings and contacts to air any concerns. They also have direct access to social care outside the firm.

How do you engage with residents to give feedback?

Regular one-on-one and general meetings are conducted with residents where they are encouraged to air their views, including pressing concerns, if any. These concerns are conveyed to management. This notwithstanding, they can equally call any of the management staff directly as they deem fit.

Are residents aware of how to provide feedback to the scheme?

Yes. Residents have direct access to both management and council officials, thus providing them with several channels to give feedback.

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)?

We will immediately incorporate these changes into their care plan and enforce it accordingly. We will also make more effort to ensure that the clients are comfortable with these changes and that the potential benefits are clearly explained.

Premises

What's the cleaning arrangement for the service?

We operate a cleaning rota system involving residents and staff alike. Staff routinely clean the common areas while residents are encouraged to clean their personal living spaces. However, staff also help in this regard.

What's the maintenance reporting procedure?

We report this to management then he would notify the property maintainers or you can report using the online platform.

Induction and Training

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

The induction process was about 1 month long. It consisted of online training, face-to-face training, on the job training (shadowing) etc.

Did you feel supported during the induction process?

Yes.

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

I have had several training sessions and received certification in the following; Fire extinguisher use, Infection control, Hand hygiene for care, COSHH awareness, Basic Food Safety awareness, Manual handling for low risk environment, Lone working & Fire safety awareness, Risk assessment awareness, Challenging behaviour, Deprivation of Liberty safeguards, Mental capacity, Safe administration of Medicines, Safeguarding of vulnerable adults etc.

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

I am convinced that the variety of the training I have received is sufficient to render care services to the clients we have and might later have.

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

A lot of the training is mainly tailored to clients with a learning disability and has helped me to proffer better care to them.

Management

Do you receive adequate breaks?

Yes. I can always go on breaks after working 8 hours for shifts longer than that time duration.

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

Yes. The management constantly offers me professional guidance, frequently seeks and implements my feedback on how to better facilitate my work, engages me on regular training.

How often are management on site?

Management is usually on site frequently.

How regularly do you receive supervision/appraisals?

Management staff are regularly on hand to render supervision weekly, constant training and support in order to ensure that the highest standards are maintained.

Do you participate in regular staff meetings?

Yes. Staff meetings are held regularly, bi-monthly where staff are expected to ponder issues relating to the growth and smooth running of the service.

Administration

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

The referral documents are kept in a safe and locked compartment accessible only to staff and/or management.

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

The residents' finances are managed by themselves and close relatives.

Where are your incident/accident forms kept?

They are done electronically, via a work laptop kept in a locked steel compartment. It is often charged and carefully handled such that the incident report and other forms can be written and updated when needed.

Safeguarding

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

Yes.

Do you have access to clear safeguarding information at work?

Yes.

Closing Questions

What do you think have been the biggest challenges to the home during the pandemic and to you as a member of staff?

Encouraging attitudes needed for controlling the spread of Covid has been very challenging. Some of these include restricting visiting, wearing PPE, frequent hand washing and/or use of hand sanitiser.

What do you think the overall experience has been like for residents and their families/friends?

It has been challenging coping with the constantly evolving rules for battling the pandemic; however, residents & families/friends alike have been adapting well.

What improvements and or changes would you like to see since the pandemic?

Regular and updated technical guidance with regards to communicable disease control, in light of new variants.

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

No. There are no challenges accessing these services. Indeed they are encouraged and afforded every opportunity to do so.

Do you have any additional comments?

No.

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.

“Decorations - Has mentioned during your visit, the unit was due to be decorated/ painted during the Christmas period, this has been done.

Cooker - It did take a couple of weeks to be replaced, this was due to the fact that it was sold out - I can now confirm that a new Hub is in place.

Toilet - the report mentioned that there were some issues with toilets, there has never been an issue with the toilet at this unit.

Laundry room - as mentioned on the visit, each clients do their laundries on different days, more space were created by moving the buckets that were in there.

Parking - we have a drive way, there is also parking at the front of the house but anyone can park there as it is public parking, however when there is no space to park, when family members visit, they usually park in front of the car that is in our drive way, which will only block our car.

Staff Pay - as I mentioned on your visit, there were previous issues with payment but it had all been sorted prior to your visit, the issue were not that they were not getting paid, they were receiving their money at the end of the day for example at 5pm but staff wanted to receive the money by 9am.

Staff get sent their payslips prior to pay day to correct any mistakes. We have had a meeting relating to pay and this has been working so far.

Staff not feeling appreciated - during supervisions staff are encouraged to open up about any concerns they have, and are encouraged to speak freely. Staff enjoy being at work and they do enjoy what they do and are supported by management. Managers are on site everyday, Monday-Friday and they always have access to managers.”

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

We observed that the furniture is a bit worn and ideally needs replacing.

6.1.1 Given that the house is a home, furnishings and fittings should be well-considered - ideally worn furniture needs replacing. If this is not affordable, outdated seating can be covered and 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.

Staff say that issues with the cooker and toilet have taken 'a while' to get resolved.

6.1.2 Cooking and toileting are basic and essential facilities within any home. We know that maintenance requests (such as on plumbing) are submitted online - which reportedly is an efficient system. We would like to understand whether this system is not as effective as indicated, or whether managerial/organisational considerations have contributed towards any delays.

We thought the laundry room is a bit crowded which may cause difficulties for residents when entering or leaving.

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

We make 1 recommendation on accessibility.

6.2 Accessibility

The 2 roadside parking spaces are used by people not connected with the service. If families come to visit, sometimes they have to park on the side road and pay.

6.2.1 We hope that clear notices are displayed, and that the council is aware of any unauthorised parking.

We make 1 recommendation on activities.

6.3 Activities

As restrictions have been lifted it has proven 'quite difficult' to get residents to leave the home for daily activities such as walking. One staff member mentioned that it would be particularly helpful if the home could assist residents with a form of transport to go outside, to take part in activities.

6.3.1 Staff feedback suggests that residents have been encouraged and supported to leave the house - whether that is for walks in the local area, or simply going into the garden. If residents are particularly apprehensive in going outside, we trust this is documented in support plans and conveyed to families. As one staff member suggests, use of transport may be helpful.

We make 1 recommendation on involvement and feedback.

6.4 Involvement and Feedback

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

6.4.1 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.

6.5 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.

6.5.1 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 3 recommendations on staffing and training.

6.6 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.

6.6.1 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.

6.6.2 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.

6.6.3 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
MAR	Medication Administration Record
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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“Some staff feel they do not get paid well and have experienced issues with being paid on time.

Efforts are not always appreciated by management.”

Visit observation