

Enter and View Report

6 Minterne Ave, StepUp Care, October 7th 2025



A report by Healthwatch Ealing

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Visit Details	
Service Visited	6 Minterne Ave
Manager	Mohamed Kazim
Date & Time of Visit	11:00 AM October 7 th 2025
Status of Visit	Announced
Authorised Representatives	David Crawley, Cornelia Mezu, Nuhami Alemayehu
Lead Representative	David Crawley

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

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

E&V visits can happen if people tell us there is a problem with a service but can also be made 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 gain an impartial view of how the service is operated and experienced.

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

1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit, they are reported in accordance with the safeguarding policies. If at any time an authorised representative (AR) observes anything they feel uncomfortable about, they will inform their lead who will inform the service manager, ending the visit.

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 concerns.

1.2 Disclaimer

Please note that this report relates to findings observed on this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

1.3 Acknowledgements

Healthwatch Ealing would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About the Visit

2.1 6 Minterne Ave, StepUp Care

On October 7th 2025 we visited 6 Minterne Ave, which is located

Minterne Ave is a mental health living facility with the purpose of housing and rehabilitating residents who struggle with mental illness. This home has residents who have dual diagnosis and are of high needs. The service is run by StepUp Care

Drugs and alcohol are forbidden.

The home may accommodate up to 5 residents, and 5 were in residence at the time of the visit. This is an all-male facility.

The home has a staffing complement of 3 and is led by an area manager

2.2 Online Feedback

There is no recent online feedback for this provider.

2.3 Purpose of the Visit

Enter and View visits enable Healthwatch Ealing to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report. We are examining services that are not regulated by the CQC to allow the community to better understand how these services work. This hostel visit is also a part of our mental health work.

3. Executive Summary

This section of the report details the key findings from our observations and the resident and staff feedback collected during our visit.

Observations

What has worked well?

- Members of staff explained to authorised representatives the fire alarm policy once we arrived, pointing out the muster point and procedures.
- There is a suggestion box that is used for informing topics of community meetings.
- There is a rota for cleaning the communal restroom for the residents that use it. One resident told us that this arrangement works very well for them.
- The home is very clean, bright, and decorated well.

What could be improved?

- No area for improvement found.

Resident Feedback

What has worked well?

- Residents had only good things to say about staff at Minterne Ave. Describing them as helpful, reassuring, and kind.
- One resident mentioned an incident where a member of staff went above and beyond to help them.

What could be improved?

- One resident noted that they had not been given information regarding their mental health rights and advocacy services.
- One resident noted that they would like a later curfew
- Another resident said that they would like to take their medication independently.
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Staff Feedback

What has worked well?

- Staff told us that they were happy in their role, and that they felt supported by their team and management.
- They also told us that there was plenty of time for handovers.

What could be improved?

- One member of staff told us that they would like more online training in order to keep up to date on things important to their job.

4. Full Findings

During the visit we collected responses from 4 residents, 2 members of staff, and the 1 manager (7 people in total).

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.

4.1 Observations

During our visit, our team of Authorised Representatives made observations on Entry and General Accessibility, General Environment, Safety and Visiting, Personal Care and Activities, and Staffing and Management. We have highlighted both good practice and areas for improvement.

Entry and General Accessibility

Notes

- There is step free access into the home.
- Visitors need to sign in.
- The home is a 15-minute walk from Norwood Green Bus Stop
- There are 5 rooms for residents, four located on the 1st floor, and one located on the 2nd.

What has worked well?

- Stairwells are kept unobstructed and clear for use.
- The entryway of the home is open, clean, and bright.
- Members of staff explained to authorised representatives the fire alarm policy once we arrived, pointing out the muster point and procedures.
- There is a suggestion box that is used for informing topics of community meetings.



What could be improved?

- No areas for improvement.



The lounge

General Environment

Notes

- 6 Minterne is a converted home.
- The home has 5 beds with 5 residents living there.

- Fire exits are signposted properly.
- Residents' rooms are on 2 floors.
- Three rooms have a communal restroom and two have en suite facilities.

What has worked well?

- There is a rota for cleaning the communal restroom for the residents that use it. One resident told us that this arrangement works very well for them.
- The home is very clean, bright, and decorated well.
- Every resident we spoke with spoke highly about the environment of the home, noting in particular how clean it was, and that it was nice and calming.

What could be improved?

- We found no areas for improvement



The library in the activity building

Safety and Visiting

Notes

- Fire alarms are tested weekly, whereas full fire drills are conducted once a month.
- All staff are trained in safeguarding alerts.

- Visits by friends and family are allowed at the home until 8PM. Family are allowed in the rooms of residents, whereas friends are asked to stay in common areas.

What has worked well?

- Staff and Residents all told us that they felt safe at Minterne Ave.
- One resident told us there were incidents in the past with residents who were going against house rules, however the home dealt with the issue and that resident was removed.
- The residents we spoke with told us that they were happy with the visiting arrangements at the home.

What could be improved?

- We found no potential areas for improvement.



The kitchen.

Personal Care, Diet, and Activities

Notes

- The home facilitates activities for the residents including but not limited to, art group, walking group, film club, and coffee mornings

- Residents are supported in making their own breakfast, lunches and dinner. There is a communal kitchen on the ground floor of the hostel.
- 6 Minterne is not a CQC service. Due to this, staff cannot make residents take their medicine. They simply monitor residents as they do. In instances where residents do not take their medicine, it is noted and reported to their care team. Medicine for patients is kept in a dedicated storage room. Medicine is audited monthly.
- Residents come down to the office to take their medicine and are observed by a member of staff.

What has worked well?

- Residents have expressed satisfaction with the variety of activities that are offered at the hostel.
- There is a dedicated activity building in the back of the property that is well equipped, it has exercise equipment, a pool table, and an extensive library.

What could be improved?

- No area of improvement.

4.2. Resident Feedback

At the visit, we collected feedback from 4 residents. Their stays ranged from 4 months to 4 years, with an average stay of 2.1 years.

Staff

- Residents had only good things to say about staff at Minterne Ave. Describing them as helpful and kind.
- One resident mentioned an incident where a member of staff went above and beyond to help them.

Environment

- All residents gave the cleanliness of the home a perfect rating
- Residents told us that they felt like a tight net group, with no resident incidents amongst the current cohort.

Food

- Residents told us they were all comfortable with the arrangement where they cook their own food, with support from staff if needed.

Improvements

- One resident noted that they had not been given information regarding their mental health rights and advocacy services.
- One resident noted that they would like a later curfew
- Another resident said that they would like to take their medication independently.

Feedback and Complaints

- Residents feel like that they are heard by staff, and that their issues and complaints are dealt with in an appropriate timeframe.

Selected Comments

General Care

"[The environment] of the home is nice and quiet."

"We all get on well [the residents]. There are never any arguments ever."

Thoughts on Staff

"They are extremely helpful. I lost [something important] once, and they went above and beyond in helping me get a new one. Don't know where I would be without them"

4.3. Staff Interviews

During the visit, we received feedback from 3 staff members.
Length of service ranges from 4 months to 14 years..

Selected Comments

General feelings

"I love supporting and helping people."

General Feelings

- Staff told us that they were happy in their role, and that they felt supported by their team and management.
- They also told us that there was plenty of time for handovers.

Training

- Trainings include, but are not limited to safeguarding, risk assessment, and care and health principles.

Accessing community health and social care services

- There have been no issues with accessing community health services reported.
- The manager of the service noted that there is a good relationship between the home and the GP. Medicines are delivered from a local pharmacy regularly.

Communicating with patients and their family

- Communicating with residents and their families overall goes well.
- Sometimes you have difficulties with residents refusing medical treatment, or families being anti medication.
- When residents are on over night trips, we ensure we call to see if they have taken their medication.

What could be improved?

- One member of staff told us that they would like more online training in order to keep up to date on things important to their job.

4.4 Management Feedback

We also spoke with the area manager of Minterne Ave about a variety of topics.

In Summary

Helping residents to become independent

- All things we do here are ways of working towards helping residents become independent. We hold activities, we teach them budgeting skills, etc. We work with their care team to see how far along they are.

- Currently all residents take their medication in front of this, this is a decision made by the care team and not the home.

Raising Safety Concerns

- There have been no recent safeguarding alerts, and all members of staff are trained on how to raise an alert.

Cultural Needs

- During the intake process, we find out what residents' cultural needs are. We then coordinate with the appropriate local groups (churches, mosques, etc) in order to ensure that their cultural needs are being met.

Challenging Aspects?

- Have had residents who have recently denied medical treatment. We work closely with the resident and their care team in order to make sure that their health is being taken care of, but we are unable to force them to take care of themselves. It can be difficult to see.

Improvements

- We have recently implemented social groups, which we find to be helping improve engagement.

5. Recommendations

Healthwatch Ealing would like to thank the service for the support in arranging our E&V visit.

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

Recommendations

Resident Improvements

- One resident noted that they had not been given information regarding their mental health rights and advocacy services.

5.1: We encourage a review to ensure that every resident has been made aware of their mental health rights, and about any advocacy services which are available to them.

Response: The majority of our residents are conditionally discharged through the tribunal process before transitioning to the community. During this period, independent mental health advocates and named nurses ensure that residents fully understand their rights. The inpatient team provides thorough education on all mental health rights prior to discharge, and we take pride in empowering residents with this knowledge. We actively support individuals who wish to appeal their legal status, including working toward absolute discharge from conditional discharge, in close collaboration with the community forensic team.

Looking ahead, we plan to strengthen our commitment by expanding provision of access to independent mental health advocacy services through community forensic team ensuring residents receive ongoing support even after discharge. We aim discuss the available opportunities in the community for residents to access advocacy services similar to inpatient setting

- One resident noted that they would like a later curfew

5.2: In coordination with the care team, review residents care plans to see if having a later curfew for some residents is appropriate.

Response: We will take steps to address individual preferences and promote autonomy while maintaining safety. For the request regarding a later curfew, we will request the care team to review the resident's care plan to assess whether an adjustment is appropriate, considering risk factors, therapeutic goals, and community safety requirements. It is not within our remit to make any changes without consultation with community forensic team and at times these curfew hours are set to minimise risk of harm to others and ensure full compliance with treatment interventions. We will certainly discuss and provide feedback to the resident at the earliest.

- Another resident said that they would like to take their medication independently.

5.3: Working together with the care team, determine whether some residents who are further along in their rehabilitation are ready to start taking medicine independently on a trial basis.

Response: For the resident who wishes to take medication independently, we will conduct a clinical assessment in collaboration with community forensic team to evaluate capacity and readiness for selfadministration, supported by risk management protocols and adherence history. If suitable, a phased approach to supervised self-administration will be implemented. All decisions will be documented in care plans, communicated to residents, and monitored through regular reviews to ensure safety, compliance, and positive outcomes.

Staff Improvements

- One member of staff told us that they would like more online training in order to keep up to date on things important to their job.

5.4: We recommend that the home continue the good practice of offering trainings to members of staff, so that they can keep up to date on training that will help them in their day-to-day work.

Response: To address this, we will continue the good practice of offering training opportunities, discuss with staff about their priorities and training needs with an emphasis on accessible online options. This will support staff in maintaining current knowledge and skills essential for their day-to-day responsibilities and professional development

- Sometimes you have difficulties with residents refusing medical treatment, or families being anti medication.

5.5: We recommend continuing best efforts to educate and communicate resident's families. Their better understanding of the realities of mental health will lead to better outcomes for their loved ones down the road.

Response: To address challenges with residents refusing medical treatment or families being opposed to medication, we will implement a structured approach focused on education and engagement. We will request the care team to schedule regular family meetings to explain treatment plans, medication benefits, and address concerns in a clear and compassionate manner.

In addition, we will also aim to provide easy-to-understand educational materials, including leaflets and online resources, to help families make informed decisions. For residents, motivational interviewing techniques will be used to explore reasons for refusal and encourage shared decision-making. A clear escalation protocol will be maintained for cases where refusal poses significant risk, ensuring legal and safeguarding steps are followed. Finally, incidents of treatment refusal and family objections will be monitored and reviewed quarterly to identify trends and improve engagement strategies.

6. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V

7. 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.

Healthwatch Ealing, 2nd Floor, Rooms 15 & 16 45 St. Mary's Rd, London W5 5RG.

Telephone: 020 8860 0830

Email: info@healthwatchealing.org.uk

Website: www.healthwatchealing.org.uk

