

# Enter and View Report

St. David's Home October 18<sup>th</sup> 2023



A report by Healthwatch Ealing

“It is very calm here. I love my room. The staff does their very best”

- Resident

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Visit Details	
<b>Service Visited</b>	St. David's Nursing Home
<b>Manager</b>	Allison Burrel
<b>Date &amp; Time of Visit</b>	10:00 AM October 17 <sup>th</sup> 2023
<b>Status of Visit</b>	Announced
<b>Authorized Representatives</b>	David Crawley, Samreen Nawshin
<b>Lead Representative</b>	David Crawley

## 1. Visit Background

### 1.1. What is Enter & View?

Part of the local Healthwatch program 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 they 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 being 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 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 a concern.

### **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 St. David's Nursing Home**

On October 17<sup>th</sup>, 2023 we visited St. David's Nursing Home which is located in Ealing.

The service is operated by St. David's Home for Disabled Soldiers, Sailors, and Airmen, a charity that only runs this sole home.

The home may accommodate up to 76 residents and 70 were in residence at the time of the visits.

The home has a staffing complement of 108.

## 2.2 CQC Rating

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

St. David's was last inspected by the CQC in February of 2023. The inspection [report](#) gave a rating of 'Requires Improvement' overall, with individual ratings of 'Requires Improvement' for being Safe, Responsive, and well-led.

## 2.3 Online Feedback

St. David's Home has a Review Score of 9.6 (9.646) out of 10 based on reviews on [carehome.co.uk](https://carehome.co.uk) in the last 2 years. Overall St. David's Home has 17 reviews with an average 'Overall Experience' of 4.5 out of 5.

## 2.4 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.

This visit is part of a series of E&Vs for homes that are rated as Requires Improvement

# 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?

- ARs witnessed an activity where residents hit large balloons with tennis rackets. They visibly enjoyed the activity.

- The kitchen is clean and well-maintained. Food is labelled and dated properly, and there were no signs of cross-contamination between meat and vegetables.
- Staff was observed wearing plastic aprons and following food hygiene protocols when serving lunch to residents.
- The home is well-lit, and the dining area has exceptional natural lighting.

#### **What could be improved?**

- ARs found the home hard to navigate.
- During our visit, the light was not working in one of the lifts.
- We found signage to be inconsistent during our visit. Some numbers on residents' doors were printed on laminated labels, others were done on what seemed to be printer paper. Some residents' doors had their names on them, others did not. Some bathrooms were labelled bathroom, others as W.C.
- 

## **Resident Feedback**

#### **What has worked well?**

- One resident told us that they enjoy the activities offered and that it helps them with their physical therapy.
- Residents report that the home is very good about being flexible with food. They go out of their way to attend to their dietary needs.
- While the visiting times are officially 10-5, the home does allow for flexibility. If a family member cannot come during that time, they can make arrangements with the home to visit outside of official hours.
- All residents reported being happy with the visiting arrangements.

#### **What could be improved?**

- While we were on our visit, we noticed the bell system was playing for long periods. The same room number was displayed for up to ten minutes as noted by an AR. Residents have reported wait times of up to an hour after pressing their bell for their issue to be attended to by staff.
- Some residents reported to us that they did not feel their feedback and or complaints were listened to, others said they did not know how to make a report.
- A resident reported that it took weeks for a maintenance issue in their room to be seen to.
- Not all of the residents we spoke to during our visit felt that they were constantly safe. They told us that a lack of staff made them feel this way. It



should be noted that they have noted no serious incidents have occurred to them, that it is just a feeling they have.

## Staff Feedback

### What has worked well?

- Staff find interacting with residents and their families to be easy, and some noted that they find it to be beneficial to the health of the residents.
- Staff overall enjoy their work. Some reported to us that interacting with residents is the highlight of their day.
- Staff have reported no issues for residents accessing community health and social services. It works well. Residents can get the services they need in a short amount of time.

### What could be improved?

- It should be noted that when surveyed, the area that received the most dissatisfaction for staff was pay. Showing that there is not unanimous satisfaction with the current pay.
- While most feel that they do, some staff have expressed that they feel that they do not get adequate break/handover time.

## 4. Full Findings

During the visit, we collected responses from 8 residents, 11 members of staff, and the head manager (20 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 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 practices and areas for improvement.

## Entry and General Accessibility

### Notes

- St. David's Home's home has a bus stop across the street from it. It is a short bus ride from several tube stations.
- Signage outside of the home is very clear.
- The home has step-free entry.
- A visitor must be allowed in by the reception staff. There is a doorbell to signal the staff.

### What has worked well?

- There are automatic doors throughout the home that allow for easier accessibility for those who require the use of mobility aids.
- There are handrails installed throughout the home that allow for residents' stability.
- There are smaller lifts placed in the home that allow for those with mobility issues to easily navigate the home.

### What could be improved?

- ARs found the home hard to navigate. They find themselves walking in circles.



## General Environment

### Notes

- There are 5 units, however, two are smaller and are treated as a single unit.
- A part of the property is a converted home, that was once owned by the Duke of Kent. Purpose-built expansions have been added over time.
- While there are 76 beds, at the time of our visit only 73 were available. Due to ongoing renovation work on those rooms.
- Not all rooms have ensuite facilities. Those that do not have commodes available for use. There are also communal bathrooms and showers. Residents are assisted with bathing.
- There is a large activity room.
- The dining room is spacious.
- There is a separate dining room that families can book in advance for activities including birthday parties.
- Residents are free to decorate their rooms.
- Residents' rooms are heated, and fans and air conditioners are made available during the summer months.
- There is a Catholic chapel which holds mass on Wednesday and Sunday. Church of England preachers visit the home regularly for residents of that religion.

### What has worked well?

- All residents report being satisfied with the cleanliness of the home.
- The home has a calm environment.
- The home is very spacious.
- There are multiple garden areas, they are frequently used for various activities during warmer months. During our visit, outdoor furniture was being put away for the winter months.
- The home is well-lit, and the dining area has exceptional natural lighting.
- The home is well decorated, it is obvious that the proprietors are proud of the history of the home.

- While being a traditionally Catholic care home, they have recently put in a prayer room for other religions to use, i.e., Muslims.
- The home holds relatives' meetings. They also send a weekly newsletter, so relatives are up to date with the goings on of the home.

### **What could be improved?**

- We found signage to be inconsistent during our visit. Some numbers on residents' doors were printed and laminated labels, others were done on what seemed to be printer paper. Some residents' doors had their names on them, others did not. Some bathrooms were labelled bathroom, others as W.C.
- A resident reported that it took weeks for a maintenance issue in their room to be seen to.
- During our visit, the light was not working in one of the lifts.



## Safety and Visiting

### **Notes**

- Visiting times are from 10-5.
- Fire alarm tests are done every Monday, a full fire drill is scheduled for later this year.
- Medication lockers are in each of the rooms. They are locked with codes that the residents do not know.
- All medical rooms are locked so residents cannot wander into them.

- The kitchen has a 5-cleanliness rating.

### **What has worked well?**

- While the visiting times are officially 10-5, the home does allow for flexibility. If a family member cannot come during that time, they can make arrangements with the home to visit outside of official hours.
- All residents reported being happy with the visiting arrangements.
- The home is currently working with the fire department, getting its staff trained on new fire drill procedures.
- There are numerous fire exits, and none of them were obstructed in any way whatsoever during our visit.
- The kitchen is clean and well-maintained. Food is properly labeled and dated. There were no signs of cross-contamination between meat and vegetables.
- Staff was observed wearing plastic aprons and following food hygiene protocols when serving lunch to residents.
- There are plastic aprons and glove dispensers placed throughout the home.

### **What could be improved?**

- Not all of the residents we spoke to during our visit felt that they were constantly safe. They told us that a lack of staff made them feel this way. It should be noted that they have noted no serious incidents have occurred to them, that it is just a feeling they have.

## Personal Care, Diet, and Activities

### **Notes**

- There is an activity coordinator that publishes activities in advance for residents.
- Menu options and diet are informed by the patient's care plan, which is formed upon their admittance to the home.
- There are two main options a day for food, but the home will make anything else for a resident from an a la carte menu.
- The home takes residents on outings, to shops, the beach, etc.
- There is a bell system in the home that residents can use to alert staff to their needs. It plays through the whole home, displaying the room number of who is calling.
- Drinks are available on demand. AR observed workers asking residents if they wanted anything to drink.

### **What has worked well?**

- There have been no reported issues with residents getting to see a dentist or hairdresser.

- ARs witnessed an activity where residents hit large balloons with tennis rackets. They visibly were enjoying the activity.
- One resident told us that they enjoy the activities offered and that it helps them with their physical therapy.
- Residents report that the home is very good about being flexible with food. They go out of their way to attend to their dietary needs.

### What could be improved?

- While we were on our visit, we noticed the bell system was playing for long periods. The same room number was displayed for up to ten minutes as noted by an AR. Residents have reported wait times of up to an hour after pressing their bell for their issue to be attended to by staff.
- Some residents reported to us that they did not feel their feedback and or complaints were listened to, others said they did not know how to make a report.



## Staffing and Management

### Notes

- The home has a staffing complement of 108.
- Languages the staff speak include Bangla, Hindi, Somali, French, Arabic, and English.
- Staff wears color-coded uniforms to depict their role, and they have name badges.
- Management and reception staff wear business casual and have name tags.
- Staff are entitled to one free lunch a month.

- Management has an open-door policy for any staff to come in whenever they need to.

#### **What has worked well?**

- Staff find interacting with residents and their families to be easy, and some noted that they find it to be beneficial to the health of the residents.
- Staff have reported no issues regarding getting services that residents may need i.e., dentists. It works well. Residents can get the services they need in a short amount of time.
- There is a colleague and team of the month program, recognising the employee/team that does best.

#### **What could be improved?**

- Staff have expressed frustration with their pay and break/handover time.
- Some staff reported to us that they have not been offered additional training.

## **4.2. Resident Feedback**

At the visit, we collected feedback from 10 residents and 2 family members.

### **Staff**

- Residents reported that they liked the staff.
- However, we found that residents do not feel that there is enough staff to take care of their needs.
- Given this, they do say that the staff do what they can. And when they do have capacity they do their job very well

### **Environment**

- Overall residents reported that the environment was a calm one.
- They enjoy the size of their rooms. One resident we spoke with was very delighted that they had the freedom to decorate their room.
- Residents enjoy the outdoor space, taking advantage of it when it is warmer.

### **Food**

- Residents express satisfaction with the food. Enjoying the variety that is offered.
- Those who express they might not like the options offered for lunch do take advantage of the a la carte options.

### **Improvements**

Residents made the following suggestions for improvements:

- An increase in staff levels.



- Staff having a better understanding of mental health issues.

### **Feedback and Complaints**

- While some residents said they never had anything to complain about, others did mention they have made feedback and/or complaints. They told us that they believe the level of staff is causing issues for themselves and the home as a whole.

## **Selected Comments**

### **General Care**

*"Can be very busy, but that is like all homes I have been in".*

*"They do their best. But overall, I am happy"*

### **Thoughts on Staff**

*"On the whole they are great, but some are better. They listen to me, and I get the help I need."*

*"Nice, they are hardworking and have got a lot to do. On the whole, they are helpful. Often, they are very busy but that's the nature of their work, isn't it? Sometimes you have to wait for some time but I'm usually okay with that."*

### **Diet and Nutrition**

*"On the whole, good. I like the options, quite surprised with the variety to be honest."*

*"Good. I get to choose as they provide options."*

## **4.3. Staff Interviews**

During the visit, we received feedback from 11 staff members, from varied roles. Length of service ranges from 8 months to 18 years, with most staff serving over 1 year.

## General Feelings

- Staff overall enjoy their work. Some reported to us that interacting with residents is the highlight of their day.
- There is a level of dissatisfaction with pay.

### Selected Comments

*"I enjoy working as a part of a team".*

*"Tired, as part of my new role I have to walk around a lot. I am drained. I find time to relax difficult".*

## Training

- Training staff have received include manual handling, fire safety, food hygiene, and safeguarding.
- Not all staff report being offered additional training.

## Break and Handover Time

- While most feel that they do, some staff have expressed that they feel that they do not get adequate break/handover time.
- One member of staff is quoted as saying regarding how they feel at the end of shift;" Tired, as part of my role I have to walk around a lot. I am drained. I find time to relax difficult."

## Accessing community health and social care services

- Staff have reported no issues here. It works well. Residents can get the services they need in a short amount of time.

## Communicating with patients and their family

- Staff find interacting with residents and their families to be easy and enjoyable.
- Some noted that they find it to be beneficial to the health of the residents.

### Selected Comments

*"Our goal is to make St. David's feel like a home, not a medical facility."*

## 4.4 Management Feedback

We also spoke with the director of St. David's Allison Burrell about a variety of topics.

## In Summary

### Identifying Healthcare Needs

- All residents undergo an assessment before being admitted.
- We are in constant communication with the families of residents. If they bring up an issue concerning the health of their loved one, we will see to it immediately.

### Supporting Cultural and Religious Needs

- Catholics – Holy mass twice a week
- Anglicans – Holy Communion weekly and Harvest festivals and Carols, etc
- Muslims invited to pray with a member of staff. Local Imam being contacted.
- All above is open to any resident or staff member.
- We are pursuing other initiatives such as Hinduism and Judaism

### Raising Safety Concerns

- All staff are trained in safeguarding techniques.
- We are currently instituting a Fire Warden program, where certain staff will take charge during fire drills. We are working closely with the fire department for training.

### Challenging Aspects?

- Staffing has been an issue, especially with nurses. We find a lot of home use agencies, which we want to avoid. We would rather have a permanent long-term nurse than use an agency. We are currently actively recruiting for staff.

### Improvements

- We are always making improvements around the home. Currently, a few of the rooms for residents are not in use as they are undergoing renovations.

## 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

#### **Entry and General Accessibility**

- ARs found the home hard to navigate. They find themselves walking in circles.

*5.1 While we acknowledge that with time it may be easier to navigate, we believe larger clearer signage might help with this issue.*

**Response:** We have reviewed our signage and will be renewing this in the new year. The reason for not doing so immediately is due to Christmas decorations in place. We wish to start afresh when these are down to ensure that we select the right places for ease of sight and understanding. We are currently updating the signage to ensure it is larger and clearer and to include the Activities and Dining Rooms and Reception from each unit.

#### **General Environment**

- We found signage to be inconsistent during our visit. Some numbers on residents' doors were printed and laminated labels, others were done on what seemed to be printer paper. Some residents' doors had their names on them, others did not. Some bathrooms were labelled bathroom, others as W.C.

*5.2: We recommend updating signage so that all signs are of a consistent style.*

**Response:** Agreed and this is in progress.

- A resident reported that it took weeks for a maintenance issue in their room to be seen.
- During our visit, the light was not working in one of the lifts.

*5.3: We understand that for a facility as large as St. David's home, maintenance issues can arise quickly and pile up. We do recommend however reviewing how issues are prioritized to ensure safety and residents' satisfaction.*

**Response:** There is an existing Maintenance log kept on the shared drive and unit logs kept in each department. This is reviewed daily by the maintenance manager. Maintenance issues are also discussed daily at the Daily Flash meeting. Issues are prioritised with those of a health and safety concern dealt with immediately. Lighting is an immediate priority and as soon as a lighting issue is reported, it would be dealt with.

### **Personal Care, Diet, & Activities**

- While we were on our visit, we noticed the bell system was playing for long periods. The same room number was displayed for up to ten minutes as noted by an AR. Residents have reported wait times of up to an hour after pressing their bell for their issue to be attended to by staff.

*5.4: We recommend reviewing the call bell system procedures with staff to determine the cause of long wait times. Once the cause is identified steps must be made to correct it.*

**Response:** Call Bells are audited weekly and reported monthly. There has been some steady improvement.

- Staff are encouraged to always review a resident who is calling to let them know how long they will be if they are currently busy and unable to attend to their needs imminently unless it were an emergency.
- If the audit identifies a wait of more than 15 minutes, the unit and resident will be contacted to ascertain if there had been a safety issue.
- All members of staff are encouraged to check the panel and alert the appropriate staff if needed.

## **Staffing and Management**

- Some staff have expressed frustration with their pay and break/handover time.

*5.5: We recommend reviewing the break policy and pay structure, making it clear to staff what they are entitled to.*

**Response:** Some staff are on the minimum living wage. The Board and Management have been discussing a staged approach to increasing this and have been analysing costs and savings to formulate a sustainable plan. However, the Government is substantially increasing the minimum living wage in April 2024. All staff are paid overtime if they work above 36 hours per week.

All staff that work a 12-hour shift pattern are entitled and expected to take one hour break. This is normal in the Health Sector across the board. Thirty minutes of this break is paid by St. David's. Most sectors do not pay for any part of the break.

A reminder of the break payment will be included in the weekly Big 4 which is our communication tool.

- Some staff reported to us that they have not been offered additional training.

*5.6: We recommend reviewing training with staff. We recognize not everyone is going to remember every training in great detail years down the line, so annual reviews and or recertifications can help with this*

**Response:** In addition to the Statutory and Mandatory training that all staff are expected to complete yearly, which is recorded and monitored by HR, bespoke training is offered to different staff groups. The details are kept on file in the management offices and reviewed by the Heads of Department yearly.

We have also begun working with SECCTA to deliver funded courses from Ealing Council.

- Both Residents and staff have expressed concerns regarding the level of staff.

*5.7: We recommend reviewing the staffing structure. Because both staff and residents have expressed that they feel the staffing levels are not adequate, perhaps adjusting the staff-to-resident ratio is called for.*

**Response:** On the day of the visit, we had 70 residents which is more than our average. Our staffing structure was as follows.

16 Carers

4 Registered nurses

3 Activities team members.

This gave a ratio of 1:3 which is the same, if not better than most Care Homes.

Our priority for staff is that they are valued in terms of wellbeing initiatives, and support always. As mentioned above, we are looking to increase pay for our lowest paid workers.

The Residents perceive a lack of staff due to the length of time it takes to answer some call bells. The answer to this is encouraging a change in staff behaviours as mentioned above.

## 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.

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“My [relative] is in a very calm environment, the garden here is wonderful”

- Family Member of Resident.