

Enter and View Report

26 Shirley Gardens, Enriched Care Support Services LTD, October 20th 2025



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Visit Details	
Service Visited	26 Shirley Gardens
Manager	Jazz Khan
Date & Time of Visit	11:00 AM October 20 th 2025
Status of Visit	Announced
Authorised Representatives	David Crawley, Rama Al Rubayee
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 26 Shirley Gardens

On October 20th 2025 we visited 26 Shirley Gardens, which is located in West Ealing. Shirley Gardens 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 Enriched Care Support Services LTD.

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?

- Staff helped make breakfast for a resident with a disability.
- Staff and residents have a healthy friendly relationship with each other.

What could be improved?

- A television that had been damaged by a resident was in the common area.
- Residents' rooms were generally unclean, with walls and carpets that were in need of an immediate refresh.

Resident Feedback

What has worked well?

- Great variety of activities available to take part in.
- Staff helps them learn and maintain independence.

What could be improved?

- Having and going over privacy protocols to protect residents personal belongings.
-

Staff Feedback**What has worked well?**

- Management is very supportive.
- Great allotted time for handovers.

What could be improved?

- Providing deescalation trainings and how to treat high tension situations.

4. Full Findings

During the visit we collected responses from 3 residents, 2 members of staff, and the 1 manager (6 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 short walk from Grosvenor Road bus stop
- There are 5 rooms for residents, spread across three floors.

What has worked well?

- The home uses a digital sign in system instead of a paper one, they do this to cut out later transcribing the physical book into a digital system.
- Stairwells are kept unobstructed and clear for use.
- The entryway of the home is open, clean, and bright.

What could be improved?

- No areas for improvement.



The lounge

General Environment

Notes

- 26 Shirley Gardens is a converted home.
- The home has 5 beds with 5 residents living there.
- Fire exits are signposted properly.
- Residents' rooms are on 3 floors.

- There are rest rooms on each floor, with two resident for each. The 5th resident as en suite facilities in their room.
- There is a small garden with artificial grass in the back of the property, with two sheds used for storage.

What has worked well?

- There is clear good rapport between staff and residents.
- One resident with a disability was helped by both staff and residents to navigate the environment.

What could be improved?

- A television that had been damaged by a resident was in the common area.
- Residents rooms were generally unclean, with walls and carpets that were in need of an immediate refresh.



The outdoor space.

Notes

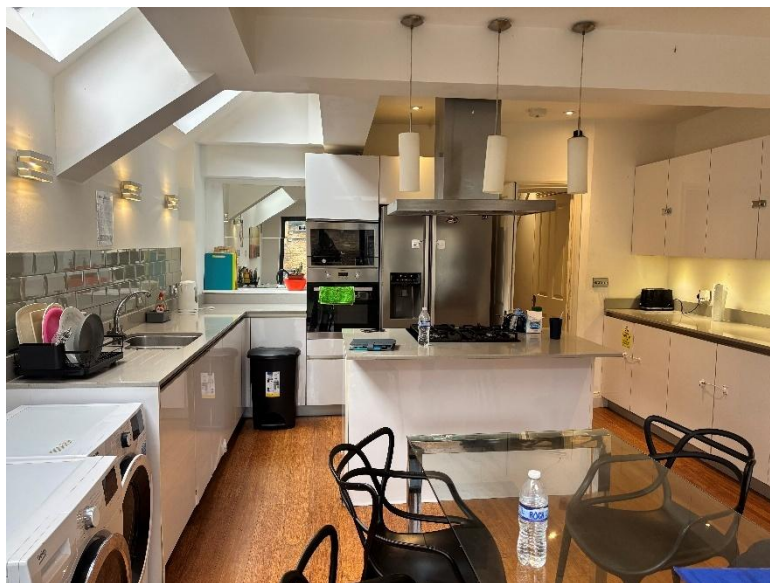
- Fire alarms are tested weekly, whereas full fire drills are conducted once a month.
- All staff are trained in safeguarding alerts.
- Visits by friends and family are allowed at the home until 8PM. Family are allowed in the rooms of residents, whereas friends are asked to stay in common areas.

What has worked well?

- The residents we spoke with told us that they were happy with the visiting arrangements at the home.
- All members of staff and most residents we spoke with told us they felt safe at home.
- Resident's family members, once established with the home, are able to drop in to visit as they wish.

What could be improved?

- One resident noted that they did not feel safe, due to other residents allegedly stealing, but that they were happy in the home.



The kitchen.

Personal Care, Diet, and Activities

Notes

- The home facilitates activities for the residents including but not limited to, exercise group, music group, tai chi etc
- Residents are supported in making their own breakfast, lunches and dinner. There is a communal kitchen on the ground floor of the hostel.
- Residents are responsible for purchasing their own sanitary products / washing up items.
- 26 Shirley Gardens 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 daily, weekly, and monthly.
- Residents are observed taking their medicine by a member of staff.

What has worked well?

- Residents have expressed satisfaction with the variety of activities that are offered at the hostel.
- A member of staff was observed helping a resident and displaying good rapport.

What could be improved?

- No area of improvement.

4.2. Resident Feedback

At the visit, we collected feedback from 3 residents. Their stays ranged from 4 months to 4 years, with an average stay of 2.1 years.

Staff

- Residents only had good things to say about the staff.
- One resident told us that the staff really helped them feel independent.

Environment

- Residents said the environment was calm, safe, and felt like home.

Food

- Residents told us they were all comfortable with the arrangement where they cook their own food, with support from staff if needed.
- One resident with a disability told us how much they appreciated the staff helping them with their food.

Improvements

- One resident told us that they did not want to move on from the home, because of how used to it they were.

Feedback and Complaints

- One resident did tell us they found it difficult to communicate with staff at times.

Selected Comments

General Care

"[The environment] of the home is okay."

"

Thoughts on Staff

"Very nice, everyone is every good."

4.3. Staff Interviews

During the visit, we received feedback from 2 staff members.
Length of service of 2 years each.

Selected Comments

General feelings

"My favourite part of the job is helping residents."

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, managing dementia,

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 local GP, who ensures that medications are refilled on time.

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?

- Members of staff told us what they find most difficult about their jobs to be when the mental health of a resident deteriorates, managing difficult behaviour, and deescalating situations when they are agitated.

4.4 Management Feedback

We also spoke with the area manager of Shirley Gardens about a variety of topics.

In Summary

Helping residents to become independent

- Residents pay a service charge, and most manage their finances independently.

Raising Safety Concerns

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

Challenging Aspects?

- When residents exhibit challenging behaviours
- While Shirley Gardens itself is a dry facility, we cannot prevent residents from leaving the property to drink in a pub for example. Rare incidents where a resident has been drunk and uncooperative.

Improvements

- Added a CCTV system recently.
- We are aiming to do renovations on the property after Christmas, including new paint, the sheds in the garden, etc.

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

Observations

- A television that had been damaged by a resident was in the common area.
- Residents rooms were generally unclean, with walls and carpets that were in need of an immediate refresh.

5.1: We recommend that needed renovations are undertaken at the earliest possible opportunity. We recognise that residents need to learn how to clean their own rooms independently, however, this should not be why

Response: As discussed, this is the residents' home, and we focus on empowering them to develop the skills they need to live as independently as possible. The current condition of the house is safe and functional; the works required are largely cosmetic (for example, a refresh of paintwork). Any renovation will need to be planned carefully so that it can be completed with minimal disruption to the residents. For this reason, we anticipate that a full house renovation will be more appropriate during the warmer months,

when ventilation and temporary adjustments are easier to manage. Because work needs to be completed on the whole house rather than one room at a time, we will also need to consider suitable alternative arrangements so that residents remain safely supported throughout.

We have already informed the Housing Association of the recommendations and are awaiting confirmation of the proposed scope and timetable for the works. One resident has expressed that they do not wish to move on from the home because they feel settled and used to their environment. This preference will be clearly recorded, and any temporary moves or longer-term accommodation planning will be discussed with the resident in a supportive, person-centred way, ensuring they are fully involved in decisions about their home

Resident Improvements

- One resident told us that they did not want to move on from the home, because of how used to it they were.

5.2: While we are happy to hear residents enjoy living at Shirley Gardens, we recommend that the home continue to set expectations for length of stay / the goals of rehabilitation.

Response: While we are pleased that residents enjoy living at Shirley Gardens, we recognise the recommendation to continue setting clear expectations around length of stay and the goals of rehabilitation. Our approach is that recovery and rehabilitation must be paced at the level of each individual. Some residents progress in “leaps and bounds” and move on relatively quickly to the next stage of their recovery journey, while others – particularly those with enduring and fluctuating mental health conditions – require more time, consistency, and stability.

Expectations around goals and likely length of stay are discussed from the point of referral and admission, and are then reviewed regularly with residents, commissioners, and the wider multidisciplinary team.

Commissioners quite rightly expect that people will move on when they are ready and when they have developed the skills needed to live more independently. However, moving someone on before they are clinically and practically ready would risk jeopardising their recovery, increase their vulnerability, and potentially lead to placement breakdown.

The focus remains on providing the right support at the right time. Quality of life, safety, and dignity are seen as basic human rights, not privileges. Support is delivered in a person-centred way, led by the needs, wishes, and pace of the resident rather than by arbitrary timeframes or “knee-jerk” decisions. We work with residents as we would with our own family members and will not rush them through stages of recovery simply to meet a deadline. When a resident is ready to move on – evidenced through consistent progress towards agreed rehabilitation goals, increased independence, and stability in their mental health – this is clearly documented and brought to the multidisciplinary team and commissioners. At that point, collaborative discussions take place to identify and plan the next appropriate step in their recovery journey, ensuring that transitions are timely, safe, and genuinely in the resident’s best interests.

- One resident did tell us they found it difficult to communicate with staff at times.

5.3: We recommend that the home goes over its policies and procedures to ensure that any responses to inquiries made by residents are followed up on in a timely manner. We also recommend that the home continue its efforts to foster open communication.

Response: There are already clear policies and procedures in place which set out staff responsibilities around responding to residents’ questions, complaints, and requests. An open-door approach is actively promoted: senior staff, including myself, visit regularly and residents are encouraged to speak with us directly if they have any concerns or queries. Residents also have positive, established relationships with the support staff they see day to day, and feedback from social workers and care coordinators consistently highlights that communication between residents and staff is good.

There may have been a misunderstanding in the specific example referenced. At times, when a member of staff is actively supporting one resident, another resident may be asked to wait briefly so that safe, person-centred care can be completed for the first individual. During these occasions, residents are also able to approach another available staff member if their query is urgent. This is part of balancing safety, dignity, and responsiveness across the whole group. That said, it remains essential that residents feel heard and receive timely responses.

We will therefore:

- Revisit our policies and procedures with the team to reinforce expectations around responding to resident enquiries
- Remind staff to clearly explain any short delay and offer alternatives (for example, another staff member or agreed time to return)
- Continue to promote our open-door culture and encourage residents to raise any concerns directly with senior staff

The strong, positive relationships between residents and staff are a key strength of the service, and this feedback will be used constructively to further strengthen communication and responsiveness.

- One resident noted that they did not feel safe, due to other residents allegedly stealing, but that they were happy in the home.

5.4: We recommend reviewing community guidelines with residents, to ensure they are aware of the rules of the home and their tenancy, and that any proven theft will be dealt with accordingly.

Response: Every resident living at Shirley Gardens has an individual tenancy agreement. At the start of their placement, the Housing Association meets with them on a one-to-one basis to go through this agreement in detail, explaining: what their rights are as a tenant what is expected of them while living in the property what may happen if the tenancy conditions are breached. Any proven breach of tenancy (including theft or damage) is managed in line with the Housing Association's tenancy enforcement procedures. There are clear consequences within the tenancy framework, and these are explained to residents.

At the same time, we are very mindful that the people we support have complex and often forensic mental health histories. This means our approach cannot be "one size fits all". While boundaries and community rules must be clear and upheld, the support provided around any incidents needs to be trauma-informed, person-centred, and focused on recovery. The aim is to help residents understand the impact of their actions, repair relationships where possible, and maintain their accommodation and stability, rather than simply punish.

Residents are encouraged and empowered to take ownership of their recovery and rehabilitation journey, which includes understanding their rights and responsibilities as tenants. We will

therefore: go back over community guidelines and tenancy expectations with all residents in a clear, accessible way reinforce how issues such as theft, damage, or anti-social behaviour are responded to ensure that any such incidents are managed jointly with the Housing Association, balancing tenancy responsibilities with individual mental health needs

This will help maintain a safe, respectful environment while continuing to support residents towards their next goals in life.

Staff Improvements

- Members of staff told us what they find most difficult about their jobs to be when the mental health of a resident deteriorates, managing difficult behaviour, and deescalating situations when they are agitated.

5.5: 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: Ongoing learning is a core part of how we operate. All members of staff complete mandatory training, as well as additional specialist training in complex and forensic mental health so they are equipped to respond safely and therapeutically to the situations they face. Training is not seen as a one-off event, but as part of a continuous learning cycle with clear learning outcomes that are revisited in supervision, team meetings, and reflective practice. Staff also learn from each other in practice. There are times when the work is very challenging, and everyone who joins the team understands the reality of working with people who have complex and enduring mental health needs.

Despite this, the team remains committed to being there for residents when others may not be, advocating for very vulnerable individuals and offering consistent, recovery-focused support on both good days and bad days.

Our approach is centred on recovery and rehabilitation rather than just providing basic care. No two days are the same, and the support we deliver is tailored and unique to the people we work with. This is reflected in the strong feedback we receive from commissioners, who consistently highlight the positive outcomes achieved with individuals of a complexity that other providers have struggled to support.

We will continue to build on this by:

- Maintaining up-to-date mandatory and specialist training for all staff**
- Embedding learning outcomes into everyday practice and supervision**
- Using reflective practice to turn challenging situations into learning opportunities**
- Working in partnership with commissioners to ensure training remains aligned to the needs of the people we support This will help us sustain and further strengthen the quality and consistency of support provided at the home.**

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

