

Enter and View Report

50 Community Road, September 4th 2024

Sunnyside Road and Ignlis Road - September 13th 2024



A report by Healthwatch Ealing

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Visit Details	
Service Visited	50 Community Road Sunnyside Road Inglis Road
Manager	Lorna Sharma, Pippa Munro, Dawn Carter
Date & Time of Visit	11:00 AM September 4 th 2024. 10:00 September 13 th 2024.
Status of Visit	Announced
Authorised Representatives	David Crawley, Carleen Duffy, Farhia Cabdi.
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 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 Visits

2.1 50 Community Road

On September 4th 2024 we conducted an Enter and View at 50 Community Road which is located in Ealing.

The service is publicly owned and run by LBE support limited.

The home may accommodate up to 18 residents and 16 were in residence at the time of the visits.

The home has a staffing complement of 9.

2.2 Sunnyside Road and Ignis Road

Sunnyside Road and Ignis Road are two 9-5 “step down” sheltered accommodations. They are a part of a network of homes that people from Community Road transition into once it is determined they have been rehabilitated to the point they can be more independent, moving away from having around the clock 24-hour care. Staff are only present in the home and available to residents from 9-5 Monday to Friday.

Sunnyside Road has 4 beds and residents. Ignis Road has 5 beds and residents. There are 4 workers who work between 8 homes.

2.3 Online Feedback

There is no recent online feedback for this provider.

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.

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?

- Residents were observed enjoying a pool table in the lounge area.
- Good rapport was observed between a resident and member of staff who played pool together.
- The home collaborates with organisations like RISE to assist residents in overcoming drug and alcohol addiction.

- Residents have expressed satisfaction with the visitation requirements the home has.

What could be improved?

- There is a decommissioned elevator on premises that members of staff would like to see made operational again.
- The garden had trash throughout, ARs observed a pair of socks and energy drink cans thrown into the garden. Furniture in the garden such as benches were old and worn by weather.
- A hole hidden by grass was stepped in by an AR who sustained a minor sprain due to this.

Resident Feedback

What has worked well?

- Residents are independent in making their own meals.
- If residents require help with something, staff will assist them. Residents are happy with this arrangement.

What could be improved?

- In all three locations, distaste was expressed for the gardens/outdoor spaces. In Community Road, they disliked how there was rubbish in the garden. In Sunnyside, the outdoor space is concrete. And finally, in Inglis, the garden is overgrown and not well maintained
- A resident at Inglis road expressed a desire for CCTV (i.e. a Ring Bell) as they are an all-woman home.

Staff Feedback

What has worked well?

- Staff told us that they found the trainings that they underwent were extremely useful for their day-to-day work
- A member of staff told us that their favorite part of the job was helping residents become more independent.

What could be improved?

- It should be noted that when surveyed, the area that received the most neutral responses was pay satisfaction. Showing that there is not unanimous satisfaction with the current pay.

4. Full Findings: 50 Community Road

During the visit we collected responses from 3 residents, 2 members of staff, and the deputy 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

- The home is located in Greenford and is a 5-minute walk from Greenford station.
- There are bus stops within a 5-minute walk from the home.

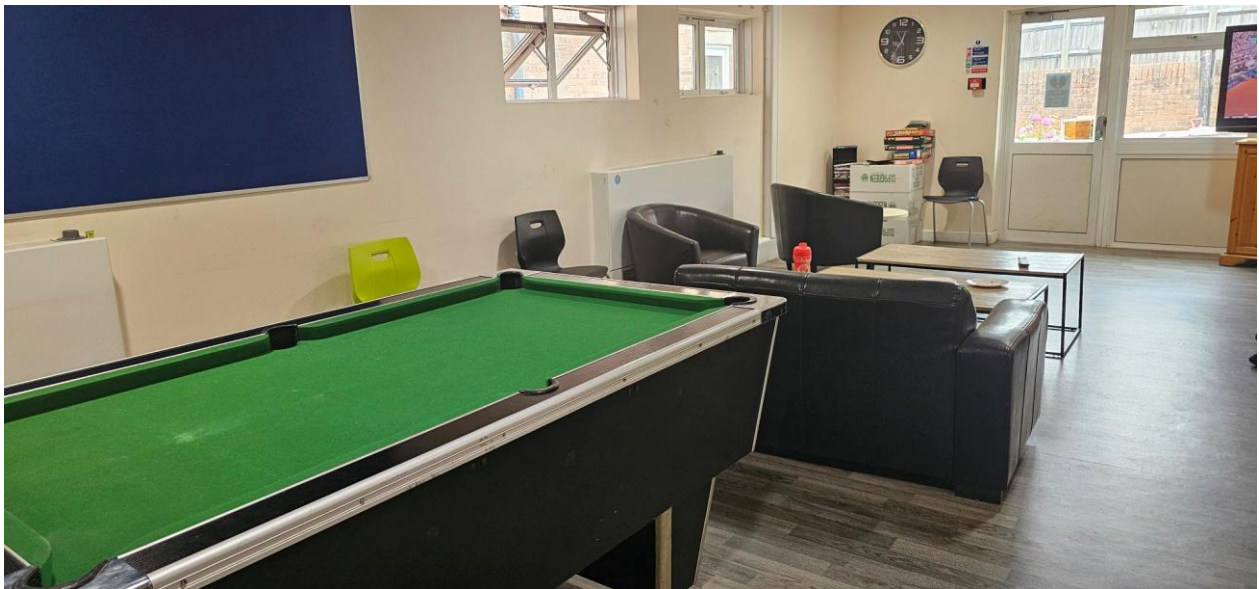
- The front door is locked. You need to be allowed in by a member of staff
- All visitors are required to sign into the home
- The home has step free entry

What has worked well?

- The home is clean and tidy
- Visitors are instructed to sign in when they arrive
- Visitors for residents need to be approved by management, this is to avoid any sort of bad influence in the home.

What could be improved?

- There is a decommissioned elevator on premises that one resident and members of staff would like to see made operational again.



General Environment

Notes

- The home has 18 beds, with a goal of converting a garage on the property into two additional beds. There were 16 residents staying at the home during our visit, with a 17th touring to potentially move in.
- There are ongoing refurbishments occurring at the home, especially with the piping. On Monday, Wednesday, and Friday “flushing” occurs. This is when the pipes are flushed out due to their age.
- There is a smoking area outside for residents.
- The common areas were barer than they normally are according to the deputy manager, this was due to a recent incident with a resident who was violent and destructive. They have since been moved to a more secure facility.
- There are communal bathrooms on each floor.
- Rooms do not have ensuite facilities.
- Bedrooms have a big chair, and wardrobe for residents to put their clothes in.

What has worked well?

- Residents were observed enjoying a pool table in the lounge area.
- Good rapport was observed between a resident and member of staff who played pool together.
- Residents told us that they enjoyed the environment of the home.

What could be improved?

- The garden had trash throughout, ARs observed a pair of socks and energy drink cans thrown into the garden. Furniture in the garden such as benches were old and worn by weather.

- A hole hidden by grass was stepped in by an AR who sustained a minor sprain due to this.



Safety and Visiting

Notes

- The facility is an open one. Patients are free to leave their rooms as they so wish.
- There are a minimum of 2 members of staff on the premises at all times. There is a separate section of the home for night staff to stay.
- The home tries to avoid admitting active substance users who are not willing to break their addiction as to avoid having others staying at the home from relapsing.
- If residents are unaccounted for, for 12 hours, it is reported to the police as a missing person.

- The home has CCTV installed for common areas. There is a desire to increase CCTV coverage, especially in the stairwell.
- Members of staff are all given radios for their safety.

What has worked well?

- The home works with other organizations such as RISE to help those who are addicted to drugs or alcohol quit.
- Residents have expressed satisfaction with the visitation requirements the home has.

What could be improved?

- We found no potential areas for improvement.

Personal Care, Diet, and Activities

Notes

- The home was recently awarded a food hygiene rating of 5 for the cleanliness of the kitchen.
- Residents prepare their own meals; one was observed preparing their own food by an AR.
- There are weekly coffee mornings and residents' meetings. There are also activities such as bingo that are held on a weekly basis.
- There are trips that the home takes residents on. They will hire a coach for the trip. The most recent one was to the beach in Brighton.
- The home celebrates all religious holidays such as Christmas and Ramadan to cater to the different cultures of residents.
- Residents like to accompany staff to the shops.

What has worked well?

- Residents expressed that while they are independent in their own cooking, staff does help them if they need it. They are appreciative of that.

What could be improved?

- We found no areas for improvement

Staffing and Management

Notes

- Staff wear casual clothing. Management business casual.
- Staff speak languages including English, Hindi, Urdu, and Turkish
- There are 9 members of staff, with 2 vacancies.
- There are 2 members of staff on the premises during the night shift.

What has worked well?

- Staff reported to us that training they had undergone recently was useful, and that it helped them in their work.

What could be improved?

- It was hard for ARs to tell who was a member of staff and who was a resident, while staff do have IDs, they were not visible at all times. Members of staff were approached for resident interviews because they were mistaken for residents by ARs.

4. Full Findings: Sunnyside and Ignis

During the visit we collected responses from 8 residents, x members of staff, and the head manager

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.



(Pictured, Sunnyside Left, Ignlis Right)

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

- The homes are located in Ealing, both being within a 5-minute walk of a bus stop.
- There are bus stops within a 5-minute walk from the home.
- The front door is locked. You need to be allowed in by a member of staff.
- The homes have step free entry.
- Sunnyside has street parking available.
- Ignlis has parking spaces outside of the front of the home. Room for Approx 2-3 cars.
- Both homes have stairs. There is a room for a resident on the ground floor in Ignlis if they have mobility issues. Mobility issues are taken into account during the initial assessment.

What has worked well?

- Both homes were easy to navigate.
- They were clean, bright, and spacious.
- Residents expressed to us how they liked the step-down homes. They told us they felt comfortable and at home there.

What could be improved?

- We found no areas for improvement.



(A picture from Ignlis's common area)

General Environment

Notes

- Both homes are multistorey houses within residential areas.
- The homes are clean and tidy. Residents do chores on a rota and are responsible for keeping their rooms and common areas clean. A cleaner does come in twice a week, but it is primarily the responsibility of residents.
- There is a smoking area outside for residents.
- There are communal bathrooms on each floor.
- There is on site laundry at both homes.
- Rooms do not have ensuite facilities. Some rooms have sinks.
- Bedrooms have a big chair, and wardrobe for residents to put their clothes in.
- Ignlis is a single gendered home for women.
- Ignlis had a very spacious common area that residents enjoyed.

What has worked well?

- Residents are free to decorate their rooms. They have done so to great lengths and it is clear that they take pride in it.
- Good rapport was observed between residents and a member of staff who took ARs around the homes.
- Residents told us that they enjoyed the environment of the home.

What could be improved?

- The outdoor areas at both facilities brought dissatisfaction from residents.



(R: Sunnyside, L Ignlis)

Safety and Visiting

Notes

- Visitors must be approved by staff before they are allowed to come to the homes.
- Homes are kept locked, and someone needs to let you in.
- Outdoor areas are secured by fences.

What has worked well?

- The home works with other organizations such as RISE to help those who are addicted to drugs or alcohol quit.
- All residents reported to us that they were happy in the home.

What could be improved?

- A little under half of the residents told us that they felt they were safe and taken care of. This is due to a feeling of uneasiness at night, and disagreements with staff.
- One resident expressed that they would like to have CCTV or a ring camera for the front door for their peace of mind.

Personal Care, Diet, and Activities

Notes

- The residents of these homes are independent in making their own meals.
- Residents have stayed in these homes an average of 6 years, the smallest amount of time from those we spoke to was 5 months, with the longest being 12 years.
- The homes do not hold activities, except for holidays such as Christmas.
- Residents told us they work outside of the home, either in jobs part time, or in volunteer work.

What has worked well?

- A majority of residents told us that they felt that staff at the homes were supportive of their healthcare.

What could be improved?

- We found no areas for improvement.

Staffing and Management

Notes

- Staff wear casual clothing. Management business casual.
- They wore IDs.
- Staff work from 9-5, Monday to Friday. They are there to support residents during these times.

What has worked well?

- Staff are described by residents as nice, kind, helpful, and good.
- Staff have told us that.

What could be improved?

- Due to hiring freezes, staff have had to work longer hours. They told us that they felt that they were spread thin.
- Staff have told us that they feel there is tension in the team.

4.2. Resident Feedback

At the visit we collected feedback from 10 residents between the three locations. The average length of stay for residents is 6.3 years, with the shortest length of stay being 5 months and the longest being 12 years.

Environment

- Community Road:
 - Residents told us they found the environment to be relaxed and good. One resident in particular told us they enjoyed the lighting.
 - One resident told us the environment can be quite busy
 - Another resident told us that they did not like how there was rubbish in the garden.
- Sunnyside and Ignlis
 - The environments are described as spacious, calm, and relaxing.

Food

- Residents are independent in making their own meals.
- If residents require help with something, staff will assist them. Residents are happy with this arrangement.
- Food is provided on special occasions like holidays, i.e. Easter and Christmas.

Improvements

Residents made the following suggestions for improvements:

- In all three locations, distaste was expressed for the gardens/outdoor spaces. In Community Road, they disliked how there was rubbish in the garden. In Sunnyside, the outdoor space is concrete. And finally, in Ignlis, the garden is overgrown and not looked after.
- Activities are not offered at the step-down services.

Feedback and Complaints

- Residents told us that for the most part that they felt that they were listened to by staff.

Selected Comments

"I like [house] it's spacious and I can cook with 2 or 3 other people, big room to myself, I brought my own armchair."

"[The staff] are very nice and friendly, feel completely comfortable. They are there if I need to talk"

4.3. Staff Interviews

During the visit we received feedback from 4 members of staff.

General Feelings

- Most members of staff we spoke with told us they liked their job.
- There is good rapport between staff and residents. Staff very much enjoy supporting them in their rehabilitation.

Selected Comments

"[My favourite thing about my role is] When residents move to a step down having learnt the necessary skills to enable them to manage their day to day living."

Training

- Staff told us that they found the trainings that they underwent were very useful for their day-to-day work.

Accessing community health and social care services

- Staff expressed that they had difficulties contacting services such as MINT when they have an emergency.

Safety

- When asked if they felt safe during the day, most of those we spoke with told us sometimes:

- A staff member elaborated on this *“This usually happens when we have a resident who has relapsed and the process of getting the other professionals involved to get the resident get the professional help they need can be long and cumbersome and this makes me feel not safe at work. There is noticeable disruption that affects other residents and how staff work.”*

4.4 Management Feedback

We also spoke with deputy manager Pippa Munro about a variety of topics.

In Summary

Identifying Healthcare Needs

- All health care needs are identified during an initial intake of residents.
- We support our residents with their health, making appointments, and taking them to them.

Raising Safety Concerns

- All staff are trained in safeguarding alerts.
- Our residents are more independent, however if they are unaccounted for a period of time, we will alert authorities so that they can be found.

Challenging Aspects?

- Getting in contact with the MINT team can be a challenge. Sometimes we have to wait hours to get through on the phone. Often, we have had to just turn up at their physical location to get a response.
- We are understaffed, and a hiring freeze is making everyone feel stressed.

Improvements

- Community road would like to increase the variety of activities, but it is dependent on budget.

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 Accessibility

- There is a decommissioned elevator on premises that members of staff would like to see made operational again.

5.1: Explore options surrounding getting this elevator operational again. Determine if it is worthwhile for the use of residents and staff.

Response: There isn't a current need for an elevator as there are different options for people who cannot use stairs or find them difficult i.e. ground floor rooms. If in future, the number of people being referred who cannot access stairs increases, we will revisit the need for an elevator.

General Environment

- The garden had trash throughout, ARs observed a pair of socks and energy drink cans thrown into the garden. Furniture in the garden such as benches were old and worn by weather.
- A hole hidden by grass was stepped in by an AR who sustained a minor sprain due to this.

5.2: We recommend taking immediate action to improve the outdoor areas of Community Road and the step-down houses in coordination with the council.

Response: The trash is contained in one area in metal bins and any unwanted items i.e. furnishing are stored in the outhouse. We have service users who go

through the bins and leave it scattered and then it can get blown around. We will increase the checks in this area, which are daily and ensure smaller rubbish is cleared appropriately. Larger items are on a schedule for collection. We will continue to discuss in residents' meetings not to throw rubbish or any items from their windows or when they are in the garden smoking. We will make a request for new garden furnishings across our services as soon as possible

Staff will be reminded to report any accident or incident to management for investigation and follow up as management were unaware of this incident. This will be discussed in team meetings and supervision. The gardening management team have been asked to come and look and quote as soon as possible to resolve the issue.

Staff

- It was hard for ARs to tell who was a member of staff and who was a resident, while staff do have IDs, they were not visible at all times. Members of staff were approached for resident interviews because they were mistaken for residents by ARs.

5.3: Respecting the fact that being allowed to be in casual clothing is worn by staff most likely in order to help residents be at ease, we do recommend that staff all wear IDs prominently so that they can be identified as staff.

Response: Staff do try to wear their ID badges or have them on display but there are times that certain service users take offence and become agitated believing we are spying on them. Most service users within our step-down homes become very paranoid in the community if staff are wearing their ID's. Some service users can become aggressive and yank the ID cards too, which is a risk to staff.

Staff have now been asked to always have their ID on show, unless it puts them at risk from a service user. We continue to talk to service users the need for staff to wear ID cards for safety and security and so people know who everyone is.

The behaviour of service users is closely monitored and risk assessed. Service users' risk assessments are updated as appropriate to ensure any risks to staff are outlined with a clear plan of mitigation.

- Staff told us they found their training to be effective and good for their role.

5.4: We recommend continuing to provide ongoing training for staff to improve their understanding of addiction and recovery processes. This will equip them with the skills and knowledge to effectively support residents dealing with substance use issues and to collaborate effectively with external organisations like RISE

We have recently arranged training for staff across the services and will continue on top of what other relevant/mandatory training they need.

Mandatory training is:

- **Fire safety**
- **Health and safety**
- **Safeguarding**
- **First aid for MH workers**
- **Food hygiene**
- **Mental Capacity Act**
- **Data protection**
- **Risk assessment**

Staff complete training on offer regarding addiction and recovery processes. However, when it comes to liaising with external organisations like RISE, it is the service user themselves that make the referral, staff support as and when necessary.

Engagement and Activities:

- Residents at the step-down services told us that activities were not offered.

5.5: Increase the variety of activities offered at the homes, budget permitting. This could include more communal events and structured activities that help upskill residents to become more independent.

Response: All Service Users within our step-down services are frequently invited to attend all activities within 50 Community Road and within the community. We also make links with wider community groups and the CVS.

Please see all activities offered as an example:

- **Religious Celebrations where relevant such as Eid/Christmas/Hindu**
- **Seaside Resorts** ·
- **Cinema**
- **Meals out**
- **Museums**
- **Bowling**
- **The Hills**
- **Ruislip Lido** ·
- **Picnics**
- **BBQ's**
- **Gardening- the Dig/Elthorne Park**
- **Shopping trips**
- **Cape**
- **Solace**
- **Car Valeting**
- **Walking Groups**
- **Gym**
- **Volunteering- charity shops, admin, valeting, gardening**
- **Cooking**
- **Theatre/ Pantomime**
- **Dogs Trust**
- **Peer Working**
- **We have supported a number of service users to manage days/evening out together such as snooker, football et**

We will continue to encourage service users in the step-down homes to attend activities offered and speak with staff if there is anything else that takes their interest.

Safety

- A little under half of the residents at the step-down homes told us that they felt they were safe and taken care of. This is due to a feeling of uneasiness at night, and disagreements with staff.

5.6: We recommend reviewing safety protocols with those who are in the 9-5 service. Letting them know that the homes are secure and what options are there for them during the night in order to feel safer.

Response: In every step-down home, there are posters displaying the out of hours contact details / numbers. Staff explain to service users that if there are any issues out of hours when staff are not there (evenings and weekends), they can call an out of hours manager who will respond and provide support. This message is checked frequently to ensure service users understand and is discussed in house meetings and outlined in service user risk assessments.

- One resident expressed that they would like to have CCTV or a ring camera for the front door for their peace of mind.

5.7: We recommend exploring this option for Ignlis Road where budget allows.

Response: In regards to the CCTV for Ignlis, we will raise this with FM for a quote.

Length of Stay

- The average length of stay for residents is 6.3 years, with the shortest length of stay being 5 months and the longest being 12 years.

5.8: There should be a multiagency approach to review the cases of individuals living in these facilities to determine if they are capable of moving on, as their stays are longer than the average. Barriers and hesitations in residents that are preventing them from moving on should be addressed.

Response: This situation is ongoing. There are high level discussions around transforming the service to help support the team in moving people on. We work closely with the move on/reviews team to ensure service users have timely reviews. We also meet monthly to discuss quota and where we are at with moving people on via this route.

This is being addressed and a lot more placement reviews are taking place. We are making better links with clinicians and NHS colleagues to support the pathway of moving people on. This will also help develop the working relationship between professionals.

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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