

# Enter and View Report

Dame Gertrude Young House November 6<sup>th</sup> 2024



A report by Healthwatch Ealing



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Visit Details	
<b>Service Visited</b>	Dame Gertrude Young House
<b>Manager</b>	Sandra
<b>Date &amp; Time of Visit</b>	11:00 AM November 6 <sup>th</sup> 2024
<b>Status of Visit</b>	Announced
<b>Authorised Representatives</b>	David Crawley, Carleen Duffy, Emma Ferreyra
<b>Lead Representative</b>	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 Enter & View 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 Dame Gertrude Young House

On November 6<sup>th</sup> 2024 we visited Dame Gertrude Young House (referred to as DGYH for the rest of the report) located in Acton.

The service is run by Hestia and is one of many run by them.

The home may accommodate up to 23 residents and 22 were in residence at the time of the visits.

The home has a staffing complement of 7.

## 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.

# 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?

- The home uses a confidential sign-in book. A person writes their name, and it is transposed onto a sheet behind it. This allows for people to sign in without their information being able to be read by others. Management takes the sign-in sheets periodically and files them away.
- There is a process in place where two members of staff must be present at all times, especially when entering a resident's room. This helps to ensure safety for all parties.

### What could be improved?

- No area of improvement could be found.

## Resident Feedback

### What has worked well?

- The residents all are very happy with the staff at the home. They mentioned that the staff are "easy going and easy to chat to" and are very supportive and helpful with clear communication.
- We were told that the home has strict rules and regulations in place that all residents must follow but that this is for the benefit of everyone. For

example, residents have the responsibility to keep their rooms clean and music must be played in their rooms at a low level to not disturb other residents.

- Residents mentioned various activities they have taken part in including yoga, arts and crafts, museum visits, games and puzzles, movies, and learning life skills to help prepare for independent living.
- One resident told us that Hestia has provided them with great support and information. After they had been discharged from the hospital, they consumed alcohol and experienced abuse. However, abiding by the rules set by Hestia he is now in recovery and staying positive about the future.

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

- One resident mentioned that some residents can be unclean and suggested that staff could prompt these residents to be cleaner.
- One resident mentioned that at times the home can be busy but otherwise it is nice.

## **Staff Feedback**

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

- Staff enjoy their work at DGYH and feel supported by their colleagues and management.
- Staff found training effective and useful for their roles and mentioned that they had recently taken part in training such as fire alarm training, induction of medication, Health and Safety Level 2, infection control, and safeguarding training.
- Staff feel safe during work: they carry panic alarms and are partnered up whenever they go into a resident's room

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

- When asked what the staff find the most difficult one staff member said medication support as residents sometimes refuse to take their medication, although this does not happen a lot. Another staff member said they find it difficult when a resident relapses.
- At the end of their shift, both staff members said they feel neutral – neither energised nor drained.



## 4. Full Findings

During the visit we collected responses from 4 residents, 2 members of staff, and the head 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 to the home.
- Visitors need to be let in and must sign in at the office.
- The front door is kept locked.
- There is street parking available.
- There is a bus stop outside of the home.

##### What has worked well?

- The home uses a confidential sign-in book. A person writes their name, and it is transposed onto a sheet behind it. This allows for people to sign in without their information being able to be read by others. Management takes the sign-in sheets periodically and files them away.
- There is a wet room for any residents with mobility issues to shower. There is step-free access to this room on the ground floor.

##### What could be improved?

- We found no potential areas for improvement.



An example of a room at DGYH.

## General Environment

### Notes

- DGYH is a converted home, once serving as a nursing home for the elderly.
- Residents live across four floors, with those with mobility issues living on the ground floor
- There are bathrooms on each floor for residents to use with toilets and showers.

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

- Residents describe the environment of the home as positive, clean, and nice.
- Residents understand that they have a responsibility to help keep the home clean. There are cleaning rotas for the resident's kitchen that are observed closely.
- Every resident we spoke with told us they were very satisfied with the garden/outdoor space.

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

- We found no area for improvement.



The lounge and common area at DGYH

## Safety and Visiting

### **Notes**

- There is a CCTV network, with cameras in common areas of the home.
- Fire drills are conducted on a monthly basis.
- All staff are trained in safeguarding alerts.
- Staff and Residents all told us that they felt safe at DGYH.

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

- When signing in, visitors sign their name into an anonymous sign in book. Their names are transcribed onto a sheet under the sheet they sign, so that others who visit do not see their names, but management can refer to the under-sheet when necessary.

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

- We found no potential areas for improvement.

## Personal Care, Diet, and Activities

### **Notes**

- Activities are every Wednesday and include but are not limited to yoga, arts and crafts, and trips to museums.
- Residents are supported in making their own breakfast and lunches. Dinner is provided for them by a chef that is brought in.
- There are two kitchens in the home, one for residents to use for their breakfasts and lunch, and a more industrial-style kitchen for a chef who prepares dinner for the residents.
- The industrial kitchen has a food hygiene rating of 4
- DGYH is not a CQC service, as care is not administered, 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.
- 

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

- Activities can be resident-led. One resident we spoke to mentioned that they will lead the arts and crafts sessions sometimes, this makes them feel happy.

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

- We found no area for improvement.

## Staffing and Management

### **Notes**

- The home has a staff complement of 7.
- There are a minimum of 2 staff present on property at all times.
- There is an overnight shift. Members of staff sleep in the offices in fold out beds.

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

- Staff feel supported by their co-workers and management.
- Staff told us that they find the training to be very useful.

- There is a process in place where two members of staff must be present at all times, especially when entering a resident's room. This helps to ensure safety for all parties.

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

- The home should continue its efforts to employ permanent staff, and its policy to not allow for ad hoc shifts. This will help continue the calm and collaborative environment that exists at DGYH.
- Management mentioned to us difficulty with recruiting, in part due to the sleep shift being off putting for potential staff.
- When attempting to contact DGYH the contact information that sources Healthwatch uses (contacts within the council, google etc) was not up to date.

## **4.2. Resident Feedback**

During the visit we collected feedback from 4 residents. These residents reported having lived in the home for 7 months to up to 2 years.

### **General**

- All residents told us they are very satisfied with the helpfulness of the staff and the garden/outdoor spaces.
- The majority of the residents said they are also very satisfied with the cleanliness of the home, the visiting arrangements, and the support from care staff regarding the residents' health.
- All residents reported feeling safe, taken care of and happy living in the home.
- All residents had been given an orientation and information on their mental health rights and advocacy when they first arrived.

### **Staff**

- The residents all are very happy with the staff at the home. They mentioned that the staff are "easy going and easy to chat to" and are very supportive and helpful with clear communication.
- One of the residents mentioned that the manager at the home is very good at their job and another said that the manager has gone above and beyond to support their recovery.
- All residents told us they feel comfortable communicating with staff to ask questions and to make requests and complaints, and that these are followed

up promptly and in accordance with policy.

### **Environment**

- All residents felt positive about the environment at the home and the outdoor space.
- We were told that the facilities at the home are good and residents can do their own laundry, cook meals and take daily showers.
- Residents also reported getting along with each other.
- We were told that the home has strict rules and regulations in place that all residents must follow but that this is for the benefit of everyone. For example, residents have the responsibility to keep their rooms clean and music must be played in their rooms at a low level to not disturb other residents.
- Staff use positive reinforcement to encourage residents to follow the rules.
- One resident mentioned that before they had bad asthma but since living in the home it had gotten better.
- One resident mentioned that at times the home can be busy but otherwise it is nice.

### **Activities**

- All residents rated the variety and availability of recreational activities provided as good.
- Residents mentioned various activities they have taken part in including yoga, arts and crafts, museum visits, games and puzzles, movies, and learning life skills to help prepare for independent living.

### **Food**

- All residents are happy with the food provided.
- There is a meeting taking place every two weeks where the residents can express their wishes and select the food for the menu.
- We were told that residents are given fresh fruit every day and if someone misses the dinner, leftovers are provided.
- One resident said they cook their own food daily.

### **Improvements**

- Residents reported being very happy with the home and they could not think of improvements.
- One resident said that there is a need for more places like Hestia to improve temporary living.
- One resident mentioned that some residents can be unclean and suggested that staff could prompt these residents to be cleaner.

## Discharge and continuation of care

- Most residents strongly agreed that they received information and support to plan their discharge and continued care in the community when leaving the hospital. However, one resident felt neutral about this.
- Residents told us they would have appreciated more support with housing, managing money and living independently.
- One resident told us that Hestia has provided them with great support and information. After they had been discharged from the hospital, they consumed alcohol and experienced abuse. However, abiding by the rules set by Hestia he is now in recovery and staying positive about the future.
- One resident mentioned that they are more confident enabling them to talk to people.
- All residents agreed that they were supported by friends, family, carers and social circle after discharge.
- One resident mentioned that because their family is a key part of their recovery, it would have been helpful if their family was provided information about the signs and triggers for their mental health condition.
- Another resident mentioned that their family is very supportive of their recovery from alcohol addiction and has strong communication with him. They have also received support from Mind.
- One resident whose family lives in India wishes they had a better connection with family, although they are very happy with the care they are receiving in the home and from their care coordinator.
- In terms of support the residents wish to receive to prevent future readmission, one resident mentioned they would like to go to college to learn to be a chef, and another said key work sessions are vital to them helping to debrief them on how their life and mental health are.
- One resident mentioned that they did not feel supported when living at another facility and did not receive help until they arrived at Hestia in Ealing. They wish other facilities would offer the same environment and help that Hestia in Ealing does.

## Selected Comments

### Thoughts on Staff

*"I feel like they are easygoing and easy to chat to. My key worker, I can come to them for anything, they help me solve my problems. They make sure I am able to attend appointments. The manager is very good at their job. The place runs well."*

## **Environment**

*"At times it can be busy with staff when they have things to do. Otherwise, it is very nice. I get on with my housemates."*

## **Diet and Nutrition**

*"The food is perfect. Sometimes I come late and miss the food, but there are leftovers. They give us a choice of a dish at meetings. Fresh food and fruit every day."*

## **Support**

*"[Support for] housing would be good, I am looking into private options as there is a backlog for moving on."*

## **4.3. Staff Interviews**

During the visit, we received feedback from 2 staff members, from varied roles. The length of service ranges from 6 months to 18 Months.

### **General Feelings**

- Both staff members rated their overall experience of working in the home as good.
- One staff member told us that they had worked in care homes before but that they feel they work better in their current role where they can learn new skills and gain knowledge.
- Another staff member told us they found it difficult when they first started but once they learnt more the job became easier.
- Staff enjoy their work at DGYH and feel supported by their colleagues and management.
- Staff told us the thing they enjoy most about their work is talking with patients and the activities.
- One support worker told us they look forward to their "key sessions" with residents. These sessions are where residents meet with their key workers on a 1:1 basis to check in on how they are doing and what they need to help prepare for independent living. These sessions are an opportunity for residents to say things they might not otherwise feel comfortable saying.



- When asked what the staff find the most difficult one staff member said medication support as residents sometimes refuse to take their medication, although this does not happen a lot. Another staff member said they find it difficult when a resident relapses.
- At the end of their shift, both staff members said they feel neutral – neither energised nor drained.

### Selected Comments

*"I enjoy activities. I enjoy having key sessions with my clients. That is an opportunity to really hear them out as their key worker. These sessions occur twice a month. We check in on how they are doing, and what they would need in order to eventually move onto independent life. A key session lets them say things to us that they may not be comfortable with otherwise."*

### Training

- Staff found training effective and useful for their roles and mentioned that they had recently taken part in training such as fire alarm training, induction of medication, Health and Safety Level 2, infection control, and safeguarding training.
- One staff member said that the fire alarm training really helped them as this made them feel more confident in knowing what to do if the alarm goes off during a night shift.
- Continuing to be trained and developing their skills is something that staff were very interested in.

### Safety

- Both staff members told us they feel safe during work.
- Staff told us they always carry panic alarms and are partnered up whenever they go into a resident's room
- They also mentioned that if they do not feel safe they are able to lock the office door, although this is a very rare occurrence.
- Both staff members told us they know how to raise a safeguarding alert.

### Accessing community health and social care services

- Staff mentioned that they help residents attend appointments by reminding them when they occur. Doing so in order to help them learn how to become more independent.

## Communicating with patients and their family

- Staff said there are no issues communicating with families and residents also talk to staff often.
- They told us that family members call staff members and sometimes when a resident doesn't share information with staff, they will contact their family instead.
- One member of staff told us that communication with the family of a patient is essential as it adds an extra dimension that helps with their care and rehabilitation.

### Selected Comments

*"We have some service users who do not want to open up. We will communicate with their family. An example of this was when a service user was planning a trip, they did not give us the information, but the family did."*

## 4.4 Management Feedback

We also spoke with the manager of DGYH Sandra about a variety of topics.

### In Summary

#### Helping residents to become independent

- Residents on average stay at DGYH for two years, but some may stay longer depending on their case. The longest current stay is four years
- We hold activities with residents to help upskill them and make them more independent, for example cooking with them.

#### Raising Safety Concerns

- All staff are trained on how to raise a safeguarding alert
- The most recent alert was raised in September, but they only happen rarely.

#### Challenging Aspects?

- Recruiting permanent staff has been a challenge, due to some not wanting to do a night shift. We do not want to just agency staff who do ad hoc shifts, we believe strongly in having

### Improvements

- We are currently in the process of hiring more permanent staff, having filled two positions within the last six months with a further two to go.

## 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

#### Environment

One resident mentioned that some residents can be unclean and suggested that staff could prompt these residents to be cleaner.

**5.1 Recommendation:** We understand that this is something that can't always be controlled, but all residents should be prompted to clean up after themselves. Perhaps a meeting could be arranged to discuss this with everyone and agree on the rules to ensure everyone understands the importance of ensuring a clean environment.

**Response:** This issue was discussed in the fortnightly Community Group meeting with residents. Cleaning materials are provided in the toilets, bathroom and kitchen, so they can clean up after themselves. Residents are regularly reminded to clean up after themselves and to report to staff if there are any concerns. Posters are displayed in these areas. Staff discuss this

**matter in 1-1 key work sessions. Cleanliness is important at the service. We have some residents who likes a clean environment/home and will make an effort to keep their environment clean, but they are other residents who finds it hard to clean up after themselves. Staff will continue to talk to these residents and explain why it's important to keep the service clean**

### **Support for Staff**

When asked what the staff find the most difficult one staff member said medication support as residents sometimes refuse to take their medication, although this does not happen a lot.

Another staff member said they find it difficult when a resident relapses.

**5.2 Recommendation:** Additional support for staff to deal with the difficult aspects of the job. For example, in case a resident relapses staff could be offered support in the form of a group discussion to express their feelings and to receive support from their peers and management.

**Response: Reflective practice takes place during team meetings, handovers and supervision. This is a time when staff can reflect on an incident or situation, with feedback from their colleagues and line manager to find new ways of learning and developing their skills. Reflection supports staff to continually improve the way they work and the quality of care they give to people. Staff will have to attend trainings, as part of their learning development.**

### **Activities**

Activities can be resident-led. One resident we spoke to mentioned that they will lead the arts and crafts sessions sometimes, this makes them feel happy.

**5.3 Recommendation:** We commend this approach and recommend that it continue. We see allowing residents to take leadership roles as important steps in rehabilitation.

**Response: N/A**

### **Staffing and Management**

- When attempting to contact DGYH the contact information that sources Healthwatch uses (contacts within the council, google etc) was not up to date.

**5.4 Recommendation:** Ensure that whenever there is a change in management or a change in contact information that DGYH's partners in the public have the new information.

**Response:** I would appreciate if you could give me information who I can contact at the Council, so I can give them up to date information about DGYH. I will liaise with Head Office regarding how we can change information on google.

## **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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