

Enter and View Report

Raj Nursing Home

31, 33 & 35 Osterley Park Road, Southall UB2 4BN



Healthwatch Ealing

8th January 2019

Service visited:	Raj Nursing Home
Address:	31, 33 & 35 Osterley Park Road, Southall UB2 4BN
Care Home Manager:	Vineetha Rajan
Date and time of visit:	Tuesday 8 th January, 10am – 14:25pm
Status of visit:	Announced

Enter and View Authorised Representatives:	India Hotopf & Francis Ogbe
Lead Authorised Representative:	Francis Ogbe
Healthwatch Ealing contact details:	Healthwatch Ealing, 45 St Mary's Road, W5 5RG Tel: 020 3886 0830 Email: info@healthwatchealing.org.uk

CQC Rating : Requires improvement

Date of CQC Report:	10 th May 2018
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Healthwatch Ealing has the power to Enter and View services in the borough of Ealing. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

Background to the visit

The Health and Social Care Act allows Healthwatch Ealing (HWE) Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWE Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Ealing Council's Safeguarding Team.

On this occasion, two Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

HWE liaises with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme, as well as the information that it collects about the experiences of local people. A number of health and social care providers are selected to be

visited to provide a sample of different services. We did not have a reason for selecting Raj Nursing Home for this visit.

Acknowledgements

We would like to thank the management, staff and residents at Raj Nursing Home for making us welcome, facilitating our visit and for taking the time to talk to us on the day.

We would also like to thank Healthwatch Ealing Enter and View Authorised Representative Francis Ogbe for his contribution.

Methodology

This was an announced Enter and View visit. Healthwatch Ealing approached the manager at Raj Nursing Home before the visit to find out more about the home and any factors we should be aware of. During the visit, Authorised Representatives spoke to one member of management, three residents and two members of staff.

The Enter and View Team used a checklist to collect their observations of the home, which was based on Healthwatch England's eight indicators of a good care home¹;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Information about Raj Nursing Home

Raj Nursing Home is operated by Aster Healthcare and is managed by Vineetha Rajan. The home is formed of three terraced houses, which have been converted into one large home which offers 28 rooms, 11 of which are en-suite. On the day of the visit, there were 20 residents living in the home, 4 of which have dementia.

The ground floor has a large communal lounge/dining room, which is situated next to the kitchen and overlooks a spacious garden. There is an annex leading off from the lounge, which houses several bedrooms as well as a second, smaller lounge. The garden area has raised flower beds

¹ 'What's it like to live in a Care Home' Healthwatch England (2017)

and seating, as well as a sheltered smoking area and a small outhouse building which is used for laundry and storage. The main area of the ground floor also has a medication room, staff room, office and a boiler room, as well as one toilet and two washrooms. There is a total of 13 bedrooms on the ground floor, 7 of which are en-suite.

The first floor is accessible via two different staircases or by lift. There are 3 bathrooms and 2 storage rooms, as well as 15 bedrooms, of which, 4 are en-suite.

First Impressions

Upon arrival, Authorised Representatives were met by management and staff, and we were requested to sign in, before the manager commenced a tour of the home.

The reception area was a welcoming and well-kept environment. Information on the complaints procedure was displayed, and there was a feedback box for residents and relatives. Also, on show, was a 'relatives board', as well as an 'activities board' with pictures of the residents, and a 'dignity in care' board depicting good practice. There was also fire safety information on display.



Figure 1. 'Dignity in care' notice board displayed in reception

The reception leads on to a large communal lounge/dining area, which overlooks a spacious garden. The lounge is a pleasant environment with lots of natural light and decorated with plants and age appropriate pictures and prints. Arm chairs are arranged in several clusters, encouraging residents to socialise. There is a sound system and two televisions, one of which was in use during the visit. There is also a second, smaller lounge area in the annex.

The garden is relatively large and well kept, with a lawn and raised flower patches, as well as a decorative yellow bicycle. There is also seating, and a wide paved path, enabling wheelchair access and encouraging residents engagement.

There are 13 bedrooms on the ground floor and 15 on the first floor. All bedrooms viewed were clean and odour free, with a good source of natural light. There was a sign outside each bedroom with a picture of the occupant and the name of their nurse, ensuring that residents can easily identify their rooms – this is particularly important for residents with dementia. Two bedrooms were missing a sign and the manager explained that this was because one was a new resident and the other was staying in the bedroom temporarily. All rooms viewed were equipped with a care alarm cord. Authorised Representatives were informed that each resident can bring personal possessions and decorate their rooms. This was witnessed in several rooms viewed.

The physical aspects of the home were good – areas viewed were clean and well maintained, with a pleasant odour. Strong patterns were avoided, and the home was not decorated using too many colours, helping reduce any additional confusion in dementia patients. There was plenty of natural

light, it was well decorated and there was clear signage throughout. All staff areas were clearly marked with large red text, to avoid confusion.

All toilets viewed were clean and accessible. The toilet signs were large, of contrasting colours and used pictures, which is particularly useful for residents with dementia. Basins and toilets were also of a traditional design, reducing any confusion or anxiety that dementia patients might experience whilst locating and using the bathroom.

The home was accessible, with wide corridors, handrails, and a lift to access the first floor. There were no tripping hazards seen, although Authorised Representatives found that one of the staircases was unlocked, posing a health and safety risk. When this was raised with management, she explained that she is aware of the issue and is planning to address it. All other out of bounds areas, such as the cleaning cupboard, were locked.

HEALTHWATCH ENGLAND QUALITY INDICATORS

1) Strong, visible management

Vineetha Rajan informed Authorised Representatives that she began her managerial position in November 2018, having previously worked as an assistant manager at a different home. She has a nursing background and has a Master of Business Administration degree. She listed the Clinical Lead, Administration Assistant and Quality Assurance Manager as the other senior staff members.

During the visit, Authorised Representatives saw the manager interacting with residents, demonstrating a familiarity and understanding of their personal preferences.

The manager informed us that she has a good rapport with staff and residents, noting that she spends time on the floor interacting with residents, giving preparing and serving lunch that day as an example of this. Regarding communication, she stated that she has an “open door policy” and encourages staff to approach her should they need anything. She also acknowledged that she is still new to the home, explaining that it may take time for staff to adjust to the changes she has made.

The staff interviewed were not as positive, expressing concerns over a lack of communication and teamwork. See the next page for more information.

The manager explained that any issues which arise are discussed during the daily handover meeting. She noted that handovers are between herself and the senior staff members and do not include the carers.

Management said that since starting her new position, she has had communication with all resident's relatives, mostly via telephone. Authorised Representatives brought up the CQC recommendation about introducing a meeting with relatives, and she informed us that she is in the process of organising a quarterly relatives meeting.

2) Staff have the time and skills to do their jobs

During the visit, staff seemed overworked and unhappy; with many informing Authorised Representatives that there is a staff shortage and lack of communication and teamwork in the home. Despite this, Authorised Representatives witnessed staff treating residents with care and compassion during the visit.

A member of staff explained that there is always a registered nurse (RN) on shift. There are 3-5 healthcare assistants (HCA) in the morning (depending on the number of residents) and 2 HCAs during the night shift.

We were informed that the morning shift is from 7:45am – 7:45pm and the night shift is 7:45pm – 7:45am. Alternatively, staff can work a short 6-hour shift, which is either 7:45am – 2pm or 2pm - 7:45pm. Staff are given a 1-hour break, which is broken down into 15 minutes in the morning and afternoon, and 30 minutes for lunch. One member of staff stated that they rarely receive their afternoon break.

Management explained that the induction period lasts one week and involves essential training and a shadowing period. One staff member spoke highly of her own induction process, though she expressed concern over the current process, stating that it was not rigorous enough and new staff are often put to work without adequate training and shadowing time. She explained that the home uses a high number of agency staff, meaning that current staff must often give induction training whilst they themselves are on shift.

The manager stated that all staff receive essential training on topics such as health and safety, manual handling and food safety, undertaking refresher courses when required. She explained that most of the training is done in-house, noting that there was recently a manual handling session. The manager said that there is always an RN on shift, meaning that carers do not require Deprivation of Liberty Safeguards (DoLS) training, though they are all aware of the procedure. A member of staff informed us that she received Mental Capacity Act (MCA) training under the previous manager.

The staff we spoke to stated that they felt overworked and unsupported, repeatedly stating that the home was understaffed, and that this was impacting the level of care they could provide. One staff member informed us that, due to a lack of domestic and kitchen staff, carers were having to help in the kitchen, further reducing their time with residents. We were informed that staff are paid £8.03 per hour and one staff member stated that she had been promised a 10p pay raise which she has not received. Another told us that they had requested a Hepatitis B vaccine. The managers response was to “use double gloves” instead. One staff member said they found the manager to be impolite, stating that she felt staff were treated like “servants”. One member of staff stated that they were happy to approach management should they need anything. Another staff member was distressed by the prospect of approaching management and began crying during the interview.

Authorised Representatives were informed that there has been a high turnover of staff recently, with several staff members leaving in the past few months. Consequently, the home has begun using a high number of agency staff who, according to staff, are unfamiliar with individual patient’s

needs and require lots of training. One staff member noted that they rarely see the same agency staff twice and the home uses several different agencies.

We were informed by management that the home uses 2-3 agency staff per week. This contrasted with the information other staff gave us. On the day of the Enter & View visit, there were two permanent members of staff, and the remaining three, including the RN, were agency staff.

All staff interviewed seemed concerned with the high turnover and one suggested low wages and a high work load as contributing factors.

The manager confirmed that some staff have left, informing Authorised Representatives that they are in the process of hiring more permanent staff. The manager emphasised how selective she is when hiring agency staff and stated that the home always uses the same agency. When Authorised Representatives raised the staff shortage concerns, management responded that it was not an issue, stating that staff have “plenty of time” to do their jobs.

The manager informed Authorised Representatives that there is a monthly staff meeting. One staff member told Authorised Representatives that there had only been one staff meeting since the manager had started, and she had missed it as she was away and there were no meeting minutes taken. Staff informed us that there is an oral handover at the beginning of each shift and staff can also refer to the resident’s care plans which are updated as changes occur.

During an interview, a member of staff disclosed a resident’s medical condition to us, raising issues regarding confidentiality. Authorised Representatives brought this issue up with management who informed us that they would investigate the issue.

On the day of the visit, Authorised Representatives witnessed a resident being given an incomplete medicine regimen. The resident pointed out that two of his pills were missing and when the RN checked, she realised he was correct and gave him the remaining medication. When this was brought up with management, she said that the home would investigate this incident.

Safeguarding alert: Following this observation, Enter & View Authorised Representatives had concerns regarding medication management. In line with our safeguarding policy a safeguarding referral was made following the visit.

The manager also stated that the home is in the process of addressing the medication management issues raised by the CQC report.² She told us that the Quality Assurance Manager is investigating the issues raised and working alongside the RN to fully address them.

3) Staff have a good knowledge of each resident and how their needs may be changing

The manager stated that the induction process includes an interview with the new resident to determine their history, likes and dislikes and this information is used to formulate the resident’s care plan. Management explained that the family is often involved in this process. Staff also

² Care Quality Commission. 2018. *Raj Nursing Home Inspection Report*. [online] [Accessed: 16/01/19]. Available from: https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4201157813.pdf

explained that they build a relationship with residents overtime and gain an understanding of their likes and dislikes.

All residents interviewed said that they were able to make decisions about their daily routines, such as what they wear and when they go to bed.

Authorised Representatives were informed that for cases where residents are unable to communicate their needs and preferences verbally, staff pay close attention to how residents react to the care being provided so that they can identify needs and preferences through non-verbal communication. One member of staff stated that, because they know the residents well, they can often recognise if a resident is unhappy or acting out of the norm. Family members are also consulted where appropriate.

Any changes in resident's needs and preferences are discussed in the daily handover, and care plans are updated accordingly.

Management stated that there is a daily meeting or "huddle" between senior staff members where changes in residents needs and preferences will be discussed. Any important information is relayed on to the carers by the clinical lead.

During the visit, Authorised Representatives witnessed a call alarm going off. Carers responded to the resident in question after approximately 5 minutes.

4) The home offers a varied programme of activities

We were informed by both residents and staff, that there is currently no programme of activities. A staff member informed us that the activities coordinator left the home in October and there have been no organised activities since this time. Several residents complained of a lack of activities and staff raised it as a concern.

Authorised Representatives brought this up with the manager who informed us that there were daily activities, led by staff, which are taking place whilst the home searches for a new activities coordinator. She also said that there is a volunteer group from a local church who visit the residents as social companions, though this was not mentioned by staff or residents.

One resident mentioned that she had been to the park with a group of residents during the summer and said that she would like to go out more often.

Authorised Representatives noted that whilst there was an activities board with pictures of residents doing activities, there is no activities programme on display. The manager informed us that the activities are decided upon daily.

Management highlighted that staff encourage residents to partake in activities verbally and participation is optional. She stated that she knows what activities residents enjoy, giving an example of one resident who likes having her nails painted. She said that she speaks with residents to find out if they like activities, noting that she also monitors which residents participate.

The manager informed us that most of the bedbound patients have tablets and TVs for entertainment and staff try to visit them and engage in conversation. She explained that bedbound patients are encouraged to come down and partake in activities in their wheelchairs.

5) The home offers quality, choice and flexibility around food and mealtimes

The manager informed us that the home employs two chefs - one works during the morning and the other works the second half of the day. This deviated from what staff told Authorised Representatives. Staff said that one of the chefs has left the home, and consequently the manager and staff members have had to cook meals.

Authorised Representatives noted that there was a 'menu board' in the dining area, however, it did not have a weekly menu, nor did it display the meal times. This might cause confusion in dementia patients. The manager informed us that there is currently no weekly menu and meals are decided upon daily. Authorised Representatives were informed that breakfast is from 7am-9am, lunch is from 12 – 1:30pm and dinner starts at 5:45pm.

The manager explained that for each meal, residents are given a choice of Indian and English cuisine. Most residents we spoke to seemed happy with the food, describing it as "good" and "delicious". One resident complained that there were "too many herbs" in the meals.

Management stated that religious and cultural preferences are considered, noting that the kitchen offers halal, non-halal and vegetarian food. One resident attested to this. The manager stated that all medical dietary needs are accommodated.

On the day of the visit, the manager was witnessed cooking in the kitchen and residents were given a choice of grilled chicken, dal or lamb curry, with vegetables and rice and banana custard for dessert. During the meal, Authorised Representatives witnessed staff attentively assisting residents with their meals.

We were informed that residents cannot make their own snacks, however they can request snacks. One resident told us that he had not been offered snacks, though Authorised Representatives later witnessed said resident being offered biscuits.

Staff encourage residents to take their meals together and they can also eat in their rooms if they prefer and are able. Management stated that there is flexibility around the timing of breakfast to accommodate all residents.

Management also informed us that there are protected drink times, and each resident has a jug of water in their room to encourage hydration. Hot drinks are also offered at several points during the day.

6) Residents can see health professionals such as GPs and dentists regularly

According to management, all residents are registered with the same GP practice and the home receives scheduled GP visits every Thursday. If needs arise in between these visits, staff will book

an appointment and accompany residents to the GP. The same applies for hospital visits. One resident we spoke with confirmed this.

The manager explained that if a resident needs an appointment with a dentist, optician or audiologist, the home will book the appointments on referral from the GP, so that they can advise them on which provider to go to. The manager told Authorised Representatives that one of the residents recently received a visit from an audiologist.

Management explained that the RN oversees medicine management. This includes ensuring that the medicines are kept secure, administering medication and maintaining an accurate record. There is also a weekly audit.

7) Residents' personal, cultural and lifestyle needs are accommodated

Staff informed us that they encourage independence and give residents choice where possible. This includes what time they wake up and go to bed, and what they wear. Residents we spoke with also highlighted this. Management stated that there is flexibility around breakfast time to accommodate for residents that like to sleep in late. Staff told us that residents can request items from the local shops and one resident spoke with us about doing this.

The manager said that the home is flexible with visiting times and children are welcome. She encourages visitors not to come during meal times, to ensure that all residents eat their full meals and told us that there is no restriction on the number of visitors per resident. Residents can be taken on trips by their family on "special occasions". The manager noted that if a resident is taken on a trip, there will be a thorough check for injuries and bruises afterwards, to ensure that no abuse has taken place.

During the visit, we saw that residents religious and cultural needs were accommodated to. The home offers a choice of English and Indian cuisine, which includes both halal and non-halal food. All residents are free to practice their religion, and one resident told us that the home has organised for them to receive visits from their Gurdwara.

8) There is an open environment where feedback is actively sought and used

Information regarding the home's formal complaints procedure was clearly displayed in the reception area and there was also a feedback box.

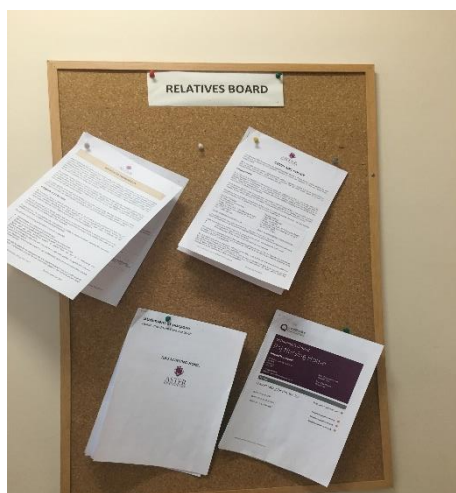


Figure 2. Raj Nursing Home's relatives notice board

Management informed Authorised Representatives that they welcome feedback from residents, relatives and staff. They explained that whilst there is a formal complaints procedure, they also have an "open door policy" and encourage informal complaints to be made.

One member of staff we spoke to stated that they felt comfortable approaching management with issues. Another was less confident and gave an example of a complaint she

had made where she had requested a Hepatitis B vaccine and was told by management to use “double gloves” instead. None of the residents interviewed were aware of how to make a formal complaint.

There is no residents/relatives committee currently, though management informed us that they are in the process of organising a quarterly residents/relatives meeting. There is a ‘relatives board’ in reception displaying information about Aster healthcare’s complaints and whistle blowing policy, Raj’s statement of purpose and the home’s latest CQC report.

Conclusion and Recommendations

Healthwatch Ealing’s visit to Raj Nursing Home raised several concerns. The home appears understaffed, with most staff working 12 hour shifts and not receiving adequate breaks and support. There is a high staff turnover, with many agency staff being used and, according to staff, the home is using several different agencies and many agency staff members. Staff expressed concern over the current induction process and the regularity of staff meetings. There were also discrepancies in what management and staff were telling Authorised Representatives, demonstrating poor communication. The home is in the process of addressing the medication management issues raised by the CQC. However, Authorised Representatives witnessed a resident being given an incomplete medication regimen during the visit, raising further concerns. A member of staff also disclosed a resident’s medical condition to Authorised Representatives. Whilst the home did display information regarding the formal complaints procedure, none of the residents interviewed knew how to make a formal complaint. During the visit, we were told by staff and residents that there have not been any organised activities since the activities coordinator left in October, whereas management stated that activities take place daily. Staff informed us that one of the chefs has left the home, consequently the manager is cooking some meals and requesting that staff help in the kitchen, further reducing their time with patients. Management told us that there is no meal schedule and meals are planned daily. Despite the concerns raised, Authorised Representatives witnessed staff treating residents with care and compassion and the home was well kept and inviting, with good facilities.

Overall, Healthwatch Ealing’s Enter & View Authorised Representatives concluded that Raj Nursing Home does not meet all Healthwatch England’s quality indicators of a good care home. See below for some examples of good practice and recommendations for areas of improvement. Provider responses are written in bold.

Good practice:

- 1) Despite apparent staffing shortages, Authorised Representatives witnessed staff treating residents with care and compassion. Carers also demonstrated knowledge of resident’s individual needs and preferences. This demonstrates commitment to the care of residents.
- 2) Authorised Representatives were impressed with the physical aspects of the home – it was a clean, well maintained environment with lots of natural light and decorations throughout

the home. 11 of the 28 bedrooms are en-suite and all bedrooms viewed were clean and inviting.

- 3) Several of Raj Nursing Home's residents have dementia. During the visit, Authorised Representatives found the home to be dementia friendly. For example, the home had accessible toilets with clear signage using pictures, strong patterns and colours were avoided throughout and each resident had a personalised sign outside their bedroom. All of these factors help to avoid additional confusion and anxiety for residents with dementia.

Recommendations:

- 1) During the visit, staff repeatedly stated that the home was understaffed and that this was impacting the level of care they could provide.

Recommendation: Management to review care needs of residents and ensure appropriate staff ratios to accommodate these needs.

Provider response: We have a dependency tool to determine the staffing level required. The service was not understaffed the service was operating in accordance with staffing levels determined by the dependency tool..

- 2) The latest CQC report raised issues regarding the home's medication management, concluding that their procedures required improvement. During the visit, Authorised Representatives witnessed a patient being given an incomplete drug regimen. This issue was raised with management, who stated that there would be an investigation and that the Quality Assurance Manager is working towards addressing the medication management issue.

Recommendation:

2.1 Ensure a clear plan for addressing this issue with deadlines and including ongoing checks and balances to fully address the concerns raised.

2.2 Investigate the incident witnessed during the visit.

Provider response: These issues had already been addressed and the safeguarding referral to this matter has been closed. Robust systems are in place for effective management of medication.

- 3) During the visit, staff told us that they were not receiving adequate breaks. They also said they felt unsupported and one staff member said they had been denied a request for a vaccination. We were also made aware that there has been a high staff turnover. There were some discrepancies between staff and management regarding this and some other issues. For instance, management stated that there were 2-3 agency staff per week and that the home uses a singular agency and ensures the same staff are used. Whereas staff told us that there was a higher number of agency staff, that there are several agencies used and that they rarely see the same agency staff member twice. Management informed us that there is a monthly staff meeting, but one member of staff stated that there has only been one staff meeting since the manager joined.

Recommendation:

3.1 Review employee break entitlements and ensure management and services are structured in a way to accommodate these.

3.2 *Improve communication channels between management and staff to avoid confusion.*

3.3 *Ensure consistency of agency staff where possible.*

Provider response: Break entitlements are its part of our contractual agreement and decided daily during hand over and allocation process therefore these arrangements are already in place. It is the responsibility of individual member of staff to ensure that they take their break as planned and to inform the nurse in charge if this is not possible so that alternative arrangements may be made.

There is proper handover and “huddle” session on every change of shift. Information is cascaded down from manager to RN and staff team. We have reviewed this process and it is working effectively

The home makes every effort to provide consistent agency cover , and we have an agreement with the agency to provide members of staff who are conversant with our service wherever possible.

- 4) During an interview, a member of staff informed us that they were being paid £8.03 per hour, which is below the national minimum wage. The staff member also stated that she had been promised a 10p raise which she has not received.

Recommendation: management to review employees’ wages and ensure that all staff are receiving the national minimum wage, and to consider paying the London living wage.

Provider response: Staff are paid in accordance with National Minimum Wage legislation and there are plans for a salary review for all care staff in April 2019

- 5) Whilst residents were happy with the food, there is a lack of organisation around meal planning and preparation. Staff informed us that one of the chefs left recently, and so the manager has begun cooking some of the meals and requesting that carers assist her in the kitchen. This was witnessed during the visit. Management informed us that there is no weekly meal schedule and meals are decided daily. Consequently, there was no menu on display for residents.

Recommendation:

5.1 *Formulate a meal plan and display the weekly menu and meal time information.*

5.2 *Hire a second chef to ensure that management and staff do not have to contribute to kitchen duties.*

Provider response: We have menu in place, unfortunately it was not displayed on the day but is now displayed daily. We have now employed chefs to cover all our shifts. However, manager wants to and finds it beneficial to be involved in the kitchen at times to oversee the quality and choice of food offered to residents.

- 6) The home displays information about the formal complaints procedure, but none of the residents interviewed by Authorised Representatives were aware of how to make a formal complaint.

Recommendation:

6.1 *Set up processes and mechanism for seeking regular feedback from staff and residents.*

6.2 *Regularly remind residents of the formal complaints procedure.*

6.3 Include information on the above in the resident and relatives induction process.

Provider response: Mechanisms have always been in place. We operate an open and inclusive environment and complaints policy and procedures are explained to both residents and their relatives. Most of the residents residing at Raj NH can express their views freely and safely. However, we have further reinforced the procedure in place by reminding residents at their monthly meeting that they can raise concerns at any time to staff.

- 7) During the visit, Authorised Representatives were informed by staff and residents that there are currently no organised activities taking place at the home, since the activities coordinator left in October. Conversely management stated that there are daily activities which take place and that the home receives visits from volunteers at a local church group.

Recommendation:

7.1 Hire new activities coordinator and formulate an activities programme, with input from residents.

7.2 Communicate with residents and staff regarding the current situation and agree on interim plans for the activities and schedule, as well as implementing an ongoing system for seeking residents input and feedback regarding activities

Provider response: The recruitment for an activity coordinator was already in place at the time of their visit.

- 8) Management stated that there are monthly staff meetings. However, a member of staff told Authorised Representatives that there has only been one staff meeting since the manager began in November. The staff member said that she was on holiday when it occurred and there were no meeting minutes taken.

Recommendation:

8.1 Management to ensure that staff meetings occur on a monthly basis, to improve communication with staff.

8.2 Make sure that meeting minutes are taken for staff who could not attend.

Provider response: Monthly staff meetings take place. A check of the minutes of staff meetings were available that would have confirmed these had taken place.

- 9) Management informed us that new staff undergo a week-long induction period with essential training and a shadowing period. Staff were concerned about the current induction process, stating that new staff are often put to work without adequate training and shadowing.

Recommendation: Review the induction process and period to ensure that all new staff receive a thorough induction programme.

Provider response: The induction process in place is quite comprehensive. We have clear time scales for the completion of the induction process. However, we will evaluate the effectiveness of the induction process with the next new member of staff's induction.

- 10) During an interview, a member of staff disclosed a resident's medical condition, breaching patient confidentiality.

Recommendation: Management should ensure that all staff are familiar with patient confidentiality and treat all patients with dignity and respect.

Provider response: There is a confidentiality policy in place and staff are reminded during general staff meetings and in their 1:1 supervision about its importance.

11) Some of Raj Nursing Home's residents are unable to communicate their needs and preferences verbally. Staff informed Authorised Representatives that whilst they can consult resident's care plans to find out their needs and preferences, they largely depend on their existing relationships with residents to communicate non-verbally, as their familiarity means that they can recognise atypical behaviour. This raises a concern, as the home currently uses a high number of agency staff who do not have an established relationship with residents.

Recommendation: Management to review the need for residents' care plans to include typical and atypical behaviour for non-verbal residents in order to ensure that all staff can recognise when a resident is happy/unhappy or acting out of the norm.

Provider response: Resident's care plans are comprehensive and clearly indicate any specific communication or behavioral needs of the residents. Regular agency staff will be aware of these needs and new agency staff are given appropriate induction prior to starting the shift

Formal provider response

We welcome the Enter & View process and to work in partnership with not only Healthwatch but all other relevant agencies. Our objectives are to ensure that we have an effective working partnership, being fully transparent and above aiming at an overall positive outcome for the welfare of people who are using our services. We appreciate constructive criticisms, to learn from it and to act upon in an effective manner. It is not uncommon for care homes, hospitals etc. to use agency staff in view of the current employment crisis in the health and social care sector. In addition, comments such as understaffed, unsupported staff, who do not receive adequate breaks we believe are not accurate. A check of the weekly Rota's and a discussion the manager would have provided additional evidence to make a valid judgment about the staffing level and to ensure that staff received their breaks. For information, we work on a ratio of 1 carer to 5 residents, based on dependency level. In addition, we have a RN, office administrator, chef, cleaner, laundry person and maintenance person.

Next Steps

This report has been shared with the management at Raj Nursing Home who have had the opportunity to comment on our findings. The report will be published on the Healthwatch Ealing website <https://healthwatchealing.org.uk/what-we-do/our-reports/> and will be circulated to the provider and the commissioners of care home services in Ealing.

This report is based on our observations and the views of residents, staff and relatives that Healthwatch Ealing spoke to on the day of our visit, and we appreciate it does not necessarily represent the views of all the relatives and staff members at Raj Nursing Home.

Appendix I

Healthwatch Ealing Enter and View Checklist

Based on the Healthwatch 8 Quality Indicators for Care Homes

Date of visit	
Authorised Representatives	

1. Home details

Name	
Address	
Website	
Registered number of residents	
CQC Regulated activities at the home	
Last CQC inspection	
Actual number of residents on the day of the visit	
Split between LA/NHS funded and self-funded residents	
Other notes	

2. First impressions

How was the reception process?	
Does the home feel welcoming?	
How is the environment e.g. temperature, ventilation, odours?	

<p>Do communal areas offer a chance for residents to socialise as well as having quiet time?</p>	
<p>How easily can residents move about the home?</p>	
<p>Residents rooms – do they have to share, can they bring their own possessions?</p>	
<p>Is there an outside space where residents and relatives can go when they want to?</p>	
<p>Other notes</p>	

3. Healthwatch England Quality Indicators

a. Strong, visible management (Management)

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

How long has the manager been at the home?	
What is their background?	
What other senior staff are there at the home?	
How do the management team ensure good teamwork and communication amongst the staff team?	
How does the management team deal with any staffing issues at the home?	
How does the management team communicate with residents and relatives?	
Other notes	

b. Staff have time and skills to do their jobs (Staff)

Staff should be well-trained, motivated and feel they have the resources to do their job.

What is the breakdown of staff at the home?	
What induction do staff receive?	
What training do staff receive?	
What support do staff receive?	
What is the turnover of staff?	
How do staff communicate and handover between shifts?	
Other notes	

c. Staff have good knowledge of each resident and how their needs may be changing (Staff)

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

How do staff find out about a resident's history, likes and dislikes?	
Are residents able to make choices about their daily routines/are their routines based on a knowledge of their likes and dislikes?	
How do staff know about the needs and preferences of residents who cannot communicate verbally?	
How do staff communicate about residents' needs and preferences and any changes they observe?	
Other notes	

d. The home offers a varied programme of activities (Residents and Staff)

Care homes should provide a wide range of activities (and ensure residents can access these) both in the home and outside the home.

Is there a programme of activities?	
If yes, how is the programme put together? How are residents' needs and likes included in the programme?	
Are residents offered physical activities?	
Do residents regularly use any local facilities, such as parks, pubs and cafes, shops etc.?	
How are residents told about what activities are on offer?	
How are residents encouraged to take part in activities?	
Are residents encouraged to do as many things for themselves as they can?	
How do staff assess if activities are successful and if residents have enjoyed them?	
Other notes	

e. The home offers quality, choice and flexibility around food and mealtimes (Residents and Staff)

Homes should offer a good range of choices and adequate support to help residents who may struggle to eat and drink. The social nature of eating should be reflected in how homes organise their dining rooms, and accommodate different preferences.

Do residents have a choice of food and drink?	
How does the home meet different dietary needs?	
How often is the menu changed?	
Can residents choose where to eat their meals?	
Can residents prepare their own drinks or snacks?	
What help is offered to residents who need support at mealtimes?	
Other notes	

f. Residents can see health professionals such as GPs and dentists regularly (Residents and Staff)

Residents should be able to see a health professional promptly, just as they would when living in their own home.

Does each resident have a named GP?	
What happens if a resident needs to see a dentist?	
What happens if a resident needs to see an optician?	
What happens if a resident needs to see an audiologist or needs a hearing aid adjustment?	
What arrangements are in place to ensure that residents receive the correct medicines?	
Other notes	

g. Residents' personal, cultural and lifestyle needs are accommodated (Residents, visitors and staff)

Care homes should be set up to meet residents' cultural, religious and lifestyle needs, as well as their care needs, and shouldn't make residents feel uncomfortable if they are different or do things differently from other residents.

Can residents choose when they get up and when they go to bed?	
Do residents chose what they are going to wear?	
Is there any restriction on when visitors can come in and how many there are?	
Where do residents meet their visitors?	
Are children welcome?	
How are residents' religious and cultural needs met?	
What happens if residents do not speak English? Are there members of staff who can speak different languages?	
Other notes	

h. There is an open environment where feedback is actively sought and used (Residents, visitors and staff)

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Is information about how to make a complaint easily available?	
Are residents and relatives encouraged to give feedback?	
Is there are residents/relatives committee?	
Are residents and relatives provided with information about the home?	
Are residents and relatives provided with information about external inspections and audits and copies of any reports?	
Other notes	

Questions for Management

Name of Home:	
Date and time of visit:	
Name of Staff Member:	
Position:	
Staff Member Since:	

<p>Audits and checks</p> <p>Do they carry out their own checks and audits? (E.g. care records, nutrition, medicine management etc.)</p> <p>Were there any recent concerns/improvements to the service through these checks and audits?</p> <p>How are concerns/improvements made aware to staff?</p>	
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<p>Views collected</p> <p>How are residents'/visitors views collected about the service? (E.g. satisfaction surveys, resident and relative meetings etc.)</p> <p>If views are collected, how is the feedback circulated to relatives/residents?</p>	
<p>Relationship with staff</p> <p>As management do you have a good rapport/relationship with staff/relatives/residents?</p> <p>How have you come to establish a good rapport/relationship staff/relatives/residents? (E.g. regular meetings, social gatherings etc.)</p>	

<p>Complaints procedure</p> <p>What is the complaints procedure?</p> <p>Are ALL complaints recorded and investigated?</p>	
<p>Activities</p> <p>Are social activities initiated by staff? (E.g. do staff ask or encourage people what they want to do during their leisure time?)</p> <p>If yes, how?</p> <p>How do you find out about your residents' history, likes and dislikes and how does this information inform your planning?</p> <p>How do you plan activities for the week/month ahead? Is there a planned programme of activities?</p> <p>What do you do to encourage your residents to engage in activities? How do you provide stimulation to those residents who often say 'no' to most activity suggestions?</p> <p>How do you overcome barriers such as physical access e.g. confined to their room?</p>	

<p>How do you know if your residents enjoy the activities on offer?</p> <p>Give an example of an activity that worked well/didn't work well and what you did about it?</p>	
<p>Activity Coordinators</p> <p>How many activity coordinators are employed?</p> <p>What are their duties?</p> <p>Question for activity coordinator</p> <p>What are your duties?</p>	

<p>Meals</p> <p>Are residents' religious and cultural needs and preferences taken into consideration? (E.g. Access to food, religious places etc.)</p>	
<p>Training</p> <p>What kind of training is provided for staff? (E.g. is it a mix of training – online, shadowing, classroom)</p> <p>How long do newly recruits shadow staff members for?</p>	

<p>Resident's care</p> <p>Do residents consent to the type of treatment and care they receive?</p>	
<p>Recruitment</p> <p>What is the recruitment process?</p> <p>Do you use any agency staff?</p>	

<p>Time management</p> <p>Do you think there are enough staff members on each floor to support all the residents?</p> <p>Is there enough time to dress, wash, feed and help all the residents?</p>	
<p>How do you ensure residents are well-hydrated throughout the day?</p> <p>Is there a protected drinks time?</p> <p>Are foods with high fluid content considered when developing the daily menu?</p> <p>How are staff made aware of residents' preferred drink choices? Is there a drinks menu available?</p> <p>For residents who are confined to their rooms, are special measures taken to ensure they remain hydrated e.g. more offers of drinks?</p>	