



healthwatch
Greenwich

Enter and View

Disraeli Close Care Home

July 2018



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1. What is an Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

1.1. Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible will also speak to residents, service users, patients, and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.



1.2. Disclaimer

Please note that our reports relate to findings observed on the specified dates. Our report is not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.

1.3. Acknowledgements

Healthwatch Greenwich would like to thank the service provider, service users, visitors, and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

2. Visit details

Date and time of visit	26 June 2018, 10am - 12pm
Authorised Representatives	Anna Jones and Steve Wheeler
Service provider	Emmanuel Care Services Ltd
Facilities and services	Long-term residential care for adults with learning disabilities
Number of beds	Three bedrooms; two were occupied on the day we visited
Staffing levels	One care home manager and one support worker on shift, as currently there are only two residents. One support worker overnight.
Who we spoke to	Due to their communication difficulties, we were unable to communicate with residents directly about their experiences of living in the home. Therefore, our findings are based predominantly on our observations of the home and staff members' interactions with residents. We also held a preliminary interview with the care home manager on the day of the visit.

2.1. CQC Findings

The Care Quality Commission (CQC) carried out an unannounced visit of the care home on 18 August 2016 and rated the service as 'good' overall. This followed a rating of 'requires improvement' in 2015, when new systems and processes had been in place for an insufficient amount of time to be rated as good. At the most recent visit, the CQC said the home was safe, effective, caring, responsive and well-led.

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

3. Our findings

3.1. Accessibility



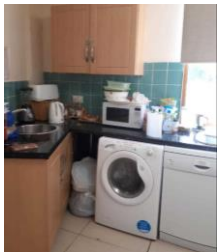
Disraeli Close care home is situated in a residential area in Thamesmead. There is no signage for the home, but it was felt that this was appropriate given the long-term nature of the residents' placements and the home's small size. It was easy to find and had a secure front door which was answered promptly. There is no disabled access to the home, as there are stairs throughout leading to the different levels; it is therefore not appropriate for residents or visitors with physical disabilities. The front of the home was tidy and well-kept and had a pleasant atmosphere.



3.2. Communal spaces



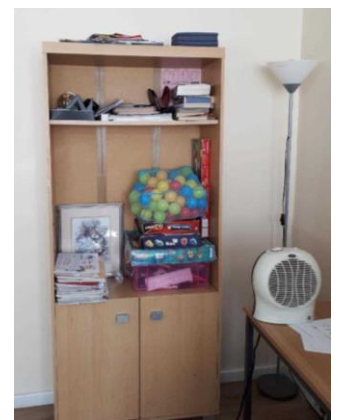
On entering Disraeli Close care home, there is a narrow staircase which leads up to the first floor, which is comprised of the kitchen and the living room. Although the kitchen was slightly cluttered, it had a



homely feel and was clean and light. There was a dining table big enough to seat all the residents. Above the dining table, there were photos across the wall of different meals; we thought this was very helpful for the residents, although the captions could have been larger.



The home's living room felt quite sparse, although there was enough comfortable seating for the residents and any visitors or staff. There was a large tv in the corner, which one of the residents was watching when we visited. There was also an 'activities cupboard' in the corner which was tidy and had different games on show and a box of sensory materials. Although the living room was pleasant and clean, we felt it could do with some redecoration as it felt slightly worn out.



There is a back garden attached to the property with a large shed, which functions as the home's office space. This had a pleasant interior, with photos of the residents on the walls and comfortable seating. We were informed that residents were able to enter the office space as well. It was unfortunate that it took up a large part of the garden, but this

seemed to be a necessity as the home itself did not have an office area. The rest of the garden was cemented over and was tidy. It was only a very small area.



On the top floor of the home, there is a bathroom which includes a toilet and a bath/shower. Again, this appeared to be clean and tidy when we visited, and was situated near both residents' bedrooms, making it easily accessible for them. We did not notice any signage on the door indicating that it was a bathroom, but this may not have been necessary given the two current residents had been living in the home for ten years and eleven years intermittently.



Although all the communal areas were tidy and clean, we felt that some aspects of the home would benefit from modernising or redecoration; this would help the home feel fresher and reduce some of the wear and tear.



3.3. Personal spaces



The residents had large bedrooms, all of which had their own sink and basin. The rooms were suitably furnished, with single beds, armchairs and TVs. They were somewhat personalised; for instance, one of the residents who really liked cars had posters of cars on his wall, which he seemed proud to show us. Bedrooms were odourless and appeared clean and well-kept. One resident had had his sink disconnected, as he had been using it inappropriately, as well as his window locked.



3.4. Activities



We were told that the residents spend three to four days a week at a local day centre for individuals with learning disabilities, which they really enjoy. They are only both in the home at the same time once a week. The staff organise activities in the house which the residents enjoy, such as making jelly or playing board games like Connect-4. Some activities are harder to run than others for safety reasons, such as cooking. One of the residents also likes playing basketball.

The two residents in the home at the moment do have visitors, who are free to come as and when they want. One of the residents has a family member visit every week, whilst the other is more sporadic.



The staff have in the past taken the residents on short holidays, for instance to Norfolk and Bognor Regis, but this has been difficult because of the residents' challenging behaviour and tendency to abscond, especially at night. They have, therefore, not taken them away for about two years. We were told that daytrips were similarly challenging to orchestrate.

3.5. Meals



Staff informed us that all the meals in the home were home-cooked predominantly by staff, as they had been advised by an occupational therapist that it would be dangerous for the residents to cook. Although the menu cannot be fully informed by the residents due to their communication difficulties, staff can observe from behaviour and body language which meals they enjoy, and they also speak to the family about what food they enjoyed previously. There was a pictorial menu on the wall, with examples of some of the residents' favourite meals, which included meals from the residents' own cultures.

3.6. Staff and resident relationships



The residents appeared to be comfortable around the staff, who in turn seemed to know them well. It was clear that the staff were able to communicate with the residents through non-verbal body language as well as basic verbal language and understood their likes and dislikes. We felt that the residents responded warmly towards the staff and appeared happy and relaxed around them.



4. Overall summary

Overall, we felt that Disraeli Close care home was run much like a family-home, with a maximum of three residents and two staff on duty at any point. The staff knew the residents well, in part because they had been placed there for such a long time, which meant they had built strong relationships with one another. The home for the most part was clean and tidy, although slightly cluttered in places. We did feel that small refurbishments and attention to some aspects of decoration could brighten the place up, both for residents and their visitors.



5. Recommendations

Recommendation 1: Modernise some of the home's internal decoration

Maintaining the internal decoration of the home is key for promoting resident and staff wellbeing and morale. Simple and effective improvements could be made to increase the appearance of some of the communal areas.

Recommendation 2: Increase pictorial signage around the home

We felt that the pictorial menu in the kitchen was a useful way of communicating choice and description to the residents. This could be increased around the home; for instance, having a picture above the activities cupboard or on the bathroom and bedroom doors.

Recommendation 3: Reintroduce day trips into the activities agenda

While we recognise the difficulties inherent in organising and orchestrating trips out, we feel that attempts to take residents to new and stimulating places should be maintained. The home could consider recruiting additional sessional staff to help support these.

Recommendation 4: Introduce an alternative form of air conditioning where residents cannot have fans

One of the residents was unable to have a fan in his room or open his window fully due to safety reasons. We wonder if it is possible to introduce an aircon unit in the bedroom for use in the summer, as the room felt hot and stuffy on the day we visited.

6. Service Provider Response

All providers are given the opportunity to review our Enter and View reports prior to publication, check for factual accuracy and provide a formal response.

No response was received at the time of publication.

7. Contact us

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Acknowledgements

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