

Enter & View Report

Mission Care Homefield, 23rd February 2023



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Visit Details	
Service Visited	Mission Care - Homefield 1 Lime Close Bromley Kent BR1 2EF
Manager	Tawona Nhamo
Date & Time of Visit	Thursday 23rd February 2023, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Charlotte Bradford, Grace Marchek, Rosie Morrison, Tina Futcher-Smith
Lead Representative	Julia Eke

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on ‘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 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 during these specific visits. 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 these dates.

1.3 Acknowledgements

Healthwatch Bromley 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 visits and putting together this report.

2. Information About the Service

2.1 Homefield

Homefield is an inclusive purpose-built nursing home, situated in a quiet area of Bickley. The home offers a person-centred nursing care home for up to 42 older people and it is specialised in supporting people living with dementia. Homefield Care Home is provided and run by [Mission Care](#).

2.2 Ratings

The CQC (Care Quality Commission) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

The CQC has given Homefield an overall rating of good for its service. However, during the last inspection in February 2022 to examine its infection control and prevention measures, the CQC did not assign a rating to the service. During the last [inspection](#), they found out that the provider had a COVID-19 specific contingency plan in place which they had adhered to throughout the pandemic. In addition, they saw that the entire facility was clean and that staff members wore adequate PPE and followed social distancing norms.

The carehome.co.uk [review page](#) contains positive feedback with a review score of 8.8 out of 10 based on 32 reviews with an average 'Overall Experience' of 4.5 out of 5.

2.3 Residents

At the time of our visit, there were 39 residents, of whom 36 have a diagnosis of dementia. The majority of residents were female (80%).

The home receives referrals from the local authority, London Borough of Bromley (LBB), St Christopher's Hospice, NHS South East London Integrated Care Board (formerly known as NHS South East London Clinical Commissioning Group), their website, and by word of mouth. Homefield receives 8 to 12 referrals per month, subject to bed availability. They have approximately 30 beds contracted to LBB.

2.4 Staff

During our visit, the care home had 44 staff, which included the manager, nurses, assistant practitioners (AP), healthcare assistants (HCA), administrative, domestic, kitchen and maintenance staff.

3. Summary of Findings

The E&V visit was carried out on Thursday 23rd February 2023. The visit was announced and planned in partnership with the home. In preparation, we shared with the home a poster announcing the E&V to display in communal areas and copies of questionnaires which explain the purpose of E&V in further detail.

During this visit, five E&V ARs undertook the visit. On arrival, staff were friendly and welcoming. The general environment of the home felt calm, appeared clean and smelled pleasant.

Entry and General Accessibility

Notes

The home is accessible via a porch equipped with a hand washing station, signing-in book, leaflets, suggestion box, and information posters and news. We were required to wash our hands and sign in on arrival.

What has worked well?

- Located in a quiet, residential area.
- Adequate parking space with a designated ambulance space.
- Double door for extra security.
- Secured side gate.
- A hand washing station, soap and hand sanitiser are available at the entrance.
- Visitor sign in book.
- An infection control board with a guideline on handwashing, and correct use of Personal Protective Equipment (PPE) is visible at the entrance.
- A suggestion box is available, along with feedback forms and leaflets, for residents, visitors and staff at the entrance. A review can also be left on carehome.co.uk.
- Newly refurbished welcome area with accessible door for wheelchair.
- A lift is available to facilitate movement between floors.
- The stairs have emergency evacuation sledges available.
- The garden is easily accessible and safe. The manager told us that residents enjoy having barbecues and participating in outdoor activities.

What could be improved?

- Parking signage for visitors could be made clearer.

General Environment

Notes

We found the lounge and the dining room on the ground floor bright and pleasantly decorated with artwork, such as a magazine cut-out of a bride's cookery course that doubles as a memory lane. In addition, the dining room resembled a cafe with little tables and small floral arrangements.

The rest of the home has not yet been refurbished; however, we observed a clean, clutter-free building with large communal areas. The atmosphere was

homely and personal touches, such as family photographs and artwork created during activity classes, could be seen in the lounge.

Most bedrooms are spacious and easily accessible, with windows overlooking the garden. The rooms are spread across three storeys and serviced by a lift. There are accessible restrooms on each floor; however, most rooms have an ensuite bathrooms. Although rooms are already furnished, residents are welcome to bring their own furnishings to personalise their space.

Each bedroom door has a number and a QR code - the majority also have a picture of the resident. The QR code is a feature of Care Vision, a care management system that permits employees to view patients' care plans by scanning the code with their mobile devices.

We have been told that bedrooms are typically refurbished every two years or as a new resident moves in.

What has worked well?

- Modern reception area and lounge.
- A dementia-friendly weekly activity board at the reception.
- We noticed heart-shaped bunting, hanging from the ceiling in the lounge, which was put up for Valentine's Day.
- There is a board outside the dining room with all staff names and photos.
- Bright and simple décor.
- Distinctive colours between doors, floors, and walls.
- Variable sized bedrooms with some including ensuite bathrooms.
- After consulting with family members, the management installed safety gates for two residents to safeguard them from another roaming resident.
- There are dementia-friendly signs throughout the home.
- Well-presented garden with picnic tables and seating.

What could be improved?

- Basket weave patterned floor in the entrance.
- Handrails were painted a similar colour to the walls in the corridor, which is not dementia friendly.
- We were unable to identify dementia-friendly clocks throughout the home.
- Due to the location of emergency pulls in some of the bathrooms, residents may be unable to reach them from the toilet seat.

Notes

Both staff and family members were satisfied with the COVID-19 precautions and arrangements made to protect residents. Nevertheless, most people we spoke to said that staff and residents had joined the home after the outbreak and the first two national lockdowns. However, staff reassured us that there were sufficient COVID-19 infection and prevention measures.

What has worked well?

- The care facility utilises Care Vision, a digital system that enables employees to record residents' individualised care while minimising human error.
- Hand sanitiser throughout the home.
- Posters detailing how to reduce the risk of COVID-19 infection and stop its spread.
- Firefighting equipment and a fire alarm zone layout map are well displayed.
- Clearly sign-posted fire exits.
- Some doors include keypad locks to keep residents from entering areas that contain potentially hazardous items.
- Lifts are key code operated.
- At the time of our visit, the manager informed us that there were no set visiting hours. However, visiting usually starts around 10:00 and is monitored.
- Guests are discouraged from staying during mealtimes unless they wish to assist with helping residents to eat their meals.

What could be improved?

- We found no potential areas for improvement.

Activities and Personal Involvement

Notes

We noticed artwork made for Valentine's Day and we observed some residents participating in musical activities or playing games with the staff. The activities coordinator showed us a folder of photos they had compiled of recent activities throughout the year. We saw residents celebrating Valentine's Day, health and nutrition day, and the Queen's Platinum Jubilee, where residents were involved with flower arrangements and participating in baking and crafts activities.

Homefield offers regular weekly activities which include:

- Movie nights
- Gentle chair exercises
- Singing favourite songs from school days
- Quiz and chat with staff

- Pancake day
- Baking
- Bingo
- Church service
- Musical therapy
- BBQ

What has worked well?

- Residents are aware of events occurring in the home as they are given printed copies of the activities.
- Religious services take place in-person or there are relevant channels and radio stations for those who wish to participate.
- Homefield is a Christian organisation, although other faiths and beliefs are welcome.

What could be improved?

- The majority of residents and family members said that it has not been easy to go out. Also, we were told that, since the pandemic, the minibus service has been unavailable, and the level of outdoor activities has significantly dropped.

Diet and Cultural Practices

Notes

The home offers a cooked breakfast on Wednesday and Saturday. On all other days, there is a selection of cereals, porridge, toast and fruit.

For lunch, residents have various meal options; they can pick between two main meals, such as roast gammon and grilled fish, two types of vegetables, and a dessert like lemon sponge, peach cobbler or milk pudding.

Potatoes are served throughout the week in various forms, including mashed, roasted and chips.

For dinner, the home provides a choice of two main meals, often a soup with a sandwich, sweets, salads, bread rolls and cheese and biscuits.

All mealtimes are protected; however, they allow family members to stay and help if a resident is struggling.

What has worked well?

- Homefield use dementia-friendly crockery, like blue plates, to encourage eating.

- We noted well-designed diet information sheets containing room information, resident names, food type, fluids consistency, diabetes, allergies and intolerance, and likes and dislikes. For instance, one resident likes bacon daily for breakfast, and another dislikes macaroni cheese, curry and liver.
- The menu is displayed on the wall; however, a dementia-friendly copy is also available.
- Residents can choose everyday what they want to eat from a menu.
- We observed staff helping residents to eat their food, where necessary, during lunch time.

What could be improved?

- All mealtimes are protected. Best practice should be taken into consideration, for example providing a social dimension to encourage communication and engagement.

Feedback and Complaints

Notes

Residents and staff meet with management every three months to share comments and feedback, and they also carry out a yearly appraisal. Since the pandemic, lots of correspondence between family and management is done via email.

What has worked well?

- Complaint forms and leaflets are available in the home, and a review can be left on carehome.co.uk.
- We were told that communication is good between family members and management.

What could be improved?

- Some of the staff told us that they do not always feel heard when raising a complaint.

4. Residents' and Families' Feedback

During the visit, our ARs engaged with four family members, and four residents. Overall, residents and family members were very satisfied with the care provided. Families praised the staff for being attentive and having a good communication system in place. Residents we spoke with informed us they feel safe in the home.

We asked questions related to mealtime, emergency arrangements, access to healthcare, social life, and communication with the care home. However, some residents were unable to fully answer some of the questions due to their cognitive impairment.

Family and Friends' Selected Comments

Food, hydration, and temperature

All the family members that we spoke to were happy with the meals provided by Homefield. They are confident that their relatives have enough food and liquids and that they are receiving help with feeding when needed.

A family member informed management about her mother's diet and exercise regime since she had gained weight. The kitchen staff altered her diet to include fewer desserts and replaced it with yoghurt.

When we asked if their relatives are warm enough, two respondents answered yes and added that their rooms sometimes get quite warm.

Key quotes

"Windows can be opened to a certain amount in the bedroom. It is very warm in here, but she does not feel the cold much."

"Too hot in the summer, they need an aircon."

"The home does a tea trolley, and she [her mum] can always ask for fruit and crisps."

Safety and security

In terms of safety, all family members are confident that Homefield is safe. Some are aware of the evacuation plans and other emergency arrangements. Only one family member was not sure about what arrangements were in place in their relative's care plan.

Key quotes

"I am aware of evacuation plans; they are pictured in the lift."

"Do not know what that is [care plan], no questions about his health/background."

"If I have some concerns, I can speak to staff about it. If she has a sore, they will let me know. My mum had a couple of falls. They called me asap and we assessed the situation together."

Activities and Personal Involvement

Three out of four family members are aware of the available activities programme; however, they said that their relatives do not participate that much due to dementia or mobility issues. Most respondents described going out with a visitor as challenging due to a lack of mobility.

Only one out of four family members said that their relative has a friend or a group of friends in the home. Another said that she was unsure. However, she knows that her mother likes to sit in the living room where there are familiar faces.

One family member said that the care home does not provide a stretcher for the ambulance, so she is not able to take her mom out except in the garden. She ended up purchasing a wheelchair independently, but she could not put her in a cab.

Key quotes

"They organise group activities and the residents love it. My mum prefers the group activities rather than being on her own. A woman comes in and sings to them, and gives them things to join in, like feathers. They had a party for valentine's day too. During the summer they also have a BBQ party outside in the garden."

Other services

When we asked a family member if they were satisfied with the support their relative receives from local health services (GP, dentist etc) two said yes and one responded that they were unsure. One family member said that although there are no major concerns, they would like to discuss their relative's health with the GP, but they are difficult to reach. Nonetheless, she is content at the moment as the doctor visits the home every two weeks.

All family members that we spoke to said that they are satisfied with the personal care that residents receive.

Key quotes

"Personal care is good, staff asked me about her mum's personal care when she first moved in. They put cream on her sores, and her feet. My mum is a hairdresser and does her hair and her feet."

"The home is quite organised. They take all her clothes and toys and labelled them, which is nice. In other places, residents wear random clothes."

"Yes, she does her hair every six weeks"

COVID-19 infection prevention measures

All family members that we spoke with said that they are satisfied with the infection prevention measures in the home.

Key quotes

"[Relative] been here since August 2022. They had an outbreak a couple of months ago, but I was able to visit her bedroom, which was nice."

Overall Service

Family members said they are overall satisfied with the level of care and believe that the home is doing a great job. Some relatives praised the staff for being attentive and accommodating with requests. Family said that overall, they feel listened to.

Key quotes

"I brought up that my mom was dribbling, and next week a dentist came in to check her. The manager is fabulous, approachable and welcomes feedback. She is easy to talk to. If you say something to someone, they will bring it up in the meeting, so everyone knows. I once asked staff to make sure that my mum wears a cardigan, and now everyone is aware of this."

"All staff seem to communicate; on a different floor a person knew about her being in the female navy. They all read her personal history. It is wonderful!"

What has worked well?

- Families feel like they are listened to.
- Families are pleased with the manager's efficiency in implementing changes.
- Nurses and carers take their time to learn residents' background.
- The manager has been described as a welcoming person.

What could be improved?

- Homefield could encourage more outdoor activities and purchase an ambulance stretcher if feasible.

Residents' Selected Comments

Food, hydration and temperature

All resident that we spoke to said that they have enough food and drink. One resident also added that she's not a big eater and that having breakfast at 07:00 is too early for her.

When we asked if they feel warm enough, one resident told us that they feel too hot sometimes.

Key quotes

"Food is alright, quite a lot of choice!"

Safety

In terms of safety some residents said that they feel safe in the house, others were not able to respond to this question.

Key quotes

"Yes, I feel safe here. They are really friendly."

Personal Care

When asked the level of satisfaction with other services, only two residents were able to respond to us. One said that they are not satisfied with the personal care received and that they're in need of a chiropodist. The second said that they are happy with their personal care and that they use the chiropody service and hair salon.

Key quotes

"I can only say it is lovely here and the staff too. They are good."

"Very happy here, it is just like home. I have everything I want."

"They do all I want."

5. Staff & Management Feedback

We received feedback from 11 staff members, including kitchen personnel. We observed all staff wearing uniforms and they had all been vaccinated. We observed all staff engaging with residents - some were playing games and others were simply sitting next to them and holding hands.

Staffing

Notes

Six of the 11 staff we heard from have been working at Homefield for less than 12 months. Three have been working for 1-3 months and two have been working in the home for over four years.

When asked if there was any further training they would like to be offered, three staff indicated no, four said they were uncertain, and two said yes, but did not specify what training they desired, while one said they would like to receive refresher courses.

We have been told that during the day, there are two nurses and ten carers. There is one activity co-ordinator from Monday through Sunday, and one additional staff on Wednesdays. Some residents receive one-on-one assistance. We have been told that all residents have at least two people caring for them when they need to go to the bathroom.

Handover for nurses and carers occurs between 07:15 and 19:45 or 19:45 and 07:15. Every shift is 12.5 hours long and breaks last 15 minutes in the morning and 20 minutes in the afternoon. Staff have access to an outdoor smoking area in the garden.

What has worked well?

- All staff were pleased with the length of their breaks on duty, and the way in which the handover is organised.
- All staff said that the induction has been useful - one said that the end-of-life training was good.
- All staff are confident that residents are treated with dignity and respect.
- All staff that gave us feedback said that they are aware of how to raise a safeguarding issue.
- Staff said residents have no problem accessing community health and social care.
- All staff have been offered a COVID-19 vaccine.
- Staff are pleased with the provision of PPE and arrangements made to protect them from COVID-19.

What could be improved?

- Although we have been told that breaks are adequate, we believe that a 15-minute break in the morning and 20 minutes in the afternoon are relatively short compared to other care homes.
- When asked if they feel heard when raising a concern, seven out of 11 respondents replied no, three answered yes, and one declined to respond.
- One staff member said they would like to receive refresher courses.

Selected Comments from Staff

"Yes, I am certain that the treatment for the residents is provided with respect and dignity."

"We are providing care and support to the residents by maintaining their dignity and respect."

"Respect their dignity ...and we are providing care and support to residents."

"If there was anything I felt uncomfortable about, I know that I can go to the manager."

Management

Notes

The care home manager has been working at Homefield for more than four years as a deputy manager and senior practitioner. She is available Monday to Friday, 09:00 – 17:00 and on the weekends, if required.

We were told that she is a qualified nurse, and has been offered a broad range of training, including end of life care, phlebotomy, and categorisation.

Working with residents

The management team is overall satisfied with the service provided to residents. The home manager told us that staff use the Care Vision system to record their weight, liquid intake, and dietary requirements. They also told us that they encourage staff and visitors to share feedback and that they regularly reflect on their procedures so to learn and improve.

Diet and Cultural Practices

The home manager is satisfied that she meets residents' dietary requirements and added that she helped the kitchen to accommodate residents' needs by introducing variety and different choices in the menu. Residents can choose everyday what they want to eat from a menu.

Food and liquids intake are all monitored via the Care Vision system accessible by staff with a QR code displaced in every room. Staff can easily check if residents are meeting their targets.

Safety and Security

We have been told that all visitors are required to sign in at the reception with a tablet and that all staff wear ID.

All staff, residents and visitors are aware of evacuation plans and there is a folder with all documents at the entrance. However, the manager mentioned that not everyone knows how to raise a safeguarding issue as it is the manager's responsibility. But staff have knowledge and training on safeguarding.

All family members have the manager's email address and they do contact her if they want to leave feedback or raise a complaint.

Engagement and Inclusion

During admission to the home, they record the hobbies, history, and backgrounds for each resident. The manager informed us that, if needed, they can make provision for residents with diverse cultural backgrounds and sexual identities. They welcome all ethnic groups - at the time of our visit there was a resident from South Africa and another from Jamaica.

When asked if residents have opportunities to experience the natural world, the manager said that their minibus service has been suspended since the pandemic, and that they still have infection prevention measures in place. However, she added that families can take their relatives out and that residents have the opportunity to engage in music, arts and religious services.

Community Services

The manager is satisfied with the level of support residents receive from other local health and care services: the GP comes every fortnight, and she can always e-mail the dentist to schedule appointments. All residents have free dental care. She added that residents receive satisfactory personal care and that they have a hairdresser visit the home every Friday, and a chiropodist is in rotation every week.

Staff

The manager stated that all new staff have an induction programme - the length of the programme depends on their background. If a staff member has no prior relevant experience the induction can last up to two weeks. People from the UK have three months' probation, while staff from overseas have six months. The home offers mandatory training and external training opportunities for everyone and there are specific training courses for each role.

The manager assures us that staff are monitored and supported in their work, and that they offer supervision – in addition each person can express what they require during meetings that happen every three months. They also carry out appraisals once a year.

Concern and Opportunities

The home manager said that she is very satisfied with the arrangements made to protect residents. There were initially some problems accessing PPE but, in the end, they were able to receive free masks, gloves and aprons. They were given iPads from the local authority for residents to be able to communicate with their family members and mobile phones that were managed by staff. They also switched to email correspondence.

Overall, the manager said that she was satisfied with the level of contracted staff and agency staff.

What has worked well?

- Evidence that services have been tailored to meet residents' needs.
- A diverse menu.
- To ensure consistency, the nursing home employs agency personnel who are already familiar with the service and the residents.

What could be improved?

- the manager mentioned that not everyone knows how to raise a safeguarding issue.

6. Recommendations

Healthwatch Bromley would like to thank Homefield for their support in arranging our E&V visits. Based on the analysis of all feedback obtained, we would like to make three recommendations for the service.

6.1 Entry and General Accessibility

6.1.1 As the care home is surrounded by other buildings, it can be difficult to understand where visitors can park.

We advise the care home to produce parking signs for visitors that are clear and easy to identify.

6.2 General Environment

6.2.1. Some residents and family members said that their rooms can get quite warm.

We advise the staff to ask residents if they are warm enough and if they would like the room temperature to be adjusted if necessary, or adjust clothing if they are hot or cold.

6.2.2. We identified some decor choices that are not dementia friendly: a basket weave wooden floor pattern in the main entrance, handrails painted in a similar colour to the walls in the corridors, and some of the wall clocks.

Since the rest of the home has not yet undergone a refurbishment, we advise the home to consider a simpler flooring pattern, painting the handrail on the ground floor in a more contrasting colour from the wall and replace some of the clocks with more dementia friendly ones, which include the day of the week and calendar date.

6.2.3. Due to the location of emergency pulls in some of the bathrooms, residents may be unable to reach them from the toilet seat.

We advise management to assess the positioning of the emergency pulls in the bathrooms throughout the home, to ensure that residents have the capacity to use them should they be left unattended.

6.3 Diet and Cultural Practice

6.3.1. All mealtimes are protected; however, they allow family members to stay and help if a resident is struggling.

The home should consider best practice at mealtimes where family members or other visitors not only assist residents with their meals but provide a social dimension to encourage their communication and engagement.

6.4 Activities

6.4.1. The majority of residents and family members shared that it has not been easy to go out, and that the garden is the only outdoor area that their relatives are able to visit.

We understand that some covid precautions are still in place - however we believe that some residents will benefit from more outdoor activities. We advise the home to reconsider the use of the minibus service and perhaps purchase a stretcher as soon as is feasible.

6.5 Staffing

6.5.1. The manager mentioned that not everyone knows how to raise a safeguarding issue as it is the manager's responsibility. However, staff have knowledge and training on safeguarding.

The home must ensure that all staff know that safeguarding is the responsibility of all employees at all times.

6.5.2. Although family members feel like there is good communication with the management, the majority of staff we received feedback from said that they do not always feel listened to.

We advise the care home to clarify its responses to staff concerns or suggestions, perhaps by increasing the number of staff meetings, and consider introducing an anonymous staff satisfaction survey.

6.5.3. One staff member said they would like to receive refresher courses.

We advise the management team to assess their current training programme, identify whether there is opportunity for staff to do refresher courses and further develop their skill set.

7. Glossary of Terms

AP	Assistant Practitioner
AR	Authorised Representative
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CST	Cognitive Simulation Therapy

DA	Dementia Advisor
E&V	Enter and View
HCA	Healthcare Assistant
LBB	London Borough of Bromley
PPE	Personal Protective Equipment
SEL ICB	South East London Integrated Care Board

8. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Bromley

Telephone: 020 388 60752

Email: info@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk

