



# Healthwatch Southwark

Burgess Park Care Home - Enter and View Report

August 2016

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#### Dates of visits:

Wednesday 4 May, 2pm - 5pm

Saturday 7 May, 11am - 2pm

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#### Acknowledgements:

Thank you to the residents, relatives and staff we spoke to.

#### Disclaimer:

Please note that this report relates to findings observed on the dates above. Our report is not a representative portrayal of the experiences of all residents, relatives and staff, only an account of what was observed and contributed at the time.



## Executive summary

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Healthwatch is an independent health and social care champion for local people. One of our statutory functions is to carry out Enter and View visits: we visit services to find out how they are run and we talk to service users, their carers and relatives, and staff. We carried out Enter and View visits to Burgess Park Care Home in May 2016.

Many of the relatives and residents we spoke with said that the care home staff were caring and looked after the residents well, despite being under a lot of pressure. Several residents and relatives seemed satisfied with the care provided. However, some relatives of residents with complex needs were very concerned that the home was failing to meet these needs.

Staff seemed to have good relationships with residents. However, under-staffing is a significant concern among both staff and relatives, and morale seemed low.

Several residents said they did not have opportunities to talk to others. Relatives also felt residents needed more stimulation - it seemed that activities on offer weren't always appropriate for (and accessed by) the people living in the home. Some dissatisfaction with the food was also mentioned.

### **We recommend:**

1. Recruitment and rotas should take into account not only the numbers of residents, but their level of

dependency/acuity and the amount of staff time taken up by paperwork.

2. At a regional level, Four Seasons should ensure requests for agency cover are approved and processed quickly.
3. Staff are provided with paid time and space in the home to complete training such as e-learning.
4. The home should hold meaningful engagement with staff to ascertain what else could be done to reduce absence and sickness levels and to improve morale.
5. Management should reinforce the importance of care staff accurately recording and reading information about individual residents and their needs.
6. Information about daily staff team, including who is in charge, should be clearly communicated to residents and visitors.
7. It should be formally recognised by Four Seasons that while the home is not a 'dementia home', many of the residents live with this condition.
8. The home should be made more pleasant and accessible, including for those in wheelchairs and with visual impairments.
9. Implementing a volunteer programme within the home (who are paid expenses) could help support residents.
10. Management should ensure that staff have regular, consistent supervision.

11. The home should ensure that equipment is appropriate to individual residents' needs.
12. The menu should be reviewed in partnership with residents and families, and more fresh food should be introduced.
13. Activities available to residents should be looked into and improved so they are appropriate for people living there.
14. Residents and relatives should be empowered to speak up and communicate their needs/ideas, and the home should explore how to allow this.

## Healthwatch Southwark - who we are and what we do

Healthwatch is an independent health and social care champion for local people. This means we represent the views of Southwark residents, to ensure services are designed around their experiences and needs. We are part of a wider network of local Healthwatches across the country, as well as a national body, Healthwatch England.

## Enter and View: What is it?

Healthwatch has a unique statutory function to carry out Enter & View visits (2012 Health & Social Care Act). This means Healthwatch representatives may visit publicly funded services in order to find out how they are run. We talk to service users, their carers and relatives, and staff, and observe the environment and activities. We do not inspect

services, but focus on what it is like for people using services and receiving care.

All of our Enter and View representatives have been trained in Enter and View and have been DBS checked.

## About Burgess Park Care Home

Four Seasons Health Care runs Burgess Park Care Home, which is a nursing home that provides accommodation and personal care for up to 60 people, some of whom are frail and live with dementia.

The care home provides 24-hour nursing and residential care, from specialist support to general assistance with everyday living. It also offers respite care to give home carers a much-needed break.

Burgess Park Care Home does not accept residents whose primary condition is dementia. Nonetheless, it does care for residents who have dementia alongside other health conditions.

At the time of our visits the home was at half its potential capacity, 34 residents were living at the care home, with more women than men. Most were not independently mobile and used wheelchairs. Many had dementia though only four were under the Mental Capacity Act/Deprivation of Liberty Safeguards (others were awaiting assessment).

## The Care Quality Commission (CQC)'s findings on Burgess Park Care Home

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The CQC is an independent regulator for health and social care. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The five key principles that the CQC looks at are whether services are safe, effective, caring, responsive and well-led.

The latest CQC inspection of Burgess Park Care Home was in December 2015 (report published in March 2016). It was an unannounced visit and 32 residents were living at the home at the time. The care home was given the rating **Requires Improvement**. This inspection followed one in July 2015 when the home was given the rating **Inadequate**.

This is the breakdown of the CQC's findings in the most recent inspection:

<b>Overall Requires improvement</b> <small>Read overall summary</small>	Safe	Requires improvement ●
	Effective	Requires improvement ●
	Caring	Good ●
	Responsive	Requires improvement ●
	Well-led	Inadequate ●

After the rating of **Inadequate**, the home was placed under embargo, meaning it could not accept any new residents. This embargo was lifted in November 2015. The management of the home has also changed many times in recent years.

The ongoing problems with the home identified by the CQC were the reason

Healthwatch Southwark decided to visit. We wanted to find out more about the situation as experienced by residents, to see whether things had improved significantly, and to make suggestions informed by the residents, relatives and staff as to what still needs to be changed.

## What we did

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We visited the care home twice to talk to the Manager and to plan our visit. We printed posters so that visiting relatives would be made aware of our visits. Our two Enter and View visits then took place on Wednesday 4 May 2016, 2pm - 5pm and Saturday 7 May 2016, 11am - 2pm.

The Manager was on annual leave on the dates we had planned, and staff didn't seem fully informed of our visit (despite our posters being displayed around the home). We talked to some staff introduced to us by the care home administrator, as well as others whom we met while walking round the home. We talked to residents and relatives in their rooms or in communal areas, depending on whether they wished and were able to talk to us.

Over the two visits we spoke with ten residents, seven relatives and seven members of staff formally, and two residents informally (due to their memory/communication difficulties).

A couple of weeks before our Enter and View visits, the Manager allowed us to retrieve the addresses of relatives, so we could post a survey with a stamped

envelope. We noted that contact addresses were not available on many of the next-of-kin records. Five relatives completed the relatives' survey that we posted to them.

## Our findings: what residents told us

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We interviewed eight residents formally during our Enter & View visits, three of whom had relatives present. We also spoke to two residents informally. Some had been at the home for over two years; others had not been there long.

### Living at the home

Of the eight residents we spoke to, five told us they liked living at Burgess Park Care Home, but two said that they did not - one said, *“it’s rubbish here”*. One further resident did not want to answer this question.

When asked if they felt comfortable at the home, six residents said they did - *“Yes. I have my room with photos of my family. I can watch TV and I can do my knitting here.”* One resident told us their bed was uncomfortable but that it was not too much of an issue; another said they wanted a bigger room.

When asked what the best thing about the home was, some residents mentioned the care provided, and feeling safe - *“someone will help me straight away”* - and others mentioned the food - *“I get my meals cooked and I don’t have to do the washing up!”*

### Making friends with other residents

Of the eight residents we interviewed, only one said that they had made friends in the home - *“I’m friends with everybody”*. Others said they had *“lonely days and lonely nights.”*

Some residents had tried to make friends but found it hard. One attributed this to communication difficulties - *“You ask them questions but no-one talks back.”* Another seemed quite frustrated by this - *“They all sit in chairs waiting for someone to come and see them. I think it is rubbish.”*

A couple of residents said they preferred their own company or that of their visitors to making friends within the home. Two had not been well enough to leave their bedrooms.

### Taking part in activities

Only one person said she did activities with other residents. She had gone to organised arts and crafts activities (but preferred knitting and *“would like to do more walks”*.)

One resident wanted to be more involved in group activities; *“I like doing things in a group. I am happy when interacting with other people”*. Two of the residents indicated that they would take part in activities if they were different - one would like *“exercise-based activities”*. Another said they would take part if they had more information - *“I think there is a room on the top floor but I don’t know where it is.”* The two residents we spoke to informally were likewise not aware of any formal activities taking

place, one saying *“I never asked and they never offered.”*

Some other residents were not able to take part in activities due to their health, some didn't want to and one person said they were not interested because *“no-one talks”*.

We asked residents if they go outside. Two said that they were taken into the garden or further afield by visiting relatives; one said that they would like to go into the garden but did not get the chance. The other residents interviewed didn't go out by preference or due to their health.

### Relationships with staff

Feedback about staff was mostly positive. Four residents spoke very highly of the team - *“The carers are very nice”, “The people that work here make it good”, “Staff are good, really friendly, and take good care of me. I couldn't want anything more.”*

Some residents indicated that the carers and nurses had become very important to them, with one referring to them as *“family”* and another seeing the staff as friends - *“I know them all by name.”*

Some residents were more moderate in their praise of staff. One resident simply told us that *“they're okay”* and did not wish to elaborate further. Another said, *“Some are better than others.”* One person wished that staff had more time to spend with them - *“I might go for a walk if someone helped me. I still don't know my way around”*.

### Do residents receive visitors?

Six of the eight residents we interviewed received regular visits from relatives. It was evident that they looked forward to this social contact.

Only one resident mentioned being visited by local community organisations, and told us that this was very enjoyable.

## Our findings: what relatives told us

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We heard from twelve relatives or friends of residents, of whom five gave postal responses.

### Relatives' opinions of the care

Of the twelve relatives we heard from, seven were happy with care at the home, two had mixed feedback and three raised concerns.

Some people told us they felt their relative was well looked after - *“It's not the Ritz here, but they treat [name] well”, “We are very pleased with their care and commitment to [name].”*

Another relative said the service and care were consistently high: even if the family turn up unexpectedly, their relative was always clean, dressed and cared for - *“things are never different.”*

In contrast, significant concerns were raised by other relatives about the quality and consistency of care. One said, *“It's an ongoing struggle. I don't feel the care is good here. The service and care is not for people with complex needs.”* This relative said that

important information in the care plan was not read by staff, leading to severe pain for the resident. There have been times when their relative was in the same clothes as the previous day, had not been given enough to drink and did not have their dentures or hearing aid in place. The call bell was often out of reach, even though charts said it had been checked.

Another relative was concerned that the home could not provide the right care for her loved one with complex needs - ***“They don’t have the right equipment...they can only manage basic care...sometimes I can’t sleep at night for worrying about it.”***

A few of the relatives felt the food needed to be improved, and said that this had been raised many times by other relatives too - ***“The food is not very good here...it’s children’s food – fish fingers and baked beans.”*** They said it should be fresher and more varied. One noted that poor nutrition is a significant problem among older people, especially those on medication. Another relative was concerned that the dietician service had been discontinued.

A couple of the relatives we spoke to felt that the home was unable to properly support people with dementia - ***“Dementia is not a strong point of the home... activities are not dementia-friendly. They just put on the TV.”***

### Relatives’ impressions of the staff

There was a lot of positive feedback about the staff and their attitudes -

***“The staff here are lovely, I have gotten to know them well.”*** One daughter gave an example of how a worker had gone out of her way to care for a resident who was going to a wedding - ***“She was on her day off, but she came in anyway for a bit to help get Mum ready and looking nice, it was really sweet, like she was her grandma. No complaints about the staff at all.”***

Two relatives however noted concerns about staff morale, and two said that staff argue publicly about their duties - ***“It bothers me that the staff team moan about tasks in front of the residents, some of whom completely understand.”***

### Staffing levels

Low staffing and high workloads were raised by relatives who praised the home, as well as those with concerns. Five of the twelve we spoke to mentioned that staff were under pressure - ***“More staff would be good; they are doing a good job and it’s not easy work, but they are overstretched and stressed as a result”, “It’s a shortage of staff rather than them not doing their jobs.”***

Several relatives commented on low staff presence at weekends and in the evening - ***“[Staffing is] variable and nowhere near as good on the weekends”, “We would feel much better if the home was well staffed at night.”*** This was also referred to in a postal response - ***“The home is not staffed in the same way at the***

*weekends.*” One relative told us that senior management were never present at weekends, and that this made it hard to know how to raise issues - **“Who are you meant to talk to if there’s a problem? Upstairs there is bank staff and an agency nurse. It’s not clear who is in charge today.”**

### Being kept informed about the resident

Six relatives told us they had always been fully informed about the care and wellbeing of their family member - **“When [name] had a fall, I was told immediately.”** Another relative told us they were invited to an assessment which they found helpful.

Some were, however, not confident they were fully informed about everything - **“My [family member]’s main carers know me well and will tell me if there is anything I need to know, but the same cannot be said for agency nurses.”** One person said the home had not informed her about one of her relative’s doctor’s appointments, which she would have liked to attend. A few relatives, when asked, said they had not been involved in their family member’s care plan.

### Do staff listen to relatives requests?

Six relatives said they felt that staff members were responsive in meeting requests - **“When she wanted a cup of tea with her meals, they listened. When she wanted gravy at dinnertime, they listened. No complaints”, “When I have visited my relative and asked**

**about anything, they seem to take it on board.”**

Others felt on the contrary that their requests were overlooked - **“She is dismissive when I try to speak to her - she just walks away”, “We just get promised stuff and it doesn’t happen - we have given up.”** One person was allegedly told that because their relative was not self-funding, **“you don’t pay so you can’t complain.”**

### Activities for residents

Several relatives raised with us the lack of appropriate stimulating activities for their relatives - **“Being left with a radio on or TV on doesn’t constitute an activity. Activities consist of sitting around a table with a little interaction.”** A lack of activities was connected with social isolation - **“The residents are lonely here, they need to bring people in from the community to keep them company.”** On our second visit, one visitor said it was very unusual for so many residents to be downstairs, implying that this was due to our presence.

A few relatives noted in particular a lack of appropriate activities for residents with dementia, saying - **“Staff have had dementia training but... some do not appear to have taken it on board”.** One said that the only activity for those with dementia seemed to be watching TV.

## Our findings: what staff told us

We interviewed seven members of carer and non-carer staff across both Enter and View visits. We have not stated their job titles in this report, to preserve anonymity.

### What works well?

Though some staff later gave very different views, three members of staff praised the new Manager, saying she finds time to respond to problems and she respects staff's views. One person said, *"I was going to leave during the embargo but she encouraged me to stay and help keep all hands on deck to get out of it. If she doesn't agree with you, she will talk you through alternatives."*

Two people said the staff team works well together to get things done. Another praised the dedication of some colleagues. Three more staff, though critical of many things, said that the care provided was still good, that families were mostly satisfied, and that relationships with residents and their relatives were positive - *"The staff are brilliant with the residents. In all my time here I've never seen any foul play," "We care for our residents as if they were our own grandparents."*

We asked some staff whether anything had improved since the CQC report. One said that staff turnover had reduced, and one said that the new Manager had ensured everyone had had their training.

## Challenges faced by staff

### Understaffing

Most of the staff highlighted serious problems with staffing, and mentioned that relatives have complained about this. This was apparently largely due to people not working their shifts (calling in sick, taking holiday at short notice, or not turning up) - one person said, *"They write on the rota 'overstaffed' but in reality they're understaffed because people don't come in."* Several connected this to being overworked - *"They're tired and frustrated", "Staff who've worked too much get sick or their back pains them."* It was also stated that more staff are needed to cope with newer, more high-dependency residents.

One person said that getting cover staff in takes too long, as approval needs to be sought from the regional office. The safe ratio of carers to residents should be 1:5 but at times non-carer staff have looked after eight or more people single-handedly.

Understaffing results in residents being helped less promptly - *"These are high dependency people. It's very hard on the staff to maintain a quality service...residents wait a bit longer to have their needs seen to than they would otherwise."* One person said that after carers have done tea rounds, paperwork and checks, and if all staff took their breaks, they would have only seven minutes a day per resident for personal care. They said at the time of speaking, there were not enough carers

to enable residents to go downstairs, residents go to bed straight after dinner at 6pm, and there were no organised activities at weekends.

The impact on staff seems to be exhaustion and frustration. They told us there was no system for logging unavoidable overtime (including when staff were called in in the night to deal with alarms). Three staff highlighted a lack of breaks - ***“We don’t have breaks, it would be chaos.”***

### Other challenges for staff

We heard pay issues were also contributing to disengagement, with not all staff being paid the latest minimum wage. Two people highlighted the pressure of paperwork, which took them away from their clients, and felt that some of it was unnecessary - ***“Nothing’s really changed for the better [since the CQC inspection]. The paperwork might look better but that’s what we have to concentrate on - there’s too much paperwork with hourly room notes, care plans...it’s tick-boxing.”***

### Lack of stimulation for those with dementia

One member of staff highlighted the contrast with other care homes which provide a more sensually stimulating environment appropriate for people with dementia. Another explained that there is only £100 per month for resident activities. Burgess Park Care Home does not receive funding for dementia-specific activities, despite many residents living with dementia.

### Do staff feel supported and listened to?

Three staff said they felt supported and listened to - ***“[The manager] will give a proper answer to queries, not fob you off...I can quite happily speak up and express opinions.”***

Three staff had opposite views, and said they didn’t find some of the management approachable, polite or visible around the home. Some said that they didn’t feel listened to - ***“I’ve raised the issue of staffing with management - they explained it is calculated according to the numbers of people in the home, not their level of need.”*** Staff suggestions to make the home better for residents with dementia had not been taken up.

Supervision frequency varied from once a month to every few months.

### Training and career progression

Four of the seven staff interviewed stated that training had to be done in their own free time, unpaid. Although four staff seemed content with the training level on offer, two said that they had requested training but felt ***“fobbed off.”*** Some staff told us they were dementia trained, while one told us they had not received this training.

### Getting to know the residents

Some staff agreed that they know the residents well, through interacting with them as they carry out their tasks. The staff seemed fond of some residents - ***“I don’t think there’s a resident I don’t***

**know.**” However, three staff felt that there was not enough time to get to know residents as well as they would like.

The home has started a Life Histories Project which some were enthusiastic about, though not all relatives contribute to this.

### Are views of residents and relatives listened to?

Four staff said that the views of residents and their families were heard, usually through direct communication with the Manager. One person mentioned the iPad in reception.

Two people were sceptical about the attention given to residents’ preferences, describing the residents’ meetings as **“a bit of a farce”** because some residents don’t have capacity to speak up, and management doesn’t always attend. Relatives’ turnout for meetings and social events is low and the frequency of meetings was unclear.

Staff also reported a time when they felt there was a lack of concern for relatives’ feelings - a family were refused use of the living room for the wake of a deceased long-term resident.

### Suggestions by staff for improving the home

- Increasing staffing levels - **“Care is good, we are working hard. But it can be task-focused rather than personal, so we need more staff and more time.”**

- Implementing a better bank staff system - **“We need to work to get more bank staff who can be called on - at the moment people don’t want to come in on their day off!”**
- Finding ways for the residents to go out more - **“There’s a man who used to like to go to the shop but there’s no one to take him now.”** Staff agreed that volunteers could help with this.
- Purchasing a minivan for outings. The Manager is looking into getting taxi cards for some residents.
- Acquiring appropriate wheelchairs - the home had to fundraise for the existing wheelchairs, which are not individual to the residents and not suitable for outings.
- A more dementia-friendly environment and more stimulation for the residents, including in dementia-friendly ways.

### Other comments and discussions which arose with staff

#### Food

A member of kitchen staff seemed proud of their ability to meet people’s requests - **“This is their home, their last home. Whatever they need, we have to provide.”** They said that special diets can be provided for diabetics and people of different cultures, though it was not clear how this is recorded. The home ensures residents take refreshments with them to hospital appointments.

#### Activities for residents

There is a new relationship with the nearby primary school, with the choir coming to perform and music lessons being held at the home, which “*the residents love to watch.*” There are shows and visits from Southwark Music and Mobility Southwark. Two churches hold Sunday services, and some residents attended a church Christmas party. Barbeques are held and relatives invited, though attendance can be low.

Two staff raised questions about the art activities on offer, saying they are beyond the capabilities of most residents.

We asked about continued links with the voluntary sector after moving into the home, asking if someone could continue going to, for example, a lunch club. We were told this wouldn't be allowed “*because we are providing their care now*”. One member of staff told us that residents can only attend day centres if there is a ‘cultural need’ - Polish and Greek residents have done this.

### Is the home equipped for its residents?

One staff member claimed that the home takes in residents “*on false pretences*” when it cannot cater for them. They gave the example of the resident who is unable to shower or bathe. We alerted NHS Southwark CCG and Southwark Council regarding this, who assured us that this situation was being dealt with. A senior member of staff said staff assess patients awaiting hospital discharge, assuring us they would not take people who cannot be

looked after, even when pressure is applied by hospitals.

## Our observations

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The Enter and View teams completed an observation checklist each time a visit was carried out. Below is a summary of what was observed.

### Staffing

Staff were generally very busy and many did not have time to talk. On both visits we saw staff busy with paperwork and/or eating their lunch late while supervising residents. On both visits, at least two staff had not come in for their shift. On the second visit, when residents were being brought downstairs to lunch, staff seemed overwhelmed and repeatedly asked for more carers to come and help.

### Staff interactions with residents

Staff interactions with residents were mostly positive. Staff greeted residents with their name and a smile, and some clearly had a good rapport and showed empathy. On a couple of occasions, the carers' response was slow, sometimes because they were busy with paperwork - for example a resident was not helped to get through a door in a wheelchair.

Some staff were heard complaining loudly in front of residents, saying they had not yet taken a break.

## Security and safety

There was a code to enter or exit the (single) front door, although staff called it out to us as we left. Doors into the stairwell are coded.

Staff were not always visible on each floor, as they were helping residents in their rooms. The rooms we saw had easily-accessible call buttons. The care staff wear uniforms. They have name badges, but not all were wearing them. When bedrooms were being vacuumed, the cleaning staff required a cord trailing across the corridor, with a trip hazard sign.

## General ambience and decor

The home is in a quiet area, and approached via a pleasant garden. Generally the home was clean and orderly. The entrance hall was calm and pleasant with comfy chairs, coffee-making facilities, and a fish tank.

The dining room was more sparse and institutional. Chairs were arranged around several round tables to facilitate interactions.

Bedrooms with more photos and personalisation were more cheerful and less institutional than others.

Some toilets on the ground floor were observed. They were acceptably clean.

## Light levels

Some areas of the entrance hall have plenty of natural light, but in other

areas, the blinds blocked the light. One of the bulbs in the entrance hall was broken. One of our team who has a visual impairment found it difficult to see in several areas. The upper floors benefited from good natural light.

## Temperature, ventilation and odour

On both visits it was warm outside. We found the home stuffy and too hot. In areas with windows open, it was more pleasant. One resident was heard complaining that it was ***“boiling upstairs and boiling down here.”***

Some unpleasant odour was noticed on the first floor, particularly on the second visit near the sluice area and some bedrooms. On the first visit, the cat litter needed changing.

## Dementia-friendly elements

Carpets were plainly coloured. However, floors, walls and doors were not in contrasting colours, door furniture and light switches were not contrasting, and toilet seats and rails matched the walls in white. These things may be confusing for those with dementia or visual impairment.

A large sign in the dining area showed the date, season and weather and was up-to-date on both visits. Several residents had special clocks stating the day in their bedrooms.

There were extremely creaky floorboards in one area of the first floor corridor - this could not only be very disturbing to residents in nearby rooms,

but also unnerving for people with dementia or trouble getting about.

Pictures of food choices were provided in the dining room, but they were very faded. It was unclear as to whether these were shown at the point when residents chose their food. The activities schedule in the hall was positioned among visual 'clutter' and could be hard to notice and read.

Overall the signage could have been much clearer. Residents regularly asked where the toilet was. Apart from name labels, there were no aids for those with memory problems to find their rooms.

### Disabled access

There was space in the lounge for wheelchairs as well as chairs. Corridors were generally wide enough though doorways may not be - one gentleman failed when trying to leave the lounge in his wheelchair, due to the narrow door and a bin being in the way.

Most but not all toilets had handrails. They were large enough for wheelchairs. The light-pulls and alarm cords were not at all accessible or easy to use, lacking weights to grab onto.

### Information on display

Information on display in the entrance hall included CQC information, a Quality Award plaque, fire maps, insurance, duty of candour and a complaints policy, and the activities schedule for the week, as well as some leaflets. Some of the posters were in small print. Some

information dated from 2014, so we were not sure how up-to-date it was.

We were pleased to see a chart of staff with their photos, though this was hidden in a corner. There is an iPad (below) for people to provide feedback about the home, although we did not try this out to see how easy it is to use. There is a whiteboard labelled 'You Said, We Did' but this was blank (below).

### Entertainments

On our first Enter and View, the TV was on in the main living room where a clothing sale was taking place, though very few residents were attending - even after the lift, broken in the morning, was fixed. A black-and-white film was being shown in the first floor living room, where three residents were sitting. Most residents were in their rooms. On the second visit, a lot of residents were sitting around a film in the living room before lunch. Those who were awake did not seem to know what they were watching when asked. We did not observe any interaction between the residents.

The books present seemed to be heavy-going and not printed in accessible type, and therefore little-used. Some games were available including large-font Scrabble, but the 1000-piece puzzles may not be appropriate.

Apart from one resident with her visitor, only staff were observed using the garden on either day, even though it was sunny.

## Other notes

There are two cats at the home, which some residents would welcome, but they can also be easily avoided.

The sanitizer dispenser in the entrance hall was empty and hanging open.

## Our recommendations

These recommendations are for Burgess Park Home management and Four Seasons Healthcare. In some recommendations we have specified which. We advise the care home management team and Four Seasons determine who is responsible for responding to these recommendations.

**Recommendation 1:** Recruitment and rotas should take into account not only the numbers of residents, but their level of dependency/acuity and the amount of staff time taken up by paperwork.

This should include night and weekend staffing, with enough staff to ensure all can take adequate legal breaks. Management should ensure cover for holiday is adequately booked and skilled, and time is allowed for induction. On a related note, the home should work to develop a more comprehensive bank staff system.

### Burgess Park Response

Responsible person: Home Manager

The home is to ensure that they continue to complete the CHES (Care Home Equation for Safe Staffing) tool to ensure

that there are the appropriate numbers of staff to meet the identified dependency needs of the people using the service at all times, including weekdays, weekends, and at night. Currently the CHES tool identifies that staffing levels are appropriate for the needs of the people currently using the service. At the present time there are 39 residents who are supported by ten members of the care team during the hours of 8am and 8pm daily, and six members of the care team every night.

Annual leave is to be authorised as per Four Seasons Health Care (FSHC) policy to ensure that the people who use the service are not placed at risk. The home manager effectively plans annual leave to ensure that the people using the service are not placed at risk.

All new starters are to undertake the care certificate to ensure they are equipped with the appropriate training and information to perform in their role. The home has two care champions whose role is to support and mentor new staff through induction and completion of the care certificate.

The home is to continue to receive support from Regional recruitment manager to recruit to vacant hours and also bank staff. The home is currently recruiting for two permanent registered nurses.

**Recommendation 2:** At a regional level, Four Seasons should ensure requests for agency cover are approved and processed quickly.

This is to ensure that adequate staff are in the home earlier on in the day, to protect staff and residents from unsafe staffing levels and to prevent the exhaustion of regular staff.

### **Burgess Park Response**

Responsible person: Regional Manager

The home is to ensure that staff adhere to FSHC absence monitoring policy and notify the home of their absence from work in a timely manner. Agency staff are arranged in advance to cover known shortfalls in staff coverage. On occasions due to short-notification of absence by staff it may not always be possible to obtain coverage for the start of a shift, however this is arranged as quickly as possible.

The home currently has a full complement of care staff and is not using agency staff.

FSHC complies with the European working time directive and [as a] fair and compassionate employer, the company would not intentionally cause a detrimental effect on [staff's] health and well-being.

**Recommendation 3:** Staff to be provided with paid time and space in the home to complete training such as e-learning.

We would particularly recommend an audit of dementia awareness training, Mental Capacity Act training, and Deprivation of Liberty Safeguards training of all staff so gaps are filled.

The activities coordinator should also be provided with training on delivering dementia-specific activities.

### **Burgess Park Response**

Responsible person: Home Manager

The home manager is to ensure that all staff undertake mandatory training and also facilitate additional training as identified to meet the needs of the people using the service.

All staff are paid for completing their required training; staff are able to complete their e-learning training at home, or alternatively there is a dedicated training terminal and room for staff to use within Burgess Park.

**Recommendation 4:** The home should hold meaningful engagement with staff to ascertain what else could be done to reduce absence and sickness levels and to improve morale.

This should include discussions with the staff union, particularly to help resolve issues raised around hours, overtime and pay.

**Recommendation 5:** Management should reinforce the importance of care staff accurately recording and reading information about individual residents and their needs.

At the same time, the management should streamline paperwork to ensure it is relevant and meaningful, thus reducing the burden on staff and allowing them to focus on what matters.

A standardised tool could be used, such as [‘This is me’](#) for people living with dementia.

### Burgess Park Response

Responsible person: Home Manager/  
Nurses

The nurses and senior carers are to check daily documentation to ensure that staff are completing these.

Currently carers are required to complete documentation that reflects the care and support provided to all residents. The identified paperwork is relevant to ensure that changing health needs of residents are identified and met so needs continue to be sensitively and appropriately met. A snap shot care plan is to be introduced.

**Recommendation 6:** Information about daily staff team, including who is in charge, should be clearly communicated to residents and visitors.

Name badges should be in large enough print and worn by all staff. The [‘Hello my name is’](#) scheme should be introduced. The pictures of staff in the reception area should be moved to a more prominent spot and a clear sign stating who is in charge that day placed next to them.

### Burgess Park Response

Responsible person: Home Manager/  
Nurses

There is a daily handover in which the staff are actively involved. This consists of staff visiting each resident and a verbal handover is provided so residents are aware of which staff are on duty and providing them with support on the day. In addition to this there is a sign in the reception area which identifies the management team and which senior staff are in the building on the day. Visitors are to be directed to information in reception area which provides them with information about who is in charge.

**Recommendation 7:** It should be formally recognised by Four Seasons that while the home is not a ‘dementia home’, many of the residents live with this condition.

Not being a ‘dementia home’ should not be cited as a reason for turning down ideas for making the home better for residents. Four Seasons should work to fund dementia-specific activities and equipment and to make the physical environment more dementia-friendly (ideas include contrasting colours for doors and light switches, more and clearer signage, a large-face clock, memory boxes/colour codes to help people find their rooms).

**Recommendation 8:** The home should be made more pleasant and accessible, including for those in wheelchairs and with visual impairments.

Less institutional and more cheerful décor and colours could be used throughout the home. The ventilation and temperature could be improved, particularly in downstairs toilets.

The home should:

- Ensure doorways are always unobstructed (and widened if there is any future refurbishment)
- Review the placement of electric sockets so that vacuum cords are not a risk
- Repair the broken light in the hallway and keep blinds open whenever possible
- Ensure that signs such as menus and activity lists are easy to read and at an appropriate level for both those standing up and wheelchair users
- Repair the very creaky area of flooring on the first floor
- Make light-pulls and alarm cords - notably in the downstairs toilets - easier to reach and pull, with weights on the ends.

#### Burgess Park Response

Responsible person: Regional Manager/Estates

The widening of the doorways, re-positioning of electrical sockets and any other identified work such as repairs to creaky floorboards are to be discussed with the landlord and Estates due to the nature of the work involved, obtaining permission as well as the cost implications. This will be considered if and when refurbishment programme has been agreed once the LA plan for the service is known. Light in hallway replaced.

**Recommendation 9:** Implementing a volunteer programme within the home (who are paid expenses) could help support residents.

Support could include befriending, assisting on short walks or visits, helping residents to voice their opinions, helping during activities, talking to residents from different cultures with limited English, and helping to redecorate parts of the home.

#### Burgess Park Response

Responsible person: Regional Manager

Budget to be allocated to cover expenses of volunteers. Further discussions to take place in relation to a budget for this purpose and explore the possibility of developing a programme of volunteers for the service.

**Recommendation 10:** Management should ensure that staff have regular, consistent supervision.

This should include discussion of what they need to support them to carry out their role well, such as training. Staff should also be given the opportunity to discuss together the needs of individual residents and potential improvements to the home.

#### Burgess Park Response

Responsible person: Manager/Heads of departments.

Supervision Matrix in operation. All Heads of department to supervise identified members of staff. All staff to receive regular supervision and annual appraisals.

**Recommendation 11:** The home should ensure that equipment is appropriate to individual residents' needs:

- The policy around not providing individual outdoor wheelchairs should be reviewed and residents should have individual wheelchair assessments.
- Residents with physical health problems, or who are largely sedentary, should have a seating assessment and appropriate equipment should be provided.

#### **Burgess Park Response**

Responsible person: Regional Manager

Capex are completed for equipment as identified at time of assessment and forwarded for authorisation. Equipment to be in place prior to an admission.

**Recommendation 12:** The menu should be reviewed in partnership with residents and families, and more fresh food should be introduced.

The menu pictures should be refreshed and provided in more frequented locations such as the hallway, as well as being shown to residents who need help when choosing their daily meal options.

#### **Burgess Park Response**

Responsible person: Manager/Chef.

Following consultation with the residents a new menu was put together which consisted of their ideas. New menu in place and currently being monitored. Chef to take photo of meals on the menu which would then be used to create a

pictorial menu to support residents in making choices.

**Recommendation 13:** Activities available to residents should be looked into and improved so they are appropriate for people living there.

Given the challenges of funding, the home should investigate low-cost ways to increase stimulation for the residents - for example, inviting the local library to visit with large-print books, asking for donations of colourful magazines, simpler games or tape players for audiobooks.

Residents should be enabled to continue with external voluntary sector activities they enjoyed before moving to the home, not only when they have specific cultural needs. The activities programme should be placed on each of the floors and should include the location of the activities, as some residents were unaware.

#### **Burgess Park Response**

Activities programme to be developed.

**Recommendation 14:** Residents and relatives should be empowered to speak up and communicate their needs/ideas, and the home should explore how to allow this.

Experts in non-standard communication could be consulted. Residents' and relatives' meetings should be held on regular dates and management should be present. These could potentially be combined with social activities to

provide opportunities for interaction and to encourage attendance.

The home should ensure contact details of relatives are up to date.

Staff, residents, relatives and friends, and future volunteers could work together on a specific project to address particular issues in the home - for example designing a new activities programme, giving the ground floor a facelift, or developing a better menu.

### **Burgess Park Response**

Responsible person: Manager

Residents' and relatives' meetings should be held on regular dates. Date to be set for next relatives/residents meetings - to design a new activities programme, obtain feedback on the new menu.

**Please see Appendix to this report for response from Southwark Council and NHS Southwark Clinical Commissioning Group.**

## **Conclusion**

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From talking to staff, residents and relatives and observing the environment during our time at Burgess Park Care Home, we found that peoples' experiences and views were quite mixed.

More needs to be done to ensure that the service offered to residents and relatives is consistent, thorough and high-quality. Staff need to be better

supported in their roles and the home should consider recruiting more staff/use volunteers so that more time can be spent with residents on a daily basis.

The home should also explore more stimulating choice of activities and events so that residents have more options and opportunities to feel stimulated and to interact with each other.

Finally, more could be done to bring the community into the home, through establishing links with the rich array of local voluntary group. This could provide a great source of happiness and satisfaction to both residents and staff as well as to these groups themselves.



Aarti Gandesha  
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18 July 2016

Dear Aarti

**Burgess Park Care Home – Enter and View Report**

Thank you for sharing the Burgess Park Care Home Enter and View report with us.

Southwark Council and NHS Southwark Clinical Commissioning Group (CCG) welcome this report, its recommendations, and the views of clients, relatives and staff members included in the report. We are also pleased that the report recognises the hard work and dedication of the staff at Burgess Park. Many of the recommendations and observations in the report reflect our own experience of the home.

It is clear from your recommendations that the home and Four Seasons have areas that need to improve on. Southwark Council and the CCG will work closely with Four Seasons to ensure that these recommendations are implemented.

Although your report does not have any recommendations directly for the Council or the CCG, we are working in partnership to support Southwark's care homes with nursing through the provision of an extended GP service and dedicated social work support.

This report will help build on this work to enhance the lives and experiences of the residents of Burgess Park.

Yours sincerely

Dick Frak  
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Children's and Adults'  
Services  
Southwark Council

Jay Stickland  
Director of Adult Social Care  
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