

# Enter & View Report

Fallowfield Care Home, 4<sup>th</sup> August 2022



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<b>Visit Details</b>	
<b>Service Visited</b>	Fallowfield, Ashfield Lane, Chislehurst, BR7 6LQ
<b>Manager</b>	Susan Deol
<b>Date &amp; Time of Visit</b>	4th August 2022, 11.00 – 14.30
<b>Status of Visit</b>	Announced
<b>Authorised Representatives</b>	Matthew Adrien, Charlotte Bradford, Samantha Crossingham, Gabriella Van Beek
<b>Lead Representative</b>	Julia Eke

# 1. Visit Background

## 1.1.1 What is Enter & View?

Part of the local Healthwatch programme is to undertake ‘Enter & View’ (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official ‘Enter & View Report’, shared with the service provider, local commissioners and regulators, outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

## 1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding

policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## **1.2 Disclaimer**

Please note that this report relates to findings observed on this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

## **1.3 Acknowledgements**

Healthwatch Bromley would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

Five E&V ARs attended this visit. They collected feedback from residents, management, and staff. This report summaries their findings, highlights good practice and makes suggestions on how the services might be improved.

# 2. About this visit

## **2.1 Fallowfield**

On 4th August 2022, Healthwatch Bromley visited Fallowfield, a nursing home located in a residential area of Chislehurst. The home is a three-acre Victorian mansion surrounded by extensive landscaped gardens, situated next to Fairlight residential home. The two homes are managed by a single manager but have separate staffing allocations for each site. The home provides housing and care for up to 25 residents, and, at the time of our visit, there were 22 residents (15 female, 7 male), including 15 individuals living with dementia. The home receives approximately 6–7 referrals a month via the local authority, St Christopher’s Hospice and personal recommendations or enquiries.

## 2.2 CQC Rating

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.

Fallowfield was last inspected by the CQC in November 2020 to examine its infection control and prevention measures. This inspection [report](#) gave an overall rating of good for the service. During the last inspection, it found some improvements had been made since the previous review, notably the safe keeping and labelling of medications, and ensuring that they are still within their expiry date.

## 2.3 Online Feedback

The carehome.co.uk [review page](#) contains positive feedback with a Review Score of 9.5 out of 10 based on 38 reviews in the last two years.

## 2.4 Focus of the Visit

E&V visits enable us to form an impartial view of how the home is operated, how it is experienced by residents and then to produce and publish a report.

# 3. Summary of Findings

During our E&V visit, Fallowfield was welcoming, and the management and staff were helpful. We found that improvement is needed to give staff adequate time to provide personal care and inform residents about safety procedures such as evacuation plans. The home has measures to prevent the spread of COVID-19, but we found insufficient information about the virus and the mask policy for visitors displayed throughout the house. We also found a lack of dementia-friendly signage in some areas such as on doors.

We were told that Fallowfield recently moved to a digitised administration, Care Vision, an IT system that allows staff to perform tasks more effectively by reducing administration time and error. Each resident has a unique QR code which the carer or nurse scans to record their actions and observations, such as meals, medications, and incidents. The manager can then access the Care Vision system and check that each resident has been cared for appropriately.

## Entry and General Accessibility

### Notes

- The front entry is secluded, peaceful and well-maintained - with minimal traffic noise.
- There is ample parking for visitors and staff - with surveillance cameras outside the main door and overlooking the parking lot.
- On entry there is a spacious area that enables wheelchair users to access and exit the building.
- Hand sanitiser is available next to the sign-in book at the door.
- There is a notice board outside the living room in the corridor containing information about the upcoming week's activities.
- In addition to the staircase, a lift is available to access the upstairs bedrooms.

### What has worked well?

- The home has easy access for ambulances to park outside and move in and out.
- People can easily find the residence as there is clear signage outside the building, and on the main road, with directions to "Fallowfield".
- Several comfortable armchairs are also available for residents and guests in the entryway.
- There are white, visually distinct, handrails against the grey walls on the lower ground floor.

### What could be improved?

- The entrance is warm and inviting, painted in grey tones. There is a bright chandelier, authentic Victorian flooring, wallpaper with a leaf motif, and artwork. This area does not adequately support the care of residents living with dementia, due to its varying patterns.

## COVID-19 and Visiting

### Notes

- During our visit we noticed posters encouraging the staff to change their face masks every four hours or after they have taken a break.
- We also noted a poster, with an illustration, explaining the importance and impact of social distancing.
- The home has sufficient provision of Personal Protective Equipment (PPE).

- There are hand sanitiser stations at the entrance and throughout the home.
- The home allows visits to rooms, the garden and visiting pods:
- One set of visitors is allowed in the communal area at a time.
- There is a maximum of two visitors per visit to indoor areas; this number can increase for garden visits.
- Visits are usually booked between 10-4pm but the home accepts later visits.
- All staff and residents have been offered a Covid-19 vaccine.

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

- Visits to the home are run by the activities team via a booking system.
- There are protected mealtimes between 12-1pm and 5-6pm.
- At the height of the pandemic, visitors were able to visit residents in the outdoor space.
- The Covid-19 outbreak has been well managed by the home with a full testing programme and isolation periods.

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

- At the time of the visit, there was no COVID-19 infection prevention or safety measures signage outside the front door.

## **General Environment**

### **Notes**

- The living room was well decorated with comfortable armchairs.
- In the living room we saw two residents watching TV and listening to the radio.
- There were games and books available on a bookshelf.
- We noted all the rooms were neat and clean.
- Residents have access to a drinks station set up close to the TV.
- The rooms are spacious, each with an ensuite toilet and basin.
- Residents can choose the furnishings for their rooms.
- There are double-glazed windows in every room.

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

- Each room has a QR code the staff use to scan, log, and update vital resident care information.
- There is a spacious private garden. It is well-kept, with trees, flowers, a big lawn and plenty of seating and tables.

- Door signs are at eye level throughout.

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

- We noted that only one room appeared to have resident details on the door, while others had only a number.
- On the visit one of the ARs commented that in some parts of the home, the smell of urine was detectable.
- In some rooms, we observed residents' medical information dated 2019 and 2020. Displayed information about residents should be consistent and up to date.
- Rearranging the layout of the armchairs could encourage conversations amongst residents
- The visual contrast between light switches and walls could be improved.

## **Health and Safety**

### **Notes**

- All staff wear ID.
- All staff were offered COVID-19 vaccinations.

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

- No further comment.

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

- Due to the number of corridors, it is not always clear which direction to follow regarding fire exit signs.
- On the ground floor, close to the dining room, there is a restroom with an InterCall system. However, the restroom was not easily accessible and there was no emergency pull available at the time of the visit.
- There was no gate at the bottom of the stairs leading up to the attic. This area has a broken door which could be a potential safety issue.

## **Activities and Personal Involvement**

### **Notes**

- The home provides a variety of activities to meet the cultural needs of its residents. On the activity timetable displayed on a noticeboard at the entrance, we noted a poster that informed residents about an afternoon pirates' theme party to celebrate the National Day of Jamaica.



- During our visit, a flower-arranging class was being held in the garden in a small pop-up marquee.
- A singer was invited to perform for the residents in the living room.
- The management informed us that some residents preferred engaging in one-on-one conversation in their rooms rather than participating in group activities/outings.
- We saw a poster encouraging staff to seek bereavement support.

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

- The home's provision of varied activities meets the cultural needs of its residents and staff.
- It allows residents and staff to follow their faith by holding regular religious services.
- During the warmer months, the garden becomes an extension of the living space where staff, residents and family members can relax in the shade under umbrellas.

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

- We recognise that individuals who are bedridden or spend their free time in their bedrooms may miss out on some activities. Management could review activity provision for residents who find it difficult to engage in group activities.
- Display of information on the activities board could be clearer to help facilitate residents' reading and understanding of what is on offer.

## **Diet and Cultural Practices**

#### **Notes**

- The Fallowfield kitchen also caters meals for Fairlight, its "sister" care home.
- The overall environment was clean, and the staff were friendly and welcoming.
- Fallowfield relies on an external catering company to produce a four-week rolling menu.
- All food is freshly produced and not microwaved.

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

- We observed that health, safety, and hygiene signage were well displayed around the kitchen area.
- We observed staff taking care of the residents by helping them during the lunch service.

- The kitchen has a team of chefs who work closely with nutritionists trained to create meals which meet residents' varying dietary requirements.
- Residents can choose from the menu which is displayed on each dining table.
- There is a tea and coffee station in the dining room.
- Medication for service users is very well organised, and in a temperature-controlled environment.

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

- We found no potential areas for improvement

### **Feedback and Complaints**

#### **Notes**

- Residents have regular meetings with the kitchen team to discuss menu choices and provide feedback.

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

- The registered manager said that all residents' diet choices are respected and accommodated as far as possible.
- A feedback policy is displayed on a wall at the care home, along with a poster from the CQC, that invites people to share their experiences.

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

- We found no potential areas for improvement

## **4. Residents' Feedback**

During the tour, our ARs spoke with four residents. We identified some general concerns around the misinformation about safety and the lack of time staff have when it comes to supplying personal care. However, all residents we engaged with were quite understanding of the staff's busy schedule and, overall, they were pleased with the care offered by Fallowfield.

### **Residents' Selected Comments**

#### **Food**

*"There is enough food and drinks offered throughout the day."*

*"Support is provided if needed to eat and drink."*

### **Information and Staff**

*"Despite staff seeming to be a little rushed, I feel respected, and staff treated me well."*

*"Sometimes. I did not know that I was in hospital, and I was there for five weeks. A nurse is now helping me with a sore that I have."*

*"Staff are always in a hurry, but it is not their fault."*

*"Staff don't always come at night-time to check on you"*

### **Activities**

*"There is a programme of activities. However, I feel the quizzes to be easy for me."*

*"Activities are more for people who are bed bound or slow"*

## 5. Staff Feedback

We spoke to four staff who have been working at Fallowfield for between one and three years. They were all satisfied with their jobs and told us they received a rigorous training before joining the company.

### **Diet and Cultural Practices**

#### **Notes**

- The manager said that the home provides a four-week rolling menu for residents, with plenty of choice.
- 

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

- No comments to be made.

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

- Staff did not raise any potential areas for improvement.

## Activities

### What has worked well?

- The home organises a range of activities for residents. These include themed parties, music concerts and flower arranging classes.

### What could be improved?

- Staff did not raise any potential areas for improvement.

## Staffing

### Notes

- The staff comprises:  
Registered home manager who oversees both Fallowfield and the nearby residential home, Fairlight  
Care Director who supports home manager and nurse team  
Nursing and care team  
Two administrative staff – Monday to Friday  
Maintenance & housekeeping – Monday to Friday  
Activity team, Monday to Friday
- The nursing and care team is organised into the following shifts:  
a.m; two nurses and six carers  
p.m: one nurse and five carers  
night shift: one nurse and two carers

### What has worked well?

- Staff commented on their good relationship/rapport with management.
- All residents, visitors and staff know how to raise a complaint.
- A staff member said that they have never had to raise a concern with management and that they receive excellent support from them.

### What could be improved?

- Regarding residents' feedback, lack of time staff has when it comes to supplying personal care is an important area to consider.

## Training

### Notes

- When new employees start at Fallowfield, they must go through an induction programme. There are approximately 20 training sessions to complete.

- Safeguarding information is available to all staff.

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

- Staff confirmed that they are aware of how to make a safeguarding alert; there are clear procedures for raising a safeguarding issue.
- The manager said that there are regular training opportunities for staff.
- All staff are monitored and supported in their work.

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

- Regarding training, one staff member commented that they “think it would be good to help with verifying death at the end of life” and another commented that they “would like to receive training on music therapy”.
- Regarding working with residents, a staff member said that “handover can be difficult due to communication”. Another commented that mornings can “be hard as everyone wants to get up at the same time”.

### **Selected Comments**

#### **Training**

*“I was offered 20 training sessions in the first year. Always helpful as policies may be different in each home.”*

#### **Working with residents**

*“In the morning it can be hard as everyone wants to get up at the same time. If we are washing someone, we have to do this respectfully and explain that we cannot do everyone at once.”*

*“Yes, I like the company, everyone works together, encouraging residents, promoting safety and wellbeing”*

*“Yes, communication is good; if there are any problems, we are made aware of them; and reporting is also good.”*

## **6. Recommendations**

Healthwatch Bromley would like to thank Fallowfield Care Home for their support in arranging our E&V visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

## 6.1 Entry and General Accessibility

6.1.1 The entrance is warm and inviting, painted in grey tones. There is a bright chandelier, authentic Victorian flooring, wallpaper with a leaf motif, and artwork. This area does not adequately support the care of residents living with dementia, due to its varying patterns.

*We recommend considering an alternative wallpaper, less highly patterned to make the entrance more dementia friendly.*

## 6.2 COVID-19 and Visiting

6.2.1 At the time of the visit, there was no COVID-19 infection prevention or safety measures signage outside the front door.

*We recommend providing clear signage at the main entrance for all visitors so that they are aware of the care home's COVID-19 infection prevention and safety measures.*

## 6.3 General Environment

6.3.1 On the visit one of the ARs commented that in some parts of the home, the smell of urine was detectable.

*We suggest that staff are asked to monitor the situation and report any smells to their line manager, who should investigate the cause/s and make appropriate arrangements to mitigate the effects.*

6.3.2 We noted that one room appeared to have resident details on the door, while others had only a number.

*We suggest the home includes photos and residents' names on the doors of bedrooms to make them easily identifiable.*

6.3.3 In some rooms, we observed residents; medical information dated 2019 and 2020. Displayed information about residents should be consistent and up to date.

*We are aware that the home has introduced a new digital system for recording and updating residents' personal information. , We advise the home to update or remove the outdated information identified in rooms seven and eight, to help prevent misinformation.*

6.3.4 Furniture layout.

*We recommend rearranging some furniture, for example armchairs, as this could encourage conversations amongst residents.*

6.3.5 The visual contrast between light switches and walls.

*We recommend considering alternative colours, to improve visual contrasts, as this would make it more a dementia friendly space.*

## **6.4 Health and Safety**

6.4.1 Toilets and Emergency

*We advise the administration team to review the bathroom InterCall system, as it was difficult to use in one toilet due to the absence of an emergency pull.*

6.4.2 General Safety

*We recommend adding a safety gate at the bottom of the stairs leading up to the attic, where there was a broken door, to avoid potential accidents.*

6.4.3 Fire exits

*We advise the home to reconsider the positioning of the fire exit signs. Due to the number of corridors, it is not always clear which direction to follow.*

## **6.5 Activities and Personal Involvement**

6.5.1 Display of information could be clearer.

*We recommend printing activities information in a bigger font and with more visual aid to facilitate residents' reading and understanding of what is on offer.*

6.5.2 Activities for individuals who are bedridden or spend their free time in their bedrooms.

*We recommend offering as many physical and mental activities as possible to residents who spend a lot of time in their rooms, to promote their well-being. Management could also review activity provision for residents who find it difficult to engage in group activities.*

## 6.4 Staffing

6.4.1. Staffing levels.

*When it comes to supplying personal care and communication between handovers, staff and residents commented on challenges they have faced. While recognising recruitment difficulties, we recommend that the care home increases its staffing to support staff in their work and enhance provision to residents.*

6.4.2. Staff training opportunities.

*Regarding training, we recommend the home look at further training opportunities to encourage staff development and ways to improve care for residents.*

## 7. Glossary of Terms

CQC	Care Quality Commission
LFT	Lateral Flow Test
PPE	Personal Protective Equipment

## 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.

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