

Farm Lane Enter and View Report

Part of a series of visits to care homes in Hammersmith & Fulham (St. Vincent's House, Farm Lane, Chiswick Nursing Centre, and Nazareth House)



October 2022

A report by Healthwatch Hammersmith & Fulham

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1. Visit Background

What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

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

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

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 get an impartial view of how the service is operated and being experienced.

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

Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Healthwatch Hammersmith & Fulham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. Focus of the Visits

The last few years have been a real challenge for care homes across England with care home residents being one of the most at high-risk groups to catch Covid-19. Now that we have moved beyond the pandemic to living with Covid-19, it has become safe to allow visitors into care homes once again. The purpose of this visit was multifaceted. Healthwatch Hammersmith & Fulham were led by Hammersmith and Fulham borough priorities as well as the recent CQC inspection rating of “Good”.

The focus of our visit was to ask residents about their overall experience of living in a care home as well as how involved they and their family members are in planning their care. We also wanted to find out whether the care is tailored to individual needs such as cultural and religious beliefs, and if it is delivered in a way that is easy for all residents and their families to understand.

From the staff perspective, we wanted to find out about dementia friendly training, End-of-Life Care, management of services, staffing, and working with healthcare providers.

As standard we also RAG rate care homes against the Accessible Information Standard (<https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>).

3. Farm Lane

| Visit Details | |
|----------------------------|--|
| Service Visited | Farm Lane, 25 Farm Lane, London, SW6 1PX |
| Manager | Chad Bain |
| Date & Time of Visit | 21st October 2022, 9am-12pm |
| Status of Visit | Announced |
| Authorised Representatives | Mari Tiitinen, Simone Brown |
| Lead Representative | Mari Tiitinen |

On 21st October 2022, we visited Farm Lane. The care home is operated by Care UK. Farm Lane provides care for up to 66 residents.

CQC Rating

The CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Farm Lane was last inspected by the CQC in July 2022.
The subsequent [report](#) rated the service as ‘Good’ overall.

Online Feedback

On [Carehome.co.uk](https://www.carehome.co.uk), Farm Lane has as an overall score of 8.2 out of 10 based on reviews in the last 2 years.

4. Executive Summary of Findings

Our analysis is based on the feedback of 5 residents and 6 staff members.

This is a summary of key findings - see sections 3.2-3.4 for findings in full.

Facilities and Environment

Notes

- The care home has four floors: the ground floor is an assessment unit, the first floor is nursing, and the second floor is for dementia patients. There is also a third floor but that is used to store heavy equipment like the boiler.
- Each resident floor has a dining room with a small kitchen, a nurse's station, a clinical room, a cleaner's room, and a sluice room.
- We observed that the residents' rooms were equipped with a bed, chairs, tables, and chest of drawers. Some had TVs in their rooms, but we were told by one of the residents that the care home does not provide TVs but that they had brought one from home.

What has worked well?

- Residents reported that the home is kept clean; it is easy for them to move around; and that they feel safe.
- There was internal signage on the doors; however, not all of them were dementia friendly, but we did observe some, for example an activities room had a dementia friendly sign.
- We were told that all meals are prepared from scratch in the kitchen.

What could be improved?

- No one greeted us through the intercom, so it was slightly confusing as we were not sure if the buzzer had worked.
- We did not observe a complaints policy displayed, although this could have been missed by the Authorised Representatives during the visit.
- Doors and the lift were kept locked and could only be opened with either a key or a passcode, although we did observe that some doors appeared unlocked.

- Most residents seemed happy with the meals, but one resident said they did not like the food at all, another said they did not like dinners in particular, and one suggested more variety.

Covid-19 Protocols

Notes

- Outside the care home, there is a large sign advising people to wear a mask, use hand gel and observe social distancing.
- Upon entry, we went through a thermal camera that measures a person's temperature, although we were not sure if anyone was monitoring this.

What has worked well?

- Covid-19 safety precaution leaflets were present on the walls.
- There was a hand gel dispenser by the entrance as well as in different parts of the care home, including residents' rooms, dining rooms, lounges, and halls.

What could be improved?

- We observed that when staff were not with residents, they were not wearing masks but when they entered the residents' areas, they put masks on.

Care and Support

- The staff told us that residents and their families are involved in planning their care and they are kept informed of any changes.

What has worked well?

- One resident told us that they were happy with their care plan.
- One resident told us that they were having regular check-ups with a GP, and another reported that they are seen by a doctor every Tuesday.
- Residents reported that their cultural and/or religious beliefs were taken into consideration in planning their care.
- Residents told us that they are able to see a GP when needed.

What could be improved?

- Most residents told us that they were not aware of their care plan and that they were not sure if their family members were involved in the planning. They also said that they were not aware of what was going to happen with their care plan in the next 12 months.
- Some residents told us that their culture and/or religious beliefs had not been taken into consideration, and one mentioned that they would like to go to church.

Communication

Notes

- We were told that residents can communicate with their families any time they wish.
- The staff feel residents are listened to and treated with respect.
- The home does not have a specific translation and interpretation service, but they have a diverse staff who can act as translators.

What has worked well?

- Some residents said they found it easy to communicate with their families with one of them saying that they communicate with their family every day.
- Most residents reported good communication with staff members with one saying it was “*very good*”.

What could be improved?

- Residents said they had not been made aware of translation and interpretation services or any other communication support services, although this could be because they do not require additional support.

Wellbeing

Notes

- The care home has different activities including dancing, listening to music, colouring, and watching films.

What has worked well?

- Residents reported being happy with the activities provided and their overall physical and mental health and wellbeing.
- During our visit, the care home had an activity which some residents had joined in. We observed that the residents were singing and seemed to be enjoying themselves.

Based on findings, we have made several recommendations (see section 6).

5. Full Findings

5.1 General Observations

During the visits, the Authorised Representatives made the following general observations.

Location and Signage

Observations

- The care home is a short walk from the Fulham Broadway tube station and located on a smaller road in a residential area.
- There are two entrances; one is located at the front and another entrance is at the back of the building with parking available for visitors, and this seemed to be the entrance that most visitors were using.
- We used the entrance at the front of the building where we needed to buzz in as the door was locked. No one greeted us through the intercom, so it was slightly confusing as we were not sure if the buzzer had worked. After a while someone came to the door to let us in and informed us that as we were slightly outside the view of the door camera, which meant that they could not see us and therefore came to let us in in person.

Accessibility

Observations

- Both entrances of the care home are located on the ground floor and is therefore accessible by wheelchair and people with mobility issues.
- We used the entrance at the front of the building where we needed to buzz in as the door was locked. No one greeted us through the intercom, so it was slightly confusing as we were not sure if the buzzer had worked. After a while someone came to the door to let us in and informed us that as we were slightly outside the view of the door camera, which meant that they could not see us and therefore came to let us in in person.

- Upon entry we were asked to sign in in the guestbook.
- The manager's office and the reception are located near to the entrance.
- The door that leads to the resident area from the reception requires a passcode.
- Doors and the lift were kept locked and could only be opened with either a key or a passcode, although we did observe that some doors appeared unlocked.
- The door codes were written by each keypad inside a frame of a picture of flowers. (See photo below.)



5.2 Accessible Information Standards (RAG Rating)

R = Red, A = Amber, G = Green

| | |
|---|-------|
| Does the care home keep record of the residents and their families' /carers' additional communication and information needs in a way that is easily accessible for all staff members? | Green |
| Is information about translation/interpretation services displayed in the care home? | Red |
| Are information leaflets available in formats such as Easy Read and Braille, and in other languages? | Red |
| Is the internal signage in a format that is easily understood by all residents and their families/carers? | Amber |
| Are residents provided with appropriate equipment to enable them to contact their families/carers? | Green |

| | |
|---|--|
| Have staff received Dementia Friends awareness sessions? | |
| Have staff received training in Accessible Information Standards? | |

Covid-19 Protocols

Observations

- Outside the care home, there is a large sign advising people to wear a mask, use hand gel and observe social distancing.
- Upon entry, we went through a thermal camera that measures a person's temperature, although we were not sure if anyone was monitoring this.
- Covid-19 safety precaution leaflets were present on the walls.
- There was a hand gel dispenser by the entrance as well as in different parts of the care home, including residents' rooms, dining rooms, lounges, and halls.
- We observed that when staff were not with residents, they were not wearing masks but when they entered the residents' areas, they put masks on.

General Environment/Facilities

Observations

- The care home has four floors: the ground floor is an assessment unit, the first floor is nursing, and the second floor is for dementia patients. There is also a third floor but that is used to store heavy equipment like the boiler.
- We were told that all meals are prepared from scratch in the kitchen.
- Each resident floor has a dining room with a small kitchen, a nurse's station, a clinical room, a cleaner's room, and a sluice room.
- We observed that the dining room tables were set with cutlery, napkins, and tablecloths, and each dining room had a juice machine.
- The lounge on each floor had comfortable armchairs and a TV.
- We observed that there were quiet rooms for residents to sit in.
- We were shown a room called Capsule which was decorated with memorabilia: we were told this was so that residents could sit in the room and reminisce.

- We observed that the residents' rooms were equipped with a bed, chairs, tables, and chest of drawers. Some had TVs in their rooms, but we were told by one of the residents that the care home does not provide TVs but that they had brought one from home.
- We also observed that residents had personal effects in their rooms such as photos which made the rooms feel more homely.
- The overall environment was clean, and the building was quite modern and clean
- The home had a nice, large reception area and there were sofas and armchairs for visitors as well as coffee, tea, and a water dispenser.
- The atmosphere felt nice; on some floors they had music on, and the staff seemed very friendly - everyone greeted us when they walked past.
- In the communal areas there were paintings and posters on the walls.

Noticeboard/Information

Observations

- The reception area had a GEM (Going the Extra Mile) Nomination Box, where relatives could nominate a staff member of the month.
- Photo of the employee of the month was on the wall.
- The review score from carehome.co.uk which is a review website for care homes in the UK was displayed in the reception area as well as some resident and relative feedback.
- In the reception area, near where staff need to sign in for their shift, we saw a framed Self Checklist which included some instructions on how staff can look after their own wellbeing. (See picture below)
- Activities schedule was found on each floor
- We also saw a noticeboard full of cards from families saying thank you to the care home staff.
- We did not observe a complaints policy displayed, although this could have been missed by the Authorised Representatives during the visit.



Additional Observations

Observations

- There was internal signage on the doors; however, not all of them were dementia friendly, but we did observe some, for example an activities room had a dementia friendly sign.
- During our visit, the care home had an activity which some residents had joined in. We observed that the residents were singing and seemed to be enjoying themselves.



5.3 Resident / Family Member Feedback

During our visit on 21st October 2022, we only engaged with one resident as most residents were taking part in an activity and we did not want to disturb them. However, we were emailed feedback from 4 more residents after our visit.

The residents were asked questions around the general experience, care, and support (including involvement in planning care), communication, and wellbeing.

Below is the summary of the feedback received.

General

Some residents had moved into the care home directly from home, and one resident said they had moved in from hospital. None of the residents reported delays to securing their place.

Overall, everyone was happy with the care provided at the home and felt that they were well looked after by staff. One resident commented: *“They are fantastic”*. Another said that the care is good, and staff want to look after the residents.

Facilities and Environment

Residents reported that the home is kept clean; it is easy for them to move around; and that they feel safe.

Most residents seemed happy with the meals. However, one resident said they did not like the food at all, another said they did not like dinners in particular, and one suggested more variety.

One resident told us that they had brought a TV from home, because the care home does not provide one, and that it is their only contact with the outside world.

Care and Support

One resident told us that they were happy with their care plan, but most said that they were not aware of their care plan and that they were not sure if their family members were involved in the planning. They also said that they were not aware of what was going to happen with their care plan in the next 12 months.

Some residents told us that their culture and/or religious beliefs had not been taken into consideration, and one mentioned that they would like to go to church.

Residents reported that they had not been told about any changes to their medication, and one mentioned that they were only taking their regular medication.

One resident told us that they were having regular checkups with a GP, and another reported that they are seen by a doctor every Tuesday. However, most residents said they were not having regular checkups with a GP although this could be because they do not require this.

Communication

Two residents told us that they felt that they could not easily communicate with their family, but other residents said they found it easy with one of them saying that they communicate with their family every day.

Most residents reported good communication with staff members with one saying it was “*very good*”. One resident told us that some of the staff members’ English skills were not great.

Residents said they had not been made aware of translation and interpretation services or any other communication support services, although this could be because they do not require additional support.

Wellbeing

Residents reported being happy with the activities provided and their overall physical and mental health and wellbeing. One resident mentioned that residents have a different activity every day and these include dancing, listening to music, colouring, and watching films.

5.4 Staff Feedback

During our visit, we spoke with the Home Manager. Further 5 staff members provided their feedback after our visit by emailing us scanned copies of completed questionnaires. The staff members included a Staff Nurse, a Registered Nurse, Deputy Manager, and 2 members of the Admin team.

Training

We were told that staff members are able to access training through both e-learning and face to face and this includes training for Moving & Handling, Accidents & Incidents, Dementia, and Diversity Training for example. The Home Manager is required to complete all training. We were also told that the Home Manager is happy to teach and mentor staff members.

One staff member said that the training they received was not adequate and that they had not been offered any recent training, and another staff member told us that the training lacked some aspects such as personalisation and they *“had to discover some work functions through trial and error”*. Both staff members are part of the admin team.

Facilities and Environment

Overall, the staff members said that the meals provided are healthy, there is variety, and that different cultures are catered for. The meals are prepared in the premises, but pastries for activities and events are ordered from outside. A few staff members mentioned that there could be more choice offered, such as Halal meals. We were told that the home recently had an Environmental Health audit and received 5 stars.

The home is cleaned regularly by the housekeeping team and residents are allowed to move around but cannot leave the home without a door code. There are handrails in the corridors that residents can hold onto when moving around. One staff member mentioned that the home needs “TLC” and redecoration. They also said that the conservatory is leaking and requires fixing so that residents can use it in good weather.

We were told that the home is safe for both residents and staff. It is staffed around the clock; there are door codes; and staff are trained in safety. We were told of an incident where a

resident knew the door code for the front door, and while the nurse was doing the medicine rounds, the resident managed to leave the home without staff noticing. The resident returned early the next morning and required staff to let them in as they did not know the code to get back into the care home.

Care and Support

Staff members told us that residents and their families are involved in planning their care and they are kept informed of any changes. They are shown the plan which has involvement from GPs and other health care professionals such as podiatrists, hospital specialists etc. and the plan is also discussed with families. There are MDT meetings once a month where 2-3 residents and their care plans are discussed. One staff member told us that the care plan could be discussed with the relatives and residents in more detail to make it more person-centred.

We were told that the residents' culture and/or religious beliefs are taken into consideration. For example, the home accommodates any dietary preferences, such as halal meat, and vegetarian or vegan food. A vicar comes to the home to see residents and the home is also planning to involve leaders from other faith groups. The Home Manager also told us that the H&F CCG is working on creating a database for leaders of different religions within the area that can be involved in residents' care. A staff member mentioned that the home could have church services within the premises and encourage residents to attend services in the places of worship if they wanted to.

The staff members reported that residents and/or their families are kept informed of any changes to care plans. The care plans are reviewed monthly, and residents and their families are asked about any changes they would like to make, and the home tries to implement these wishes where possible. The care home manager is also planning to put in place a Wishing Tree for activities which should be in place by December hopefully.

With End-of-Life (EOL) patients, the staff members told us that the home accommodates their cultural and religious beliefs, and that EOL patients are visited by the hospice, GP, and a priest depending on their religion. We were told there is no specific bereavement support available, but that EOL patients and their families are supported by the care home staff 24/7 as the home is always staffed, and family members are allowed to visit at any time. The staff members can also contact a hospital for any specialist support.

We were also told that staff members are often invited to funerals and are involved in after care.

Communication

Staff members told us that residents can communicate with their families any time they wish. The residents have access to phones in the units and the home has tablets that can be used for video calls. Furthermore, residents can have phone lines for their rooms, and have their own mobile phones and tablets. We were also told that EOL patients were allowed to have visitors even during the lockdown, and this has now been extended to all residents so that all residents are allowed visitors any time they wish.

We were told that staff listen to residents and treat them with respect and that the staff are provided training on person-centred care and good communication. The home manager told us that there had been an allegation of abuse against a staff member which the manager investigated. This allegation has now been escalated and safeguarding and CQC reports have been submitted.

Staff members also told us that information about care and treatment is given and explained to residents and their families in a way that is easy to understand. The home does not have a specific translation and interpretation service, but they have a diverse staff who can act as translators.

Management of Services

Some staff members told us that they receive good support from the manager *“who helps us when the work is too much”*. They also said that support and information is received from the Local Authority and the Care UK and while shifts can be stressful, there is enough support and resources provided. Furthermore, if there are any issues, the staff can reach out to Care UK or the Local Authority.

One staff member told us that they feel pressured and stressed most of the time as they deal with staffing: *“There is a lot of restrictions and elements when it comes to that, as carers are not paid enough, their pay doesn’t match physical/emotional pressure they go through”*. The staff member said carers would benefit from increase in pay and more access to childcare. Another staff member told us that they do not feel supported enough. They said: *“At the end of my shift, I feel exhausted. I think that I would benefit from having someone to speak to on a one-to-one basis regarding how I feel and probably some coping mechanisms”*.

Information about incidents, such as accidents, are recorded on CareSys (care home management software). The manager checks the incident reporting system every morning and discusses with staff members. They also conduct analysis of the incident tracker monthly to see what could be improved.

The staff members reported that the home currently has enough staff members, and the recruitment is ongoing. One staff member said that they could do with a few more bank staff in areas such as kitchen and launderette, and another staff member said that the job post is not appealing to most and agencies pay more.

We also asked how satisfied the staff members are with the way they currently work with health care providers such as hospitals and if anything could be improved. A staff member mentioned that the care home is not always provided with correct information during assessments: *“Hospitals are aware of our rejection criteria, and they are sometimes not honest during assessment and withhold information”*. The home manager told us that they generally do not have communication problems with hospitals, although they did mention that the communication with Hammersmith & Fulham Dialysis unit has in the past been poor, but that this had been discussed and hopefully will improve going forward.

Anything else?

The home manager would like to have better access to equipment. Previously, due to an oversight, they were able to order equipment directly from Mediquip. However, they now have to go through GPs which can take time. If they need equipment urgently, they will go through the Director of Complex Care.

A staff member suggested that there should be a website where all the Local Authority information is easily and readily available.

6. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the Farm Lane Care Home.

Based on the analysis of all feedback obtained, Healthwatch Hammersmith & Fulham would like to make the following recommendations.

We make 1 recommendation on Training.

Training

Members of the admin team reported some dissatisfaction with the training they were provided to prepare them to carry out their roles.

Recommendation 1: Review the training provided to new admin team members, and possibly conduct an internal survey amongst the admin team to find out how the training could be improved and implement these changes. Encourage any current admin team members to take the improved training modules.

We make 3 recommendations on Facilities and Environment.

Facilities and Environment

There was internal signage on the doors; however, not all of them were dementia friendly.

Recommendation 2: Ensure all internal signage within the care home are dementia friendly.

Most residents seemed happy with the meals, but one resident said they did not like the food at all, another said they did not like dinners in particular, and one suggested more variety.

Recommendation 3: When possible, speak to residents about what types of meals they would like to see on the menu, and implement any changes according to the resident feedback.

We did not observe a complaints policy displayed, although this could have been missed by the authorised representatives during the visit.

Recommendation 4: Ensure a complaints policy is displayed within the reception area where it is easily noticeable.

We make 2 recommendations on Care and Support.

Care and Support

Most residents told us that they were not aware of their care plan and that they were not sure if their family members were involved in the planning.

Recommendation 5: Ensure staff members take their time to clearly explain care plans to residents and ensure that residents and/or their families are involved in the planning. Some additional training around clearer communication of care plans could be beneficial.

Some residents told us that their culture and/or religious beliefs had not been taken into consideration, and one mentioned that they would like to go to church.

Recommendation 6: We were made aware that the home was planning to increase the involvement of different religious organisations in the resident care, and we would encourage this to be implemented as soon as possible. It would also be a good idea to review each resident's cultural and religious preferences to ensure these are taken into consideration.

We make 1 recommendation on Communication.

Communication

Residents said they had not been made aware of translation and interpretation services or any other communication support services, although this could be because they do not require additional support.

Recommendation 7: Information about interpretation and translations services alongside any other communication support services should be displayed in visitors' areas, and residents should also be made aware of these where necessary.

We make 1 recommendation on Management of Services.

Management of Services

A few staff members reported some dissatisfaction with their role and the support that they receive with one staff member mentioning that they would benefit from one-to-one support and coping mechanisms.

Recommendation 8: As part of looking after staff wellbeing - both physical and mental health - it would be a good idea to implement a staff wellbeing programme (if this does not exist already) which would include access to talking therapies or counselling services where staff could talk about the pressures of their work and learn coping mechanisms that they can use independently. Further implementation of self-care reminders such as the self-care checklist that was observed on the wall in the reception area could also be beneficial.

7. Glossary of Terms

| | |
|-----|-------------------------|
| CQC | Care Quality Commission |
| EOL | End-of-Life |

| | |
|-----|-------------------------------|
| MDT | Multidisciplinary Team |
| PCN | Primary Care Network |
| PPE | Personal Protective Equipment |
| RAG | Red, Amber, Green |

8. Distribution and Comment

This report is available to the general 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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