

St Vincent's 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 possible 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. St. Vincent's House

Visit Details	
Service Visited	St. Vincent's House Care Home, 49 Queen Caroline St, London W6 9QH
Manager	Charito Herman
Date & Time of Visit	6 th October 2022, 10am-12pm
Status of Visit	Announced
Authorised Representatives	Mari Tiitinen, Michelle Turpin Cope, Phyo Yee Wai Yan
Lead Representative	Mari Tiitinen

On 6th October 2022, we visited St. Vincent's House Care Home. The care home is operated by Care UK.

St. Vincent's provides care for up to 91 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.

St. Vincent's House was last inspected by the CQC in February 2021. The subsequent [report](#) rated the service as 'Good' overall.

Online Feedback

On [Carehome.co.uk](https://www.carehome.co.uk), St. Vincent's House has as an overall score of 9.1 out of 10 based on reviews in the last 2 years.

4. Executive Summary of Findings

Our analysis is based on the feedback of 6 residents, 1 family member, and 12 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, with the ground and the first floor dedicated to elderly frail residents, and the second and third floor are for residents with dementia.
- The care home also has a cinema room with sofas and a popcorn machine; a music room which was currently not in use; a multi-faith prayer room that can be used by both staff members and residents; an art room with residents' artwork on the wall; a sensory room for dementia patients; and a large garden.
- We were shown a resident room that was currently unoccupied: the room was quite small and had a single bed and other basic furniture as well as a bathroom with a toilet and a shower.

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.
- The home has a dementia friendly internal signage, although not all the rooms had this, for example, we observed that the cinema room did not have a dementia friendly sign.
- We were told that all meals are prepared from scratch in the kitchen.

What could be improved?

- The building is shared by Alzheimer's Society's Memory Clinic whose entrance is located on the main road whereas the entrance to the St. Vincent's care home is located around the corner. There is a sign which directs to the entrance of the St. Vincent Care Home, although this could be bigger and placed somewhere more noticeable.

- We observed some of the décor was outdated and paintwork worn out.
- One resident told us that during the summer months, the home was very hot and therefore uncomfortable, although the resident has an oxygen machine which emits heat
- Most residents seemed happy with the meals overall, although a few commented that more variety was needed and more flavour.

Covid-19 Protocols

Notes

- Outside the care home, there is a large sign advising people to wear 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?

- Face masks were available at the entrance.
- 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.
- As part of their infection control, we were told that door handles and other frequent touchpoints are cleaned three times a day.

What could be improved?

- We did observe that most staff were wearing face masks, although we did see some that were not.

Care and Support

Staff members told us that residents and their families are involved in care planning, and that care plans are updated whenever there are any changes to residents' health or medication and residents and/or their families are informed of any changes.

What has worked well?

- Most residents told us that they or their family members were involved in planning their care and that they are happy with their care plans.

- Majority of residents told us that they or their family members were kept informed of any changes.
- 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?

- One resident told us that they do not get informed about changes, and another told us that they have not been told about changes to their medication other than “the surgeon saying he will write a letter to my GP”.

Communication

Notes

- Residents are allowed to have visitors whenever they wish, and that they are assisted to contact family both over the phone and virtually when requested.
- We were told that staff are trained to treat all residents with respect and dignity, and that all staff members should listen to residents in order to meet their needs.

What has worked well?

- Residents reported that information is explained to them in a way that is easy for them to understand.

What could be improved?

- A few residents commented that staff do not always listen to them: “I can communicate with all staff, but some staff do not understand or treat you with respect because they do not listen and do not understand that all illnesses are not the same, some are invisible”.

Wellbeing

Notes

The care home provides activities like arts & crafts, card games, bingo, cinema, and karaoke session.

What has worked well?

- One of the residents said that they had “unhappy periods” due to not having visitors during lockdown, but that their mental health was getting better now that visitors are allowed again.

What could be improved?

- A few residents mentioned that they are struggling with their mental health.
- One resident said they would like more volunteers to come and talk to the residents and another resident mentioned that they would like to have more physical activities like playing bowls.
- One resident mentioned that they would like to have physiotherapy to do exercises and that although they have group activity and one on one sessions for a few minutes, they would find it better to have longer exercise sessions.

Based on findings, we have made several recommendations (see section 3.5).

5. Full Findings

5.1 General Observations

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

Location and Signage

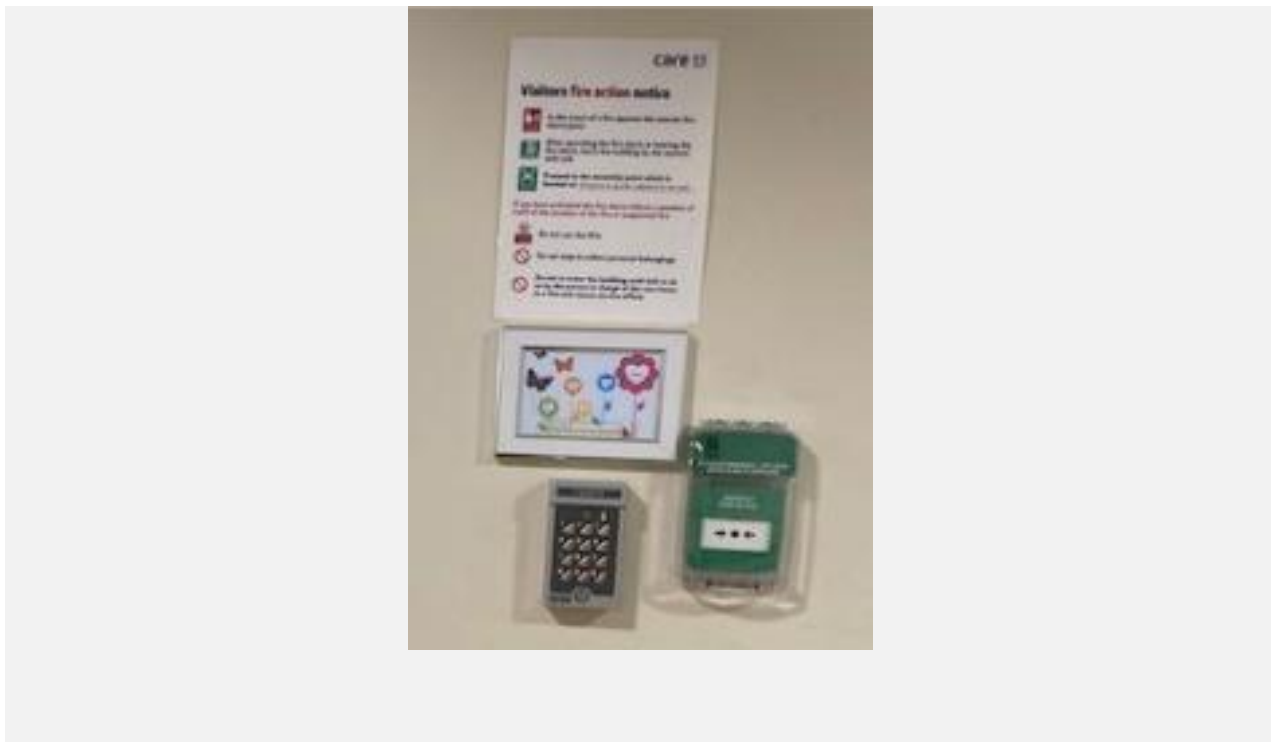
Observations

- The care home is a short walk from the Hammersmith tube station and located near bus stops.
- The building is shared by Alzheimer's Society's Memory Clinic whose entrance is located on the main road whereas the entrance to the St. Vincent's care home is located around the corner.
- There is a sign which directs to the entrance of the St. Vincent Care Home, although this could be bigger and placed somewhere more noticeable.

Accessibility

Observations

- The entrance to the care home is located on the ground floor and is therefore accessible by wheelchair and people with mobility issues.
- The front door was open upon our arrival, and we were greeted by the receptionist who asked us to sign in.
- 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.
- We did observe one of the sluice room doors was 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?	G
Is information about translation/interpretation services displayed in the care home?	R
Are information leaflets available in formats such as Easy Read and Braille, and in other languages?	R
Is the internal signage in a format that is easily understood by all residents and their families/carers?	A
Are residents provided with appropriate equipment to enable them to contact their families/carers?	G
Have staff received Dementia Friends awareness sessions?	G
Have staff received training in Accessible Information Standards?	R

Covid-19 Protocols

Observations

- Outside the care home, there is a large sign advising people to wear mask, use hand gel and observe social distancing.
- There was also a sign saying do not enter the care home, which we were told should be removed as the sign was no longer relevant.
- Upon entry, we went through a thermal camera that measures a person's temperature, although we were not sure if anyone was monitoring this.
- Face masks were available at the entrance.
- 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 did observe that most staff were wearing face masks, although we did see some that were not.
- As part of their infection control, we were told that door handles and other frequent touchpoints are cleaned three times a day.

General Environment/Facilities

Observations

- The care home has four floors, with the ground and the first floor dedicated to elderly frail residents, and the second and third floor are for residents with dementia.
- The kitchen is located in the basement alongside the laundry and staff rooms.
- 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.
- The care home also has a cinema room with sofas and a popcorn machine; a music room which was currently not in use; a multi-faith prayer room that can be used by

both staff members and residents; an art room with residents' artwork on the wall; a sensory room for dementia patients; and a large garden.

- There was also a garden room that had been transformed into a room where residents were able to safely meet with visitors during the Covid-19 pandemic as the room was divided by a transparent wall. However, we were told that there was a plan to restore the room as a garden room.
- We were shown a resident room that was currently unoccupied: the room was quite small and had a single bed and other basic furniture as well as a bathroom with a toilet and a shower.
- The height of the beds in residents' rooms can be adjusted. We observed that some of the residents' beds were very low, almost at the ground level, and when enquired, we were told that this was to prevent falls. We were told that the care home prefers to not use bed rails as this can be a safety issue.
- The residents can also have a pressure relieving mattress or a standard mattress depending on their requirements.
- We were told that the height adjustment of the beds also helps staff with moving and handling of residents.
- The residents on the second and third floors had memory boxes located outside their rooms. The boxes contained personal items that helped residents to remember their lives.
- The overall environment was clean, and we were shown cleaning records. In one of the dining rooms, we observed some food on the floor, however, this was promptly cleaned by staff when requested by the deputy manager.
- We observed some of the décor was outdated and paintwork worn out.
- On the day of our visit, there was some repair work being carried out. We were told that this was due to ongoing fire safety work. During our visit, there was a power cut, however, this did not seem to cause any issues to the residents or staff.

Noticeboard/Information

Observations

- The activities timetable, daily menu, resident/relative feedback, CQC Inspection score, and the complaints procedure were displayed in the reception area.
- The reception area also had a GEM Nomination Box, where relatives could nominate a staff member of the month.

- The home was also displaying their review score from carehome.co.uk which is a review website for care homes in the UK, however, we noticed that this was slightly out of date.
- There was a noticeboard near where staff need to sign in for their shift and we observed information about statutory training, including Dementia Awareness and Equality and Diversity, displayed here.
- The information regarding training encouraged staff to ensure that they are all up to date with their mandatory training.
- Each resident floor also has a noticeboard that displays information about the weather, daily activities, birthdays, events, and Resident of the Day.

Additional Observations

Observations

- The home has a dementia friendly internal signage, although not all the rooms had this, for example, we observed that the cinema room did not have a dementia friendly sign.
- Dementia friendly show plate system is also in place where a staff member show two sample plates of meals to residents and ask them which meal they would prefer to have. We observed this taking place when we were speaking to one of the residents.



5.3 Resident / Family Member Feedback

During our visit on the 6th October 2022, we engaged with 3 residents in total. We were also given 3 resident and 1 family member questionnaires that had been completed prior to our visit.

We 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

Anecdotally we were informed that the majority of the residents had lived at St. Vincent's for several years. Two of the three residents we spoke with had lived there for less than a year.

All had moved into the care home from a hospital and reported no 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 that staff "*do what they can*", but that sometimes the bell in their room does not work. Another resident mentioned that staff often say they will come back soon, but then do not.

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 overall, although a few commented that more variety and flavour was needed with one resident suggesting that condiments like ketchup and vinegar for meals like fish and chips are provided. They also mentioned that vegetables are *“overcooked and potatoes too hard”*.

One of the residents told us that the breakfast is good, but often they do not want to eat other meals on the menu and instead request the staff to make them a sandwich.

Another resident said that they require a special diet which they are provided as well as vitamins and minerals.

One resident told us that during the summer months, the home was very hot and therefore uncomfortable, although the resident has an oxygen machine which emits heat.

Care and Support

Most residents told us that they or their family members were involved in planning their care and that they are happy with their care plans. One resident said that at the time, they were not able to have a say in their care plan, but they would now like to have a say in how they are cared for. Another resident said they wish nurses had thoroughly discussed the care plan with them: *“They do, but I want more.”*

Majority told us that they or their family members were kept informed of any changes but were not always aware of what will happen with their care in the next 12 months, although one resident commented that they did not want to know.

One resident told us that they do not get informed about changes, and another told us that they have not been told about changes to their medication other than *“the surgeon saying he will write a letter to my GP”*.

Residents reported that their cultural and/or religious beliefs were taken into consideration in planning their care. A few mentioned that they would like to attend a church service in the care home: *“I am a Baptist and would like to have a Baptist church service in care home or going to the church as the Baptist church helps guide me”*.

Residents told us that they are able to see a GP when needed. When asked about a dentist, one resident told us that they would be able to request to see one if they wanted to and a few residents told us that they had not seen a dentist but that they would not want to.

Communication

Residents told us that they are able to easily communicate with their family and that family members are able to visit or call them regularly. One resident told us that they do not have family that visit but staff members come to see them when they are free.

Most residents reported that staff members listen to them and treat them with respect and dignity. A few residents commented that staff do not always listen to them: *“I can communicate with all staff, but some staff do not understand or treat you with respect because they do not listen and do not understand that all illnesses are not the same, some are invisible”*.

One resident reported there had been “*an occasion*” with a staff member but that it “*has been sorted*”. They also mentioned that most patients in the home have dementia but that they do not want to be treated like that.

All residents we spoke with said that they had not been made aware of interpretation or other communication support services as they did not have special communication requirements. Residents reported that information is explained to them in a way that is easy for them to understand.

Wellbeing

Residents reported having taken part in activities like arts & crafts, card games, bingo, cinema, and karaoke session, and had gone to see ‘Sister Act’ in a theatre. One family member said that the home had a new activity lead and that activities are good.

Some residents said they prefer to stay in their room and listen to music or watch TV, although staff members do invite them to join in. One resident said they would like more volunteers to come and talk to the residents and another resident mentioned that they would like to have more physical activities like playing bowls.

A few residents mentioned that they are struggling with their mental health. One resident told us that they would find most useful to have someone to talk to. Another resident said they do Sudoku puzzles to occupy their mind and that if there was something, they would “*get over it eventually*”.

One of the residents said that they had “*unhappy periods*” due to not having visitors during lockdown, but that their mental health was getting better now that visitors are allowed again.

Anything else?

One resident mentioned that they would like to have physiotherapy to do exercises and that although they have group activity and one on one sessions for a few minutes, they would find it better to have longer exercise sessions.

5.4 Staff Feedback

All staff member questionnaires were completed prior to our visit and we received feedback from 12 staff members in total including 2 Team Leaders, 2 Lifestyle Coordinators, 3 Care Assistants, a Laundry Room worker, a Maintenance worker, a Business Administrator, a Carer, and a Chef.

Training

Almost all staff members told us that they have received a variety of training, such as Moving & Handling and Care Planning training, to prepare them to carry out their roles, and several staff members mentioned that they were due to attend training sessions in the near future. One staff member said they had not attended training recently, and another said they would like to improve by having more training.

Facilities and Environment

Staff members told us that meals in the care home are healthy as they are freshly prepared at the premises, and there is variety. We were also told that the kitchen caters for religious, cultural and other dietary choices as well as special diets such as a soft food diet. We were also told that there are themed meals available such as Chinese, Indian and Italian. One staff member said *“on some occasions the food is delicious and goes down well and other times it is not so”*, and another told us that while the meals are healthy, they should be changed every few months.

In terms of the facilities and the environment, staff members reported that there is a domestic team on each floor that cleans the home daily and that regular cleaning schedules are in place. We were also told that residents can move around the home easily. One staff member said that everyone should be proactive with looking after the home: *“if they see something that requires attention then deal with it appropriately”*. Another staff member mentioned that the carpet can get dirty easily and cleaning does not always help.

Staff members told us that the home is safe: security doors with door codes have been newly fitted, there are weekly fire alarm testing and regular fire drills, and all staff are trained in health and safety.

Care and Support

Staff members told us that residents and their families are involved in care planning, and that care plans are updated whenever there are any changes to residents' health or medication and residents and/or their families are informed of any changes. One staff member said there is not enough time to give personal attention to residents.

We were told that each day, there is a Resident of the Day when the resident's care plan is discussed with the resident and/or their family to see if they are happy with the plan and whether they would like anything changed.

We were also told that the Lifestyle team ensures that the residents and their families are involved in creating a resident's lifestory book in order to better know their likes and dislikes and that this is also taken into consideration in planning their care.

Staff members also reported that there are regular MDT meetings and GP rounds where any updates are recorded into care plans.

Staff said that residents' cultural and/or religious beliefs are taken into consideration when planning their care, for example in terms of any dietary requirements. Staff also reported that the home is trying to improve the involvement of different religious organisations, such as Church of England and Jehovah's Witnesses, in residents' care. One staff member suggested that care plans should include care instructions for ethnic hair or washing rituals that may differ.

When asked about the End-of-Life (EOL) care at the home, staff members said that residents and/or their family members are involved in the planning, and that the home also takes into consideration the residents' religion and/or culture when planning end of life care. One staff member told us that EOL can also include any family pets and that priests have in the past come to give EOL patients their last rites.

Another staff member suggested that regular sessions are held to discuss (DNAR's) (CPR) with families as some families do not wish to discuss.

When asked whether EOL patients are able to access support 24 hours a day and 7 days a week, we were told that the care home is staffed around the clock so that staff can offer support to residents and their families. The care home can also offer a telephone number for

Bereavement support for families as well as staff. *“The aim is their time at the care home to be comfortable and happy, as well as giving support to their families/carer who will also be involved in the planning of end of life care, in terms of fulfilling individual needs and beliefs.”*

Communication

Staff members told us that residents are allowed to have visitors whenever they wish, and that they are assisted to contact family both over the phone and virtually when requested.

We were told that staff are trained to treat all residents with respect and dignity, and that all staff members should listen to residents in order to meet their needs. However, a few staff members mentioned that they believe not all staff listen to the residents. One said: *“I feel like our staff need to stop & listen carefully and ensure they understand what is being asked of them. Carers also need to be pro-active in discussing residents’ needs & requirements.”*

We asked members of staff whether information about care and treatment is provided to residents and their families in a way that is easy to understand and whether they are made aware of any interpreter and other communication support services. We were told that the home has multi-lingual staff members who can help with translating information, as well as family members who can communicate information in residents’ own language. We were also told that staff members use simpler language to explain things which makes it easier for residents to understand. One staff member also mentioned utilizing Google Translate.

Management of Services

Staff members told us that all incidents, such as accidents, are recorded on Caresys (Care Home Management Software).

When asked about the staffing levels at St. Vincent’s, some mentioned that the home needs more staff. However, we were told that they are continuously recruiting new staff members, and one staff member mentioned that there were plans to address staff shortage with a possible bonus scheme. We were also told that the care home only occasionally uses agency staff as most of the time they have enough staff to cover any sickness, holidays, training, and escorting.

Most staff members mentioned that they felt they receive enough support and guidance. One staff member mentioned that they could have more guidance in some areas, and a few members of staff said that the support depends on the team and the floor they are working on, and that more support would be welcome.

We also asked staff members how satisfied they are with the way they currently work with health care providers such as hospitals and if anything could be improved. Most staff members said they were satisfied with this, although one staff member mentioned improvement around communication, specifically around the social history of residents and family members. Another staff member mentioned that occasionally there are issues with some of the discharges from hospital, but that they have a good relationship with the local authority and hospitals.

Anything else?

Other things mentioned included more training for lifestyle coordinators, and a van to take residents out on a day trips.

6. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the St. Vincent's House Care Home.

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

We make 4 recommendations on Facilities and Environment.

Facilities and Environment

Recommendation 1: As the building is shared by Alzheimer's Society's Memory Clinic whose entrance is located on the main road, we would advise that the sign that directs to the entrance of the St. Vincent Care Home is replaced with a bigger sign and placed somewhere more noticeable.

Recommendation 2: We observed some of the décor was outdated and paintwork worn out, so it would be a good idea to repaint the home to give it a more 'refreshed' look.

Although most residents seemed happy with the meals overall, a few commented that more variety and flavour was needed.

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.

The home has a dementia friendly internal signage, although not all the rooms had this.

Recommendation 4: *Ensure all internal signage within the care home are dementia friendly.*

We make 2 recommendations on Care and Support.

Care and Support

Some residents told us that they do not get informed about changes to their care plan or medication.

Recommendation 5: *Ensure that any changes to care plans or medication are clearly explained to residents and/or their families and that it is done in a way that is easy to understand.*

Recommendation 6: *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 Communication.

Communication

Some residents expressed that staff do not always listen to them.

Recommendation 7: *It would perhaps be a good idea to provide additional training to staff members around communication and how to explain information so that all residents with different communication skills are able to understand it.*

We make 2 recommendations on Wellbeing.

Wellbeing

Some residents mentioned that they would like to have more physical activities like playing bowls and physiotherapy to do exercises.

Recommendation 8: Look into organising some more physical activities and exercises to those residents who are capable of taking part in these.

Some residents mentioned that they are struggling with their mental health and one mentioned that they would like more volunteers to come and talk to them.

Recommendation 9: Look into arranging some befriending volunteers to come and visit residents, and explore other ways, such as counselling and talking therapies to help residents maintain or improve their mental health.

We make 2 recommendations on Management of Services.

Management of Services

When asked about the staffing levels at St. Vincent's, some staff members mentioned that the home needs more staff. We were told that they are continuously recruiting new staff members, and that there were plans to address staff shortage with a possible bonus scheme.

Recommendation 10: Look into ways to increase recruitment and to retain staff with a possible incentive scheme or a referral bonus for staff who refer someone who is subsequently recruited to the care home.

Some staff members mentioned that they could have more guidance in some areas, and a few members of staff said that the support depends on the team and the floor they are working on, and that more support would be welcome.

Recommendation 11: Speak to staff members to find out how they could be better supported to carry out their roles and perhaps implement regular one to one meetings to ensure all staff members feel fully supported, if this is not already in place.

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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