

Enter and View Report

Atfield House
October 30th 2023



“I like it here. Everyone is nice! I have so many different places I can be, like reception, dining, lounge, etc.”

- Resident

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Introduction

Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Visit Details	
Service Visited	Atfield House
Manager	Subin Sebastian
Date & Time of Visit	10:00 AM, 30 th October 2023
Status of Visit	Announced
Authorised Representatives	Samreen Nawshin, Aastha Binjrajka
Lead Representative	Aastha Binjrajka

1. Visit Background

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 authorised representative (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 Limitations

While the Healthwatch Hounslow Authorised, Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews. Furthermore, where English is not a first language for some of the staff or residents, it is possible that some words or sentences were not fully communicated.

Some individuals in this residency also had minimal speech and comprehension of complex questions so where we have tried to provide a voice for them, this was limited to their expressions, observations and very simple picture-based questions.

1.4 Acknowledgements

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

2. About the Visit

Reason for the visit

This visit was part of a broader programme of Enter & Views, looking into what it is working well in Care Homes, and areas for improvement.

Methodology

This was an announced Enter and View visit which took place on 30th October 2023 between 10:00pm and 2:00pm and was carried out by two Healthwatch Hounslow authorised representatives.

We shared an EasyRead introduction letter for residents and online surveys with Atfield House, allowing some staff, senior management, and friends/family of the residents to access the questionnaires online, in advance of our visit. On the day, we interviewed residents who wished to talk with us.

The visit consisted of the following components:

- An initial introduction to the care home with the Manager
- A tour of the external and internal premises
- Interviews with residents, friends/family, staff and manager
- A debrief with the manager to highlight any immediate concerns, if applicable

In total we spoke to (in person & via online surveys):

- 10 of 68 Residents (given challenges in oral communication, individual interviews took longer than usual, and we were not able to reach as many residents during the course of the visit)
- 3 x Friends/family
- 10 x Support Workers
- 1 x Manager

2.1 Atfield House

On October 30th 2023 we visited Atfield House which is located in Hounslow. The service is privately owned by the Barchester Healthcare Homes Limited.

The home may accommodate up to 68 residents and 68 were in residence at the time of the visits.

The home has a staffing complement of 78.

2.2 CQC Rating

The CQC is 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.

Care Home was last inspected by the CQC in September of 2023. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Effective, Caring, and well-led, and 'Outstanding' for being Responsive.

2.3 Online Feedback

There are 100 online feedback reviews for this provider, with an overall rating of 9.7 out of 10.

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Hounslow to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report.

3. Executive Summary

This section of the report details the key findings from our observations and the resident and staff feedback collected during our visit.

Observations

What has worked well?

- The interior decorations, spaciousness of the communal areas, and dressing up the home based on themes for special days and for festive seasons.
- Cleanliness of the premise, both inside and outside the house gives a good impression about upkeep and maintenance.
- Having fire safety equipment in multiple places.
- Noticeboards filled with different activities/information.

What could be improved?

- More pictorial signage could be used throughout the care home to cater to people with dementia and also with visual impairment and other communication challenges.

Resident Feedback

What has worked well?

- Various activities in place, especially quizzes or board games that have drawn the residents' interests.
- The care home is really big so it's rare to feel lonely.

What could be improved?

- There's an opportunity to strengthen connections between staff and newer residents, which could become a key focus.
- The activity coordinator might try and motivate the residents to participate in the activities.

Staff Feedback

What has worked well?

- Majority are satisfied and happy with their job. Some have said they feel appreciated by the residents for their work.

What could be improved?

- Staff should have a comprehensive understanding of their training/induction and reflect on this in their day-to-day task, regardless of their role.
- Ensuring that the staff are happy about their pay and there is harmony amongst the staffs and the residents.

4. Full Findings

During the visit we collected responses from 3 residents, 1 friends/family, and the head manager. However, 10 staff members, 7 other residents and 2 interested family delivered their responses via our online surveys. (24 people in total)

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

4.1 Observations

During our visit, our team of Authorised Representatives made observations on Entry and General Accessibility, General Environment, Safety and Visiting, Personal Care and Activities, and Staffing and Management. We have highlighted both good practice and areas for improvement.

Entry and General Accessibility

Notes

- The care home has good access to public transport and is quite easy to spot from the road.
- Entry to the house is secured and controlled from inside; one needs to ring from the outside to be allowed in.

- Visitors are required to sign in at the reception and are greeted with a warm welcome.
- There is a designated area for car parking, with a designated space for disabled parking.

What has worked well?

- The big signage outside is helpful for spotting the care home.
- Entrance to the home is step free and suitable for wheelchairs.
- The reception has a sign in register for visitors who are then accompanied by a staff member inside.
- The cleanliness and decoration of the house makes it look visually appealing.

What could be improved?

- We found no potential areas for improvement.

General Environment

Notes

- The house primarily comprises of 3 units- one of which focuses on a resident's independent living by providing support; a second unit provides nursing and care to older people; the final unit is a dementia unit.
- There are single rooms with en-suite bathrooms for each unit, and separate accessible shower space for the residents. Units are not gender segregated.
- Residents' rooms are quite spacious and appear pleasantly decorated.
- There are other communal toilets that are well equipped with the necessary facilities required for the user
- The home has one communal garden with plants and other seating. The walking path is carefully designed too, catering to wheelchairs and other mobility aids/vehicles which gives access to all residents. Moreover, the dementia unit has a separate garden to themselves, which can be accessed from each resident's room living in that unit.
- The home has its own hair salon that can be used by the residents.
- Lounges, dining space and other public areas were quite pleasant.

What has worked well?

- The home is quite spacious and provides a lot of room for residents to move around.
- Having such a big garden allows different activities to take place, utilising the space and resources.
- The residents have TVs in their rooms which gives them the choice of watching it at their own convenience.

- The ambience of the care home is “homely” and it is well decorated, often matching the celebrations or festive periods of the calendar year – during our visit there were Halloween and Autumnal decorations.

What could be improved?

- The home currently does not have a multi-faith room, which could provide residents with the opportunity to practice their religion.
- The spaciousness of the home offers a lot of potential for clear and helpful internal signage to guide people through its layout..
- The activity room and dining space are combined and interconnected. When staff begin preparing food and arranging utensils for residents, it can disrupt activities and residents’ attention. This could be minimized by scheduling meal preparation and utensil arrangement during times when activities are not in progress.



Safety and visiting

Notes

- The staircases are all coded so that residents don't use them unsupervised. However, they can use the elevator.

- They have flexible visiting hours, and the home is open to friends and family spending time with the residents over lunch and the whole afternoon.

What has worked well?

- During our visit, there were two friends of a resident visiting. Although their friend hadn't been in the home for long, they discussed how they have seen their friend improve within that period. They expressed their satisfaction with what they had seen of the care team, management, and the home in general.
- Having multiple lounges and seating space for visitors and residents creates a very comfortable ambience for everyone.

What could be improved?

- The communal spaces upstairs had a distinct food smell although the dining hall is situated downstairs. Whilst we appreciate residents being served food in their rooms, it might be worth using an air freshener after serving food so that the smell diffuses.
- We heard a loud level of noise coming from one bedridden residents' room whilst they were watching TV. Whilst residents may experience hearing issues, the home needs to be mindful of noise in communal spaces and corridors.

Personal Care, Diet, and Activities

Notes

- It was observed by our representative that not all residents were encouraged to take part in the activities by the activity coordinator.
- A "getting to know me" booklet is used to gather a resident's likes and dislikes, any necessary information and/or previous history about them.
- Activities are arranged in an interdisciplinary manner between departments such as care, therapy and activities to ensure that residents achieve positive outcomes.
- There are several systems in place to cater for good personal care of the resident such as, stand up meeting to discuss and review any new changes and new admission; monthly clinical governance and nutrition meeting and monthly clinical and documentation audit.

What has worked well?

- Most residents are happy with the activities. The majority enjoy the quizzes, bingo and scrabble.
- There was unanimous satisfaction around the food and the choice that they are provided with.

- The activities boards were well populated with range of different things scheduled for the week.
- The menu for food is reviewed in residents meeting that are held monthly. However, the chefs have daily/weekly conversations with the residents, which is an opportunity to discuss any concerns they might have. The menu is also displayed in the dining hall.
- There is a “resident of the day” form to review their care plan which is evaluated daily and then monthly. This plan is further reviewed on a half yearly basis with the residents.

What could be improved?

- We found no potential area for improvement.



Staffing and Management

Notes

- The manager was observed to have strong interaction with the staff and the residents, and showed proactivity and good awareness around all aspects of the care home.
- The number of staff complements the number of residents living in the home and the consistency of their service is reasonably good.

What has worked well?

- All staff members have their nametags which is handy for identification.

What could be improved?

- Our representative observed what they felt was a bit of indifference of staff towards a particular resident who was quite new to the care home and was sharing their concerns. Improvement could involve providing additional training or guidance to staff on how to interact with new residents, emphasizing the difficulties of transition and adjustment and the importance of empathy and attentiveness.
- While it's understandable that there may be delays in care staff attending to residents, perhaps more focus could be placed on those who require assistance with mobility. During our visit, we noticed a resident who was left waiting for a prolonged period in the dining area. This could be improved by implementing a system to prioritize residents in need of mobility assistance and ensuring prompt attention to their needs. Additionally, enhancing communication between staff members and implementing efficient scheduling strategies may help reduce waiting times for residents requiring assistance.

4.2. Resident Feedback

During the visit and through online surveys we collected feedback from 10 residents and 3 family members/friends.

General feelings

- Almost all of the residents were satisfied and pleased with the cleanliness, helpfulness of staff, visiting arrangements, support from care staff, and the garden/outdoor space.
- The residents felt safe and secured in the care home.
- A few of the residents thought their independence is compromised.
- Everyone felt that they are well informed and up to date with the range of activities held in the home. Although not everyone likes to take part in the activities all the time, they are pleased to have the 1:1 option and/or be left alone with their choice. On the contrary, one of the family members said some activities are just for display purposes and don't actually take place.
- If they wished to raise a complaint, some residents said the process/information was clear, and others presumed they could talk to a member of staff and/or the manager for this purpose.
- For some of the residents, their family help them with access to doctors, otherwise, the care home provides referrals.
-

Staff

- Overall, the responses show that the residents have positive feelings toward members of staff. The majority felt that they are respected and are treated with dignity, feel heard and are included.
- However, one resident said sometimes language barriers seems to be an issue in terms of their communication.
- Another resident said, they don't always feel listened to. Sometimes the staff shout at them which they find quite upsetting.

Environment

- The residents find the home to be quite pleasant. They access the garden spaces during summer and have used the space to harvest vegetables as part of their summer activities.
- One resident finds the lounge or activity room quite chaotic at times.

Food

- Everyone unanimously agreed that the food was good, and they get plenty of choice.
- Even the residents who are unable to eat all foods, like the machine food (porridge) that they receive.

Improvements

Residents made the following suggestions for improvements:

- Having more exercise-based activity for those able to take part.
- Providing new residents with an orientation to help them recognize the roles and responsibilities of the staff members.

Feedback and Complaints

- One resident expressed their wish for library visits and to read a particular magazine.
- A family member has expressed their view that they should be informed about any new staff's arrival prior to their shift or before they begin the job
- Another family has commented that the home should start doing the activities, and not just only display them on the noticeboard.
- "They do listen but I am unhappy that they are not taking us to Catholic church. They took us to Church of England. I did not want to go there as I am a catholic. I want to visit a catholic church. They should consider peoples preference when it comes to different beliefs. Finally, they are taking us to catholic church but it's after so many attempts, they should take us more often." – Resident

Selected Comments

General Care

"They all work very hard in a sometimes-difficult environment. The home is always looking clean, and the staff decorate the communal areas with different themes to represent the seasons and times of celebration, i.e. Easter, Valentines, Halloween, Christmas etc." – Family member

Thoughts on Staff

"Sometimes the new staff come in and the home doesn't notify me, which is bad. They should inform prior to the new staff visiting. Being a family member, we deserve to have this information." – Family member

"We are always welcomed with smiles and pleasantries, offered hot drinks and made to feel comfortable." – Family member

"I had fallen but I didn't tell them. I got told off because I was supposed to call them which I couldn't." – Resident

4.3. Staff Interviews

During the visit we received feedback from 10 staff members, from varied roles. Length of service ranges from 6 months to more than 5 years, with over half the staff serving over 5 years.

General Feelings

- Most of the employees we have interviewed have been working with Atfield house for over 5 years, with one serving for 21 years now.
- The staff members who are relatively new, initially felt challenged, but are able to cope better as their time and experience increases.
- While many staff expressed positivity towards their job, some mentioned that at times it can be difficult to deal with residents who are physically aggressive and have mental health conditions. Otherwise, the majority feel happy, appreciated and productive.
- All staff said they feel supported by the management and have a good relationship.

Selected Comments

"Carers work hard for residents with mental ailments and need to be paid more than a minimum wage. Nursing care homes staff should be paid more for working non-social hours just like in hospitals. It's unfair that most newly hired staff receives higher salary than those who worked for longer time. There should be a matching increment to balance it."

"Generally, I feel productive and appreciated. The most difficult task is dealing with physically aggressive resident due to their mental ailment."

Training

- Most staff members either did not respond to this question or partially answered it. From the responses received, staff get trainings in different areas, including first aid and fire safety, which is based on e-learning and is reviewed every year.
- Since there was a variation of roles amongst the members of staff, we received responses from, the induction process and length seem to vary from 1-6 weeks.

Break and Handover Time

- The majority of staff responded that they have adequate breaks between their shifts but, 2 staff members felt an hours break was insufficient, especially after 3-4 consecutive night shifts.
- The care staff carry out handovers via both verbal and written communication.

Providing personalised care and support

- 9/10 staff members agreed that they have sufficient time to provide good, personalised support.
- Over half of them said they are generally rostered to support the same residents.
- When we asked staff how they empower residents and the support plans they have in place, a few mentioned that they encourage residents to take part in different activities; they are well aware of their likes and dislikes; they conduct 1:1 session as required and constantly keep them informed about things going on in the home. Some staff said support plans were reviewed daily and some said monthly.

Communicating with patients and their family

- The care staff interact with resident's family on their behalf based on their needs. For example, they ring them to share updates and progress, and/or communicate with family members when they come to visit.

Safeguarding

- Whilst majority said they were aware of how to raise a safeguarding alert; some did not answer the question.
- Some staff appeared not to understand the question as someone answered “press the fire alarm” if they’d need to raise a safeguarding alert. Similarly, another staff member said they didn’t know how to raise a safeguarding alert although they have been working in the home for 2-5 years now. This highlights the importance of ensuring all staff receive comprehensive training and regular refreshers to maintain high standards.

4.4 Management Feedback

We spoke with the manager of Atfield House, Subin Sebastian, about a variety of topics.

In Summary

Identifying Healthcare Needs

- Local GP surgeries provide a visiting service to the home on a weekly and ad hoc basis.
- The home is well connected to a range of healthcare providers such as, Speech & Language Team, Dieticians, Community Tissue Viability Nurses, Community Dentists, Community Opticians, and Community Mental Health Professionals.
- Referrals for residents are made by GP to whichever health/community service is required. Residents have the flexibility to discuss with their family and then proceed with a GP visit to accelerate the referral process.
- For out of home or any hospital visits, residents are supported by staff to attend their appointment and are provided with transport.
- Appointments with chiropodist and/or opticians are arranged based on requests put forward by residents and/or their family.
- When creating a resident’s care plan, their physical, mental, emotional and social needs, including their personal history, preferences, interests and aspirations are all taken into consideration. Any special communication needs are identified, and the necessary equipment is put in place.
- The care plans crafted for each resident involve input from the resident and their family and are read and understood by the staff.

Supporting Cultural and Religious Needs

- Each unit of the home has a folder with pocket cue cards in different languages, for senior staff and Nurses. This enables staff to support residents who have communication barriers and widely supports residents with hearing difficulties.
- White boards are also used as a communication tool by staff where they can write down their messages / questions when they have difficulty communicating with residents.
- Arrangements are made for residents to go to churches and temples whichever they wish for; alternatively, priests also come and visit the care home.
- Catering to the diversity of the residents, the home celebrates religious holidays such as Christmas, Diwali, Eid, and others, with festive decorations put up around the home to portray multiculturalism.
- Additionally, various culturally themed days are organized. For example, these are based on where staff members are from around the globe, a menu featuring various dishes from different countries. Such events help support knowledge and understanding of heritage and promote inclusion in the home.

Raising Safety Concerns

- Part of the induction process is learning about safeguarding and Mental Capacity Act. A questionnaire which is developed by the manager in conjunction with the Barchester Policy. These materials enable new starters to understand the potential abuse, which they can recognize and act upon.

Training and induction

- The induction programme is designed to be very detailed, thought provoking and thorough. The process for staff is normally one week, face to face training with a designated trainer and then a second week of training, which takes place in the care home.
- New staff members shadow other experienced colleagues during their induction. They're also given time to read the 'Lesson learnt file' to familiarize themselves with the company's vision and home's culture.
- The manager carries out a 1:1 meeting with all new starters on day 3 to assess whether extra training and support are required for them to perform well in their role.

Challenging Aspects?

- Training for staffs on how to handle new residents.

Improvements

- There is a proven track record of different programs such as, 'Namaste care Sensory therapy', and 'Pet therapy' uplifting residents and improving their overall condition.
- The home continuously seeks feedback from residents and families in relation to the activities and life enrichment opportunities they have on offer.
- Suggestion boxes are also placed around all the units for the residents and family to use.
- Alternatively, other ways are also implemented to collect feedback from the residents and their family members - yearly survey, regular meetings and a daily walk around the house by the manager.
- The home adopts an inclusion ethos for the activities, which ensures residents who have limitations and are not able to attend activities in communal areas, are still provided with activities from the comfort of their bedroom.

5. Recommendations

Healthwatch Hounslow would like to thank the service for the support in arranging our E&V visit.

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

Recommendations

Activities

- *Ensure activities advertised on the notice boards are actually carried out. If there are changes or cancellations, residents and their family members should be communicated with to avoid any misunderstanding.*
- *Activity coordinator to devise tried and tested methods of encouraging and motivating participation in activities.*
- *Ensure support for religious practices and visits are catered for.*
- *Consider adding library visits to the activity schedule.*

Interaction with residents/family members

- *Consider the approach to taking people to and from the dining area and the reasonable time periods in which this should take place/people should be left waiting.*

Breaks

- *Consider how breaks could be modified for staff who have completed consecutive night shifts and may need more adjustment time.*

Training

- *Ensure aspects of training include topics such as how to support 'new residents' and cover the challenges of transition and change and how to support residents at this difficult time.*
- *Ensure Safeguarding training is meeting staff needs and refresher courses are available at regular intervals.*
- *Ensure debrief support and emotional resilience training is available for staff members who deal with aggressive clients.*
- *Ensure communication training covers language barriers and tips and tricks around voice projection as opposed to shouting.*

6. Provider's Response

- **Safety and Visiting**- We feel that this comment is unjustified as you chose to visit our care home during a mealtime. For the residents who choose to have their meals in their rooms or in the communal areas we respect their choice. The residents who live in the care home do not share the same concern as your team; we provide a 'home from home' environment, therefore, mealtimes are no different than when at home, where cooking smells may be experienced.
- **Staffing and Management** - This was explained during your visit, this particular resident likes to stay in the dining room after lunch; we feel that if you had spoken with the resident directly, she would have informed you as such (equally, we discussed this matter during your visit). Her comments were "I like to sit here for a while after lunch".
- **Resident Feedback (Orientation for new residents)**- When a new resident is admitted to Atfield House, our activity team will arrange a date and time which is compatible with them to have a tour of the home, where they will be introduced to key members of staff and departments, showing the facilities we can offer them. We have created a checklist which contains a program for day 1,2,3 (onwards) and can adapt a bespoke plan if required. When a new resident arrives, they will find in their rooms a document called 'Life in our Home' with all the relevant information and contact details required for a comfortable stay. In addition to this, on their tour we have created a 'welcome pack' which includes the weekly activity calendar, menu, hairdressing price list, our dignity cards, local contacts and how to raise concerns and compliments using approved Barchester processes.
- **Residents Feedback (Having more exercises)**- We have an exercise club and activities which span 7 days a week, across both units. We have in-house physiotherapy sessions on offer twice a week for all our residents. On alternative weeks we have 'GFitness' who come in, where a certified gym instructor visits the home providing chair exercises and we also have a ballroom dancer who comes on the other weeks to encourage and dance with our residents. On the day of your visit, we discussed the best practice in this area, and you were shown the folder highlighting the outstanding practices we have at Atfield House. We offer a variety of exercise-based activities every day and will aim to provide as many interactive based activities in the home as possible. The General Manager contacted a ballroom dancer who now comes in and is able to dance with our residents individually. This project made a

Provider's Response Continued..

huge impact in our residents general and physical wellbeing. Having different choices in the home encouraged other residents to join the club and as a result, the General Manager received more positive comments from residents.

- **Resident Feedback (feedback and Complaints)**- We alternate our visits between the C of E and Catholic church on a fortnightly basis plus both priests come into the church on a regular basis too. This particular resident you mentioned in the comment choose to go to C of E although she is a practicing Catholic. She then requested to visit the temple with other residents. Sadly, as her dementia progresses it's becoming more difficult for her to make informed choices. his resident feels very much part of the group that were attending the C of E service; hence we wouldn't stop her attending the service. Our home is open to all denominations, and we welcome all faiths. This was discussed in person on the day, making you aware of the circumstances.
- **Selected Comments (thoughts on Staff-Family's response)**- Where we have new staff in the home, we introduce them to the families and friends through regular newsletters and during relative's meetings etc. We have a dynamic workplace; turnover in care is to be expected and we are proud to have many staff within our home who are consistent and know the residents and their loved ones well.
- **Staff feedback (Training)**- Staff are trained with a robust induction and refresher programme which are delivered by our internal Barchester training department. The General Manager has also contacted other experts from their Local Authority (Hounslow) who provided extra training in key areas such as infection control, PPE donning and doffing, pressure ulcer management, palliative care, and through working in partnership with other health professionals, which has allowed the home to accept complex referrals where residents' needs cannot be met elsewhere. Atfield House has created a new induction checklist for the staff; this is an additional check list created for the new starters along with the Barchester Induction check list. Barchester has our own training academy, which provides a wide variety of training to our staff; where required, our staff training was developed and delivered to meet individual needs. Our training includes mandatory subjects, such as safe handling of people, infection control and food hygiene. In response to staff feedback, Atfield House has also introduced career pathways providing staff with information for career development, including the level of qualification required for each role. We use lots of different types of learning and

Provider's Response Continued...

development opportunities within our service: a classroom-based induction followed by eLearning towards the Care Certificate; the Level 2 Diploma in Care and Level 3 Diploma in Adult Care; NCFE short courses across a range of subjects, and NHS training to support residents with complex needs.

- **Safeguarding-** Our staff within the home have a good knowledge of safeguarding; this is tested at the regular, unannounced quality visits Barchester complete (and Regional Director visits) – as such, we provide 'prompt cards' for this very reason, to enable staff to answer questions such as this with clarity – we can only assume the manner in which the question was asked was confusing.
- **Activities-** We have, on average, three activities per day and we always follow them (unless there is an unforeseen circumstance, for example, poor weather on a trip out). Our activity team send the weekly activity calendar every Sunday to all families, and they distribute them to the residents on a Monday morning. On the odd occasions we might have to change the activities at short notice; either the residents choose something else, or an outing may need to be changed due to poor weather conditions, therefore, it wouldn't be viable to contact all the families at a short notice.

7. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
E & V	Enter & View
MCA	Mental Capacity Act

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.



Contact Us

If you would like to discuss this report or our work,
please get in touch:

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“The care and support have been great. They took measures to stimulate her condition and now she’s in a much better state”.

- Family Member of Resident.