

# Enter & View Report

Enter and View visit to four care homes, focusing on quality of care and experiences of hospital discharge

January 2025



# Contents

Visit Background and Methodology .....	2
Part one: standards of care .....	4
Findings.....	4
Summary and recommendations.....	8
Part two: experiences of using other health services .....	9
Summary and recommendations.....	14
Response from London NW University Healthcare.....	15

# Visit Background and Methodology

## Overview

Healthwatch Brent has undertaken four visits to care homes serving Brent residents. The aim of the visits were both to collect feedback from the residents about their experiences of living in the homes, and to find out more about challenges faced by residents and staff after discharge from hospital.

During the visits, we collected experiences from residents, staff, management, family/friends and relatives. The visits were conducted so that patients and staff were empowered to speak up if things were not working adequately.

In selecting the care homes, we prioritised those with a higher residential capacity (>30) to ensure that we could collect a large number of resident views.

### Visit details:

- Ogilvy Court Care Home - DMP Healthcare; 13-23 The Dr, Wembley HA9 9EF; Manager: Tanja Allan.  
Authorised representatives: Ibrahim Ali (staff), Nisha Gohil (volunteer) and Mary Allotey (volunteer).
- Meera House, 146-150 Stag Lane, Kingsbury, London, NW9 0QR; Manager: Jade Lewis.  
Authorised representatives: Ibrahim Ali (staff), Mary Evans (volunteer), Grace Samuels (volunteer).
- Riverview Lodge, Birchen Grove, Kingsbury, London, NW9 8SE; Manager: Mrs Manjit Kaur Laute.  
Authorised representatives: Ibrahim Ali (staff), Mary Evans (volunteer).
- Willesden Court, 3 Garnet Road, London, NW10 9HX; Manager:  
Authorised representative: Ibrahim Ali (staff).

## Methodology

All visits were announced Enter and View visits undertaken by Healthwatch Brent staff and trained volunteers, as part of a planned strategy to look at the experience of residents in the care home, with a particular focus on issues surrounding hospital discharge.

Overall, the visits aimed to obtain a better idea of the quality of care provided. This included information about the quality of care provided within the home itself, as well as evidence of the issues faced after hospital discharge for people with paid or unpaid carers, or who live in a care home.

Healthwatch Brent worked with hospital staff, residents, and carers to understand the key barriers that prevented a smooth discharge, as well as what supported residents to be moved from hospital to a care home safely and effectively.

Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. These visits allow Healthwatch staff and local volunteers to make observation about the provision of local services.

Three sets of questions were developed, focusing on resident feedback, friend/relative feedback and staff feedback. Questions were asked about various aspects of the services received, such as views on staff performance, leisure activities, access to family or friends, and issues surrounding hospital discharge.

One limitation of this research was that some residents were unable to participate with the questionnaires due to their health conditions. In total we completed 37 interviews across the four visits.

Patients from Willesden Court were not available to be interviewed due to changes in the provision of services. However, staff were able to share feedback for the second part of the report (hospital discharge).

# Part one: standards of care

## Findings

### Quality of care

The first part of our questionnaire for residents focused on the quality of care received at each home. Overall, we found that the quality of care for all homes was rated from adequate to good. However, some residents shared feedback about not having enough choice over their diet and staff not being as responsive as they would have preferred.

Care Home	Feedback from Residents
Ogilvy Court Care Home	<p>"They look after me."</p> <p>"Staff are OK. But the tea tastes like boiled water."</p> <p>"Catheter change is done smoothly."</p> <p>"I like macaroni-cheese and baked potatoes, but sometimes I don't get what I want."</p> <p>"Staff are very good, kind and understanding."</p> <p>"I have no issues, the care is adequate."</p> <p>"I am happy with my diabetic care."</p> <p>"My family would raise any concerns if needed."</p>
Meera House Nursing Home Ltd.	<p>"Everything is nice."</p> <p>"Overall I am happy, no problems."</p> <p>"Getting back from hospital after discharge the care home staff are very good."</p> <p>"I am worried about my lungs, no one pays attention."</p>

	<p>"Sometimes at night, I call and no one answers."</p> <p>"The environment, the attitude of staff of higher staff needs to be improved. But sometimes staff are very good."</p> <p>"If I am unhappy, I can explain to my son and he will talk to the staff."</p> <p>"Sometimes the other residents are noisy and staff are not responding to this."</p> <p>"I believe staff have been reduced and the food quality has reduced. If you call staff, they sometimes don't come."</p> <p>"Staff sometimes do not come on time when you call them."</p> <p>"I would like there to be more fresh fruit and juice."</p> <p>"It's peaceful and quiet; just like home."</p> <p>"You are not allowed to speak up for yourself. I feel it's not allowed by management."</p>
Riverview Lodge Care Home	<p>"Staff are very nice."</p> <p>"Staff are usually good."</p> <p>"I don't like some of the staff here."</p> <p>"They don't let you into the garden."</p> <p>"If I had a complaint, I would go to the deputy manager."</p> <p>"The food needs improving."</p> <p>"I am very happy with care home."</p>

## Opportunities for visiting

Across all of the care homes we visited, residents expressed that they were able to have family or friends come to visit them regularly. However, some residents

still felt isolated if their family were unable to visit them or chose not to visit regularly.

Care Home	Feedback from Residents
Ogilvy Court Care Home	<p>"My nephew comes in once every fortnight. He sorts things out."</p> <p>"I receive regular visits but sad when they leave."</p> <p>"Last week we had a meeting of relatives; it happens every 3 months."</p>
Meera House Nursing Home Ltd.	<p>"My niece visits a couple of times a week."</p> <p>"Every week my daughter visits."</p>
Riverview Lodge Care Home	<p>"I feel isolated from family because they live outside of the UK."</p> <p>"Family comes at weekend."</p> <p>"My son lived nearby but he doesn't visit. But a friend of mine visits every Sunday."</p>

## Activities and facilities

Residents at all of the care homes described having access to a wide range of different activities, including creative activities, quizzes, bingo and other games. We didn't receive any complaints about the variety or availability of activities, or the cleanliness/upkeep of facilities. One resident at Meera House mentioned that there were occasionally feelings of overcrowding, and that the residents would benefit from more space.

Care home	Feedback from residents
Ogilvy Court Care Home	<p>"Very good facilities, everything is lovely - it's like home from home."</p> <p>"The facility is very clean."</p> <p>"Activities are very good for residents: tea parties, card games, manicure, etc."</p> <p>"The food available offers vegetarian and flexible menu."</p> <p>Comments from staff:</p>

	<p>We do have an activity coordinator. They are a full-time member of our team. Our activities occur on a daily basis, with a varied schedule to accommodate different interests and preferences.</p> <p>Some of the current activities are: daily exercise, arts and crafts sessions, music therapy, planned gardening when the weather gets better, magic table, baking, cinema &amp; movies, music, church, etc. We do have an Activities Portal, Golden Carer that is used for activities.</p>
<p>Meera House Nursing Home Ltd.</p>	<p>"I don't go downstairs but I exercise in my room."</p> <p>"I exercise and sing."</p> <p>"I enjoy religious activities here."</p> <p>"I enjoy music, playing cards, and outings."</p> <p>"Activity coordinator comes in Monday to Friday, 9.30pm to 5.30pm."</p> <p>"Sometimes I take part in activities, not all. I play individual games with carer."</p> <p>"Singing activities and dancing I enjoy."</p> <p>"Sometimes I don't always get the food I like."</p> <p>"Residents congregate together in the lounge area, sometimes it feels over-crowded and having us spaced out would be better for the residents."</p>
<p>Riverview Lodge Care Home</p>	<p>"I enjoy doing things here."</p> <p>"Once children came in and you could play with them."</p> <p>"I don't do a lot, but I like quizzes."</p> <p>"I don't like bingo, but I like exercise."</p> <p>"We have bingo, quizzes, craft and baking sessions, exercise, grooming sessions, and movies."</p> <p>"Brent libraries comes in once a month."</p> <p>Comment from staff Our activity coordinator is full time; she even came in on the weekend to help out. She is multi-talented and has lots of skills - she is a trained hairdresser, pedicurist, and gives residents a 'pamper day', and also engages in many activities with the residents.</p>

## Experiences of staff

Staff were very approachable and cooperated with the Enter and View Team, especially in arranging interviews with residents and staff. Across all of the care homes visited staff told us that they received training on an ongoing basis throughout the year, and no staff raised concerns about the levels of training or knowledge. Overall, staff were also happy with the staffing levels across all of the homes we visited.

## Summary and recommendations

Throughout our visits, the Healthwatch Brent Enter & View team found residents who were happy with the care being received, able to spend time with their loved ones, and able to participate in a good range of activities. Some residents expressed that the food options within the care homes were not to their preference, and we also received comments about the responsiveness of staff. These could be potential areas of improvement.

Staff and volunteers observed that the standard of care provided at all the homes was of a very good standard. The recommendations below should be seen as opportunities to improve practice, rather than criticism of the services.

### Ogilvy Court Recommendations

Residents have told us that they are broadly happy with the quality of care at this home. This could be improved further by offering residents more choice around their diet/food options, and ensuring that refreshments are of a high standard.

### Meera House Recommendations

Residents have told us that they are broadly happy with the quality of care at this home. However, some residents felt that staff were not always responsive. We recommend that staff are given further training to ensure they are responsive to the needs of residents, and that any staffing shortages are addressed to ensure there are enough people available to respond to any concerns. We also recommend that senior staff foster a culture where residents and their families feel comfortable raising any concerns. Finally, resident choice could be improved further by offering residents more choice around their diet/food options, and ensuring that refreshments are of a high standard.

## Riverview Lodge Recommendations

Residents have told us that they are already happy with the quality of care at this home. This could be improved further by offering residents more choice around their diet/food options, and ensuring that refreshments are of a high standard.

# Part two: experiences of using other health services

Before attending these Enter & View visits, Healthwatch Brent had received feedback that some people found it difficult when being discharged from hospital into a care home. We also wanted to know more about how well residents at care homes are able to access a range of health services. The second part of this report focuses on the findings in these areas, including comments from residents, family members/unpaid carers and care home staff.

## Access to information and health services

We asked residents how well they were able to get information about and support from health services such as GPs. Experiences varied from home to home. Some residents felt that things were not explained clearly enough, and that they could be better informed about the health services available to them. Others felt that signposting and information about services was good.

Care Home	Feedback from Residents or Staff
Ogilvy Court Care Home	"I feel well informed."  "I feel confident to raise any concerns."  "The support from the GP is very good."
Willesden Court Care Home	Staff comments: "The care home staff and the GP sign-post residents to services such as diabetic clinics, neurology, dental clinic and eye clinic."  "The dental service has a very long waiting list. Orthopaedic services also have a long waiting list, as do wheelchair assessments."

<p>Meera House Nursing Home Ltd.</p>	<p>"If I don't ask I would not know."</p> <p>"Another resident in the care home has various health conditions and I feel that staff don't give him enough attention."</p> <p>"I don't know who my doctor is. Things are not well explained."</p> <p>"I don't feel there is enough information."</p> <p>Staff comments: "Signposting by the hospital doesn't work, but we get better support from the GP."</p> <p>"Working with the GP works very well and is better than the hospital. GP completes monthly rounds and goes through medication. If there are any serious issues the enhanced care teams responds quickly."</p>
<p>Riverview Lodge Care Home</p>	<p>"I don't feel well informed."</p> <p>Staff comments: "Support from the GP is good."</p>

## Experiences of hospital discharge

Residents, family members and staff all shared information about their experiences of hospital discharge. Overall, the process was found not to be working well, and had caused issues for both residents and staff. As feedback was consistent across all care homes, we have grouped the feedback into key themes, drawing together feedback from across the four visits. The following key themes were identified:

### Timing of discharge

The timing of hospital discharge could cause issues for care home staff if it happened too late in the day. The following comments from staff across the different care homes explained the issue:

*"Sometimes the cut-off time for receiving residents is missed."*

*"We prefer a cut-off time for the return of resident from hospital to be 5pm. Unfortunately, they still send residents back to us as late as 10pm."*

*"Assessments need to be completed early - if we talk with them say around 11am, we could get discharge by 1pm - but getting the ward nurse takes a couple of days."*

*"They (hospital) sometimes push for a night-time discharge, but we try to assert a 5.30pm cut off time."*

Some patients also experienced long waiting times between being discharged and receiving transport. Staff at Riverview Lodge told us: *"20 % of our residents experience waiting for an ambulance for more than 6 hours to leave hospital."*

### **Inappropriate/early discharge**

Staff were also concerned that residents would sometimes be discharged from the hospital before they were ready – resulting in potentially dangerous situations for the patients as well as issues for care home staff. The following comments exemplify the problem:

*"Sometimes residents are not medically fit for discharge – they might need a different care plan and have other care needs. We can't guarantee the care plan – we have to check the blood results and quite often we have to send the resident back to hospital."*

*"Residents quite often have more than one health issue. A resident with both mental health issues and elevated high blood pressure was sent back. The son was given the medical notes. The resident appeared to be in pain and had dangerously elevated high blood pressure – we had to send her back to hospital immediately. It would be useful to have a discharge letter (used to happen a few years ago) so that we can evaluate the needs of the resident once they return back to the care home."*

*"Sometimes residents are discharged from hospital when they are not ready. We have experienced them having to return to hospital a couple of days later."*

### **Welfare of patients**

One of the most concerning findings from our visit was the welfare of patients being discharged from the hospital. Staff from the care homes shared the following examples of welfare concerns they had seen after hospital discharge:

*"One lady came back from hospital and passed away on the same day. She couldn't talk and it was obvious she was unwell. She also had bruises (we always check for bruises when they are discharged back to the care home.)"*

*"We don't understand how people can be discharged back to us and have bruises. It doesn't make sense. The hospital could do a proper check before discharging the resident. We check their weight and check for bruises – but the hospital needs to do something about this."*

*"When we ask the hospital about the welfare of the resident, they tell us to ask the residents relatives – sometimes they don't tell us the resident has died even."*

*"Sometimes residents are hungry and dehydrated when they arrive back to the care home after discharge."*

*"Residents often come back from hospital dehydrated – sometimes they might not have had anything to drink for 8 hours."*

*“Our resident was left in the hospital waiting area with nothing to eat or drink. Leaving a resident alone, especially if the resident has dementia, puts them at risk of wandering off and leaving the hospital. This puts them at risk of abuse and risks their safety.”*

## **Communication between hospital and care home**

Another key challenge was communication between the hospital and the care home. This included lack of essential information such as changes to medication:

*“Sometimes the discharge letter does not come with them, and sometimes not the latest discharge letter. Sometimes we’re not even notified that person has been discharged and they arrive at the door. [There was] no information with the catheter no catheter passport”*

*“On discharge, at times we don’t know if any changes to medication has occurred. We don’t know if we need to stop previous medication. So we phone them to get clarity.”*

*“The nurse gave me notes, nobody has information at hand. In hospital I thought they would look in the computer for information, but they kept asking me the same questions over and over.”*

*“Sometimes medication missing; out of 10 people we find at least 4 might have issues such as discharge summary missing or medication missing.”*

*“Discharge letter needed, but quite often not included when the resident returns to the care home.”*

*“Quite often notes are incomplete - for example, injections given to the resident didn’t appear on the notes at all. One resident appeared inactive and slept for 12 hours due to medication given at hospital but we [care home] was not informed.”*

*“Communications between the care home-doctor-health care team can suffer from human error - such as email problems. We wait until the end of the day: we have to be assertive and phone them if we want something done today. We have had meetings with pharmacist about monthly prescriptions, to overcome the system we have to be assertive so that human error or delays are dealt with promptly.”*

However, some staff felt communication was working well. One individual told us that: *“Communication between care home and hospital is good.”*

## **Transport**

Most residents were given transport via ambulance after being discharged. Experiences varied as to the waiting times, but overall there were no major issues raised around transport.

## **Areas of good practice**

The care homes we visited had good processes in place for ensuring their residents received the care they needed after discharge. We asked them what they felt was currently working well, and received the following responses:

*“Settling back into care home after discharge. For example, making sure that resident gets enough rest and sleep.”*

*“The care home is a good setting for new residents.”*

*“We assess the residents after they are discharged back in to the home, ECHT team support us.”*

*“When residents spend a long time in hospital we would reassess to ensure we can still meet their needs. For example when due home and a resident from the residential floor may need nursing care and we would ensure the assessment and funding is in place before returning to the home.”*

*“When a resident is discharged back into the care home, a full body map is completed on arrival. This involves full skin integration chart; we to know if discover if anything has happened to the resident while they were away from the hospital.”*

One of the relatives we spoke to agreed that the care home could be a good environment for patients after discharge. They told us: *“My husband was discharged from hospital into Meera Care Home. He had a serious condition. Experience in hospital was stressful, but Meera Care Home is like coming home.”*

## **Staff’s views on improvements needed**

We asked staff for their views on the improvements that might help to make things better. They highlighted the need for better communication, better assessments/ welfare checks for patients before being discharged, and more resources to support teams within the hospitals:

*“I can’t say anything works really well. Improvements are needed such as better communication is needed, follow up appointments, proper discharge letter, discharged before 4PM, a detailed handover from the ward, and medication discharged with the resident.”*

*“Residents sometimes need assessments and referrals should happen at hospital before they are discharged. It can take another week to get mobility aids if the hospital doesn’t request it for resident before discharge. This causes unnecessary delays.”*

*“The hospital needs more staff to help with these issues.” / “More funding and resources are needed.”*

*“Everyone leaving hospital should receive a holistic welfare check to determine the level of support they need .However, this is not always done and there has been a few occasions, when residents had to be returned to hospital on the same day as not fit for discharge.”*

# Summary and recommendations

The care home staff and residents face many challenges when discharged from hospital. Residents being discharged from hospital need to receive correct care from the hospital during and after discharge. Some of the key barriers faced included:

- missing paperwork
- inadequate communication
- deadlines for discharge being missed
- residents being discharged to the care home when they are still significantly unwell

Some care homes have extra proceeds in place to monitor residents on their return. Some conduct full body maps and made a note of any bruises or new health conditions. These are reported back to the hospital and this need to be followed up by hospital. Often residents are returning with new bruises which are discovered through body mapping procedure adopted by some care homes. All residents leaving hospital should have holistic welfare checks, with the appropriate referrals in place.

Healthwatch Brent would like to highlight the best practice adopted some care homes, in particular Riverview Lodge Care Home, where full body maps are completed for all residents who have been discharge from hospital. This allows the staff to discover any new health issues and to inform the hospital of these changes. The recommendations below look at how hospital services can work more effectively with care homes to improve discharge.

## Recommendations for improving hospital discharge

**Welfare of patients should be the primary concern of hospital staff at all times. The hospital should review safeguarding policies to ensure that issues of patient safety are addressed.** Concerns were raised about residents returning from the hospital waiting area having nothing to eat or drink and returning dehydrated. Staff also noted that sometimes patients were left alone despite having conditions such as dementia that made this unsafe. Everyone leaving hospital should receive a holistic welfare check to determine the level of support they need. However, this is not always done and there has been a few occasions, when residents have to be returned to hospital on the same day as not fit for discharge.

**Hospital services need to put processes in place to ensure that all relevant documents are shared with care home staff. Where existing processes are in place, these need to be made more robust.** Every care home visited mentioned the frequent occurrence of missing discharge letter and missing medication. This puts patients at serious risk, and causes challenges for staff when caring for patients. This also includes sharing information about catheter status and ensuring that the catheter passport is shared with care home staff where relevant. The hospital needs to make sure that all residents returning to the care home have all the appropriate paper-work completed.

**Hospital staff need to evaluate its discharge procedure to ensure that patients are not being discharged to care homes before it is medically appropriate.** Sometimes residents are not medically fit for discharge – they might need a different care plan and have other care needs. Care home staff told us that they often need to send patients back to hospital due to discharge happening too early.

**There is a need for hospitals to make sure the care home is informed that the resident is being discharged.** On some occasions the care home has complained of not being notified that resident has been discharged and they arrived at the door.

**Hospital discharge teams need to respect the cut-off time for returning residents to the care home, and work towards discharging patients earlier in the day.** All care homes complained about late return of residents to the care home, which could cause disruption for staff and for other residents.

**The hospital needs to complete all relevant referrals before the resident is discharged.** Care home staff stated that it can take another week to get essential equipment such as mobility aids if the hospital doesn't request it for resident before discharge. This causes unnecessary delays.

## Response from London NW University Healthcare

Thank you for sharing your findings. We are grateful for all the feedback we have received and would always welcome the care homes to bring issues to our attention, so that they can be addressed via our internal processes, or via the ICB feedback process.

The key issues raised by care home staff and residents included:

### Missing paperwork

It would be our expectation that all patients being discharged would have their discharge summary and required medication accompanying them, and are very sorry for any instances this has not occurred. Changes with our new electronic patient record have caused some challenges with discharge summaries, which have only affected a small proportion of our patients. If there is a delay in obtaining medication required for discharge due to complexity or workload in our pharmacies, we would use a courier service to deliver the outstanding medication to the patient's residence. As we are working to improve our electronic records, documents such as catheter passports

should now be improved. All our wards have a designated discharge coordinator, whose role focuses on facilitating discharges, with detailed daily rounds to check all required steps are in place.

### **Inadequate communication and lack of information about care required after discharge**

#### **Deadlines for discharge being missed**

As part of our discharge checklist, contacting the receiving organisation should be a part of all discharges, and initiated ideally in the days leading up to discharge, so that staff are well prepared to receive the resident. There are occasional challenges on being able to contact the appropriate senior staff member of the receiving organisation. We would also expect all relevant referrals and orders for equipment to be completed, as are overseen by discharge coordinators. Unfortunately some of these are dependent on our partner organisations or social care sector, and we cannot always ensure input from other sectors to be timely. We very much with the recommendation of aiming to bring discharges to earlier part of the day, to optimise the experience of patients however due to the workload on our clinical teams and transport capacity, we may have to prioritise transport of some patient groups, such as inter-hospital transfers, ahead of routine discharges, to ensure to the safety of patients who have complex healthcare needs. This can lead to some patients being sent home later than we would prefer, and we are very sorry for any patient that may have been affected by this. Our latest Inpatient survey results indicate we can further improve on our Discharge communication and process, and we are now looking at ways we can further standardise our approach to making discharges more fluent.

#### **Patients being discharge to the care home when they are still significantly unwell**

Many of our patients become medically optimised several days before the discharge occurs, and the decision on this is always made by senior doctors. Many patients may continue to have ongoing healthcare needs, that do not require acute hospital level care, and can have their conditions managed by primary care healthcare alongside their receiving residence. In case of elderly or patients with complex health conditions, it is not always possible to predict all changes in health that may occur, and we monitor any 'failed discharges' of patients returning within 48h of discharge, for the purpose of learning from of any cases where there may have been a missed diagnosis. We do find in some cases where patients have returned to us, that their baseline health hasn't changed from their condition upon discharge, but may have been altered from their previous status prior to their original admission.

Patients not receiving adequate food and water while waiting to be discharged, or while waiting for transport to take them to a care home

Staff completing body maps on newly received residents

We would expect any receiving organisation to complete a body map upon receiving a new patient, as is expected in our organisation when we admit a new patient, as part of their daily care, and upon any transfer. It is not uncommon to find patients who have had a hospital admission, to have some bruises particularly in their arms, due to blood tests, cannulation and due to the impact of routine blood-thinning medication that is administered in hospital to prevent blood clots. The details of anything notable detected on patient's body map should be communicated and documented on discharge. A new risk assessment tool for skin called Purpose-T has now been rolled out across the trust, which is a more objective evidence-based tool in identifying patients at risk of skin damage.

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