

Bennetts Castle Lane Care Home

Enter and View Report



Contents

Contents.....	1
1. Introduction	2
2. What is Enter and View?	4
3. Summary of findings	6
4. Feedback from the Activities Coordinator	10
5. Demographic information	12
6. Recommendations.....	15
7. Response from the service provider.....	16

1. Introduction

1.1 Details of visit

Details of visit:	
Service address	Bennetts Castle Care Centre 244 Bennetts Castle Lane, Dagenham RM8 3UU
Service provider	Bennetts Castle Limited
Service area	Barking and Dagenham
Date and time	26.02.2025 10am
Authorized Representatives	Agne Pilkauskiene (Lead Authorized Representative) Val Shaw (Authorized Representative)
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk

1.2 About the care home

Bennetts Castle Care Home provides care for people who, for physical, health, dementia, or social reasons, are not able to either care for themselves or be supported at home by family or professional carers. Nursing and residential care is provided 24 hours a day, seven days a week.

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors, and staff for their contribution during the visit.

1.4 Disclaimer

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

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.
- Authorized representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services being provided.
- 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.
- The visits enable us to share examples of best practice and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidenced-based feedback to organizations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit:
www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe and engage with residents and staff focusing on the following areas

- how care homes plan their activities, and what is delivered
- hear about the associated benefits from care home residents, on general mental well-being.
- also aims to establish how residents are involved in co-designing activities at care homes. This includes activities that would cater for their spiritual needs. Bedbound residents are most at risk of social exclusion, so therefore this project will aim to amplify the voices of those who are most at risk.

2.2 Strategic drivers

A recent Enter and View at a care home showed some good practices for providing activities but a lack of co-planning with residents. During the visit some residents also voiced that they were not asked about activities they would like to take part in.

Therefore, Healthwatch Barking and Dagenham wanted to visit a proportion of care homes in the borough to

HW hopes to collect quality data by having face-to-face conversations with residents living in various care homes and determine how their current offer of leisure and spiritual activities meets residents' needs and enhances their well-being.

2.3 Methodology

Before the visit:

- Authorized representatives attended a pre-visit meeting where the questionnaire was designed. The date and time were also set for the visit.
- This was an unannounced visit carried out by Healthwatch Barking and Dagenham authorized representatives to observe the provision of services offered to residents and to review the quality of care given to the residents.
- Feedback received from the visit is used to inform service providers and commissioners about residents and staff experience in the nursing home.

Day of the visit:

- The Healthwatch team arrived at the care home at 10:00 am. A member of staff used an intercom buzz to open the door to the reception to allow Authorised Representatives access to the building. They were given access to the building by a receptionist using a secure access button on the door.
- Authorised Representatives waited in the reception to be greeted by the care home Manager, Alina Radu, who, after some explanation regarding the nature and purpose of the visit, welcomed us into the home.
- Representatives were guided by staff as to the most suitable residents to talk with as some of the residents have dementia.

3. Summary of findings

3.1 Leisure Activities

In the beginning, residents were asked how often they participated in activities. The majority said they participated daily (six residents), and three said they participated weekly. One resident did not have a routine regarding participating in activities. Although the sample size was small, it appears that the majority of residents were engaging in activities weekly.

Following that, seven residents expressed a preference for social activities, while three favoured physical activities, and another three enjoyed educational activities. One resident indicated a preference for creative activities. This data suggests that residents mostly enjoyed social activities thus emphasizing the importance of social connection. Residents also mentioned that they enjoyed reading, music, and praying.

The next question was asked to find out how residents felt after participating in their chosen activities. Five residents indicated they were feeling more relaxed and four residents said they felt more social and connected. Two residents expressed they felt energised. This suggests that the activities that residents choose to do increase their sense of belonging and reduce their stress levels

Other residents provided additional comments describing their experience following their participation in their chosen activities:

'More organisation is required; walking around football would encourage outdoor exercise, as we are not getting enough fresh air. The 2 activities coordinators are doing a very good job.'

'I cannot do anything too demanding.'

'I feel quite pleased that I managed to do it, it is not every time that I get to do it.'

'I am all right afterwards.'

Residents' comments suggest that for activities to be impactful, they need to be thoughtfully planned and tailored to meet their needs. Comments suggest that sometimes for the activities to have an impact on residents, they must be well planned and considerate toward residents' needs.

Next, residents were asked if any challenges and barriers prevented them from engaging in activities. Four residents said 'yes', and six residents said 'no'. Some residents provided comments about the barriers and challenges related to participating in activities:

'Not enough visitors coming.'

'Timing is an issue, sometimes my physio comes when the activity starts so I cannot take part in it.'

'I cannot do anything physically.'

Those, who felt that there were barriers for them to engage in activities, suggested that more support from outside organisations would make a difference and refresh current activity offerings. Others mentioned timing issues and physical health issues as barriers to engaging.

Following on from that, respondents were asked if they had been asked what activities they would like to do, five residents said 'yes', four residents said 'no', and one resident said sometimes. One resident provided this comment about the question:

Everyone has got a mixed bag of abilities. I was an athlete, so it is heartbreaking when I am not able to do things.

The resident's comment highlights the reality of being in a care home, and the process of coming to terms with not being able to participate in physical activities, although they would love to do that. Additionally, residents' responses seem to suggest that not every one of them has been asked to provide feedback on activities that they want to do.

Following that, residents were asked what activities they would like to take part in if they were available.

'They are really good here, they manage to get people involved in things.'

'Netball.'

'Walkaround football, gardening, outdoor activities.'

'I never thought about that.'

'To go out to the café more often or walk to the park.'

'Anything, I don't mind.'

These comments suggest that residents would like to get outside more as well as get more physical activity.

3.2 Religious and spiritual inclusion

Next, respondents were asked if they practised a religion. Five residents said 'yes' and four residents said 'no'. One resident said 'sometimes'. Those, who stated they practised a religion, were asked if their spiritual or religious needs were catered to. Five residents said 'yes' and one resident said 'no' and provided this comment:

'I don't get a chance to go to the chapel, I enjoy church service.'

This comment indicates, that for some residents, it is quite important to practice their spiritual and religious needs outside the care home, while some are still happy to practice it at the care home.

Following on from that, residents were asked how their spiritual and religious were catered to. For the majority (five residents) these were in the form of celebrations and religious festivals, two residents indicated they were taking part in religious services, and one reported engagement in prayer groups or individual prayer sessions.

Next, residents were asked to express if they felt that those activities reflected and respected their diverse religious and spiritual beliefs. Five residents said 'yes', and one said 'no' specifying that there were so many different religions which therefore makes it difficult to reflect and respect them. When asked what other spiritual or religious activities should be included, one resident provided this comment:

I think that they could do a communion service, that could open the gates to all other religions.

Next, those residents who practised religion were asked how often they did that. Two residents did that daily, two residents practised weekly, one resident was unsure, and one resident said they never practised. These responses suggest that the frequency of residents' spiritual practises varies.

3.3 The overall impact of activities and spiritual practises

Residents were asked if there were any challenges overall in accessing religious and spiritual activities within the care home. Four residents said 'no', and two

said 'yes', specifying that the challenges were in the form of needing space for that, timing, and physical issues.

When asked how residents rated the overall impact of the activities and spiritual support provided at home. Six residents said it was 'good', and two residents said it was 'excellent'. One resident described it as 'fair', and two residents did not respond.

Following that, residents were asked if the activities and spiritual support on offer helped them stay connected to their values and beliefs. Seven residents said it did, and one said no. One resident did not provide an answer. It is also important to know that none of the residents interviewed had a language barrier.

Lastly, residents were asked to specify how the care home encourages the involvement of family, friends and community. Residents provided these comments:

'I have one brother, but I don't think he gets invited.'

'I don't have any family or friends.'

'They are pretty good with that, some staff do not like visitors, as that is an extra burden on staff.'

'Family gets invited.'

'They are always letting families know.'

'They contact my wife.'

'They do communicate, they send my son a weekly activity planner, but I am not sure if they still do that.'

Residents' comments suggest that there is a mix of experiences when it comes to involving friends, family, and the community in their lives. Some residents do not have family or friends that they can involve in their lives, while some do. One respondent highlighted how visitors can be an extra burden on staff, however, it is still very important to keep them involved.

4. Feedback from the Activities Coordinator

'We take a person-centred approach to understanding our residents by gathering detailed information about their backgrounds and engaging with them on a personal level. Our activity planning involves thorough research, and we utilize resources such as Daily Sparkle, a platform that provides tailored activity suggestions for individuals living with dementia. This subscription service offers daily activity ideas and personalized videos based on the resident's interests. We also use the NAPA Activities platform, the largest resource for care home activities.

In addition to these resources, I have completed training to enhance my skills in delivering activities for end-of-life care patients. I also conduct independent research to ensure that our activities are both meaningful and engaging.

We offer a variety of enriching experiences, including visits from local schoolchildren and animals from nearby farms. For bedbound residents, we provide one-on-one activities that range from hand massages to prayer sessions accompanied by soft music. We also support residents in maintaining physical activity, encouraging bed exercises to help them stay active. For residents with communication challenges, we use flashcards and offer audio translation services for those who may struggle with English. Additionally, some of our staff members are fluent in residents' native languages, further fostering effective communication.

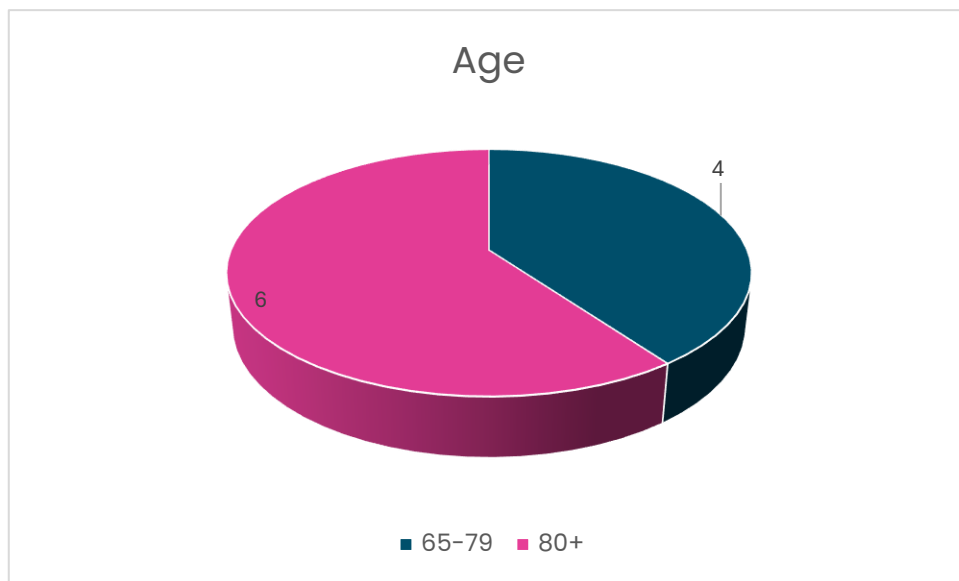
We are committed to honouring and supporting various faith practices, including celebrating Eid and accommodating a Jehovah's Witness resident's preference for private religious

observances with family. At our care home, no one is isolated or left behind.

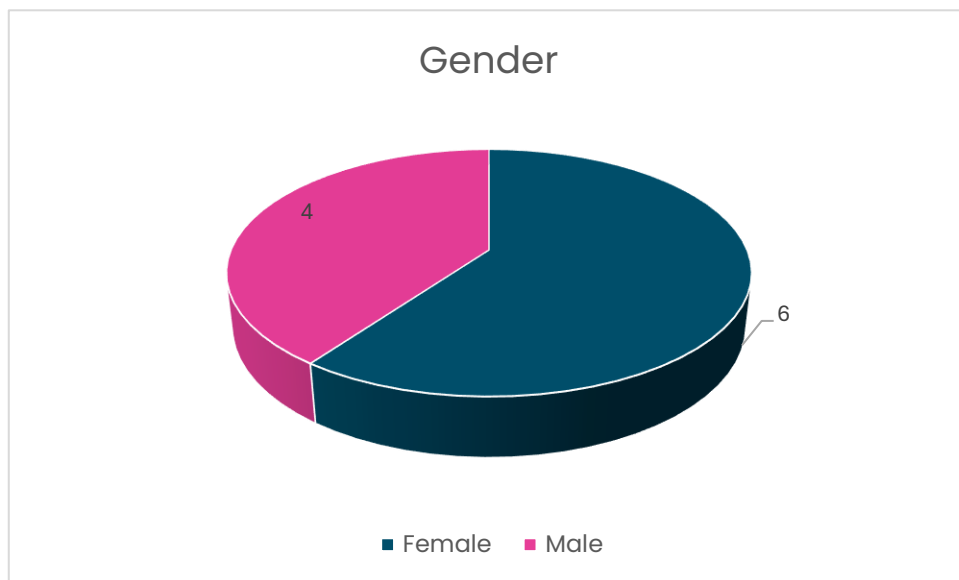
Residents' meetings are held monthly, where we actively listen to their feedback and adapt our activities based on their preferences. We also hold family meetings every few months to ensure ongoing communication and support. For end-of-life residents, we prioritize spending time with them and ensuring their families have the opportunity to be with them, especially when they are unable to be present.

In addition, we engage residents in learning to use technology, such as teaching them how to type letters on the computer, and empowering them to connect and interact with the world around them.'

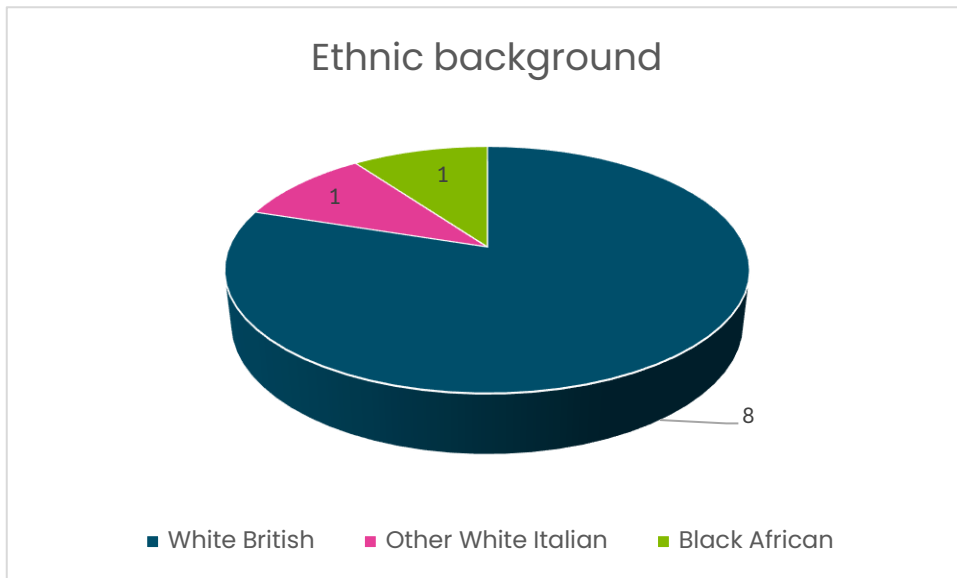
5. Demographic information



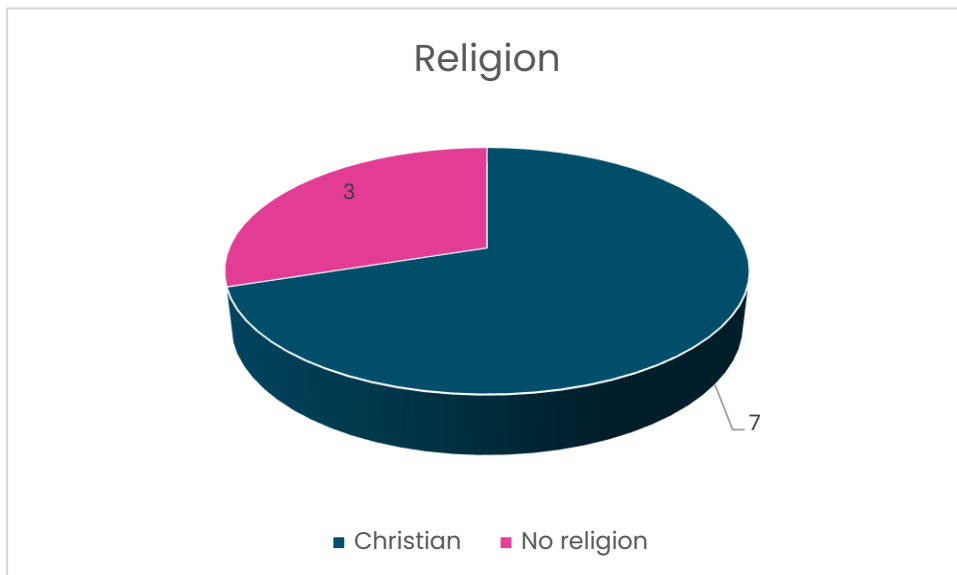
6 residents were over 80 years of age, and 4 residents were 65-79 years old.



6 residents were female and 4 were male.



8 residents were White British/English, 1 was Other White (Italian), and 1 was Black African.



7 residents were Christian, and 1 did not practice any religion.

Disabilities and long term conditions

Mobility	Right hand disabled from birth	Walking	Neurological condition	Broken hip
Diabetes	Polio	Bad ankle	Prolapse trouble	Arthritis

The disabilities reported by the care home residents are listed here. However, not all residents had an awareness of the disabilities or health conditions they may have had, so this data has not been quantified.

6. Recommendations

On reflection on all evidence collected during the visit, Authorised Representatives found the visit to be positive, the care home was clean and tidy throughout, and several activities and choices were being provided to residents. Therefore we:

- To enhance opportunities for care home residents to express their preferences regarding activities, with an increased focus on facilitating individual discussions to better accommodate personal interests and needs.
- Increase the provision of outdoor activities in response to residents' demonstrated preference for spending time outdoors.
- Strengthen family engagement by implementing consistent updates and facilitating opportunities for families to participate in activities with residents.

7. Response from the service provider

Joanne Stoneman, Home Manager at Bennetts Castle Care Home responded:

Thank you for sharing your recommendations. While we appreciate the insights provided, we must respectfully disagree with the suggestions outlined, as we feel we are already delivering the services that you have highlighted.

Firstly, regarding enhancing opportunities for residents to express their preferences about activities, we already have systems in place, for example, daily 1-1 interactions/discussions with all residents to ensure that personal interests and needs are accommodated. We also regularly review to adapt to residents' evolving preferences.

Secondly, in terms of increasing outdoor activities, we actively organize outdoor activities based on residents' preferences and weather conditions. Our team has consistently worked to create meaningful outdoor experiences that allow residents to enjoy time outside in a safe and enjoyable manner.

Lastly, concerning family engagement, we have established consistent communication channels to update families about residents and regularly invite them to participate in activities. Strengthening relationships between residents and their families is a priority, and we are confident in the measures already implemented.

We hope this clarifies our perspective, and we would be happy to discuss this further to provide additional details about the systems and practices currently in place. Thank you again for your feedback.

Kind Regards

Joanne Stoneman

Home Manager



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