

# Chestnut Court Care Home

Enter and View Report



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# 1. Introduction

## 1.1 Details of visit

Details of visit:	
Service address	Chestnut Court Care Home, York House, Frizlands Ln, Dagenham, RM10 7YD
Service provider	Chestnut Court Care Home
Service area	Barking and Dagenham
Date and time	13/02/2025
Authorised Representatives	Peter Kanyike (Authorised Representative) Val Shaw (Authorised Representative)
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS 0800 298 5331 <a href="mailto:info@healthwatchbarkinganddagenham.co.uk">info@healthwatchbarkinganddagenham.co.uk</a>

## 1.2 About the care home

- Chestnut Court is a purpose-built care home offering elderly residential, nursing and dementia care.
- All resident rooms are en-suite.
- There are shared lounges and activities spaces within the care home.

## 1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users and their relatives, 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](http://www.healthwatchbarkinganddagenham.co.uk)

### 2.1 Purpose of Visit

Our goal was to observe and interact with both residents and staff, focusing on the following areas:

- How care homes plan and deliver their activities.
- Gathering insights from residents about the benefits of these activities on their overall mental well-being.
- Exploring how residents are involved in co-designing activities at care homes, including those that address their spiritual needs. Since bedbound residents are particularly vulnerable to social exclusion, this project aims to highlight the voices of those 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 gain insight on the scope of activity for residents.

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:

- Authorised 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 10:30 am. The team were welcomed by a receptionist, who was informed about the purpose of the visit.
- Authorised Representatives were escorted to the care home manager, who, welcomed us into the home and received an explanation regarding the nature and purpose of the visit.
- Representatives were guided by staff as to the most suitable residents to talk with as some of the residents have dementia. Staff initially pointed out residents in a lounge room. Two representatives spoke with residents in the lounge, as the activity room was currently busy, and residents were escorted to the lounge. Other residents were spoken to in their rooms and beds and supervised by staff.

## 3. Findings

### 3.1 Leisure activities

During the Enter and View visit, 12 residents were asked questions about activities and spiritual needs at Chestnut Care Home. All twelve residents interviewed did not have a language barrier.

When asked how often they engage in activities, the majority (8 residents) said they do this occasionally, two engaged in them weekly, one daily, and one was unsure about the frequency of their engagement. This indicates that most of the residents were not participating in activities on a regular basis.

Residents were also asked about the types of activities they enjoyed the most. Eight residents preferred social activities, three favoured creative activities, and one enjoyed educational activities the most. The remaining residents selected 'other' and provided additional comments:

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*'Going out with my son, visiting parks.'*

*'Quizzes.'*

*'Piloting men's club and their activities.'*

*'I used to enjoy church visiting the home.'*

*'Knitting.'*

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Residents' responses show that the activities that are most enjoyed by the majority of them are the ones that encourage social interaction. One resident has also highlighted that church visiting the home is providing benefits to their wellbeing.

Next, residents were asked how they felt after completing their chosen activities, and there was a mix of responses. Two residents felt relaxed, two residents felt more social and connected, two felt indifferent, and one person did not specify the answer. Several people ticked 'other' and three specified that they felt tired. Here are the quotes that residents provided:

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*'Joyous and down when losing.'*

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*'I like to try it but if I cannot do it, I don't.'*

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Residents' responses suggest that the impact on them after completing chosen activities is very varied and is both positive and negative.

When asked if there were any challenges or barriers preventing access to activities, nine residents answered "no," one did not respond, and two were uncertain. The next question asked if residents were asked what activities they would like to do. Six residents said 'no', four residents said 'yes', and two residents provided these comments:

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*'I was asked to participate.'*

*'I have been told about the activities available.'*

---

The responses about involvement suggest that some residents may not feel fully involved in the activity designing and planning process, while some residents feel involved in the process.

Next, residents were asked to state what activities they would like to take part in if they were available. Four residents said they were not sure, and others provided these comments:

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*'Nothing in particular, they do pretty well.'*

*'Running toy cars around.'*

*'A fair range of different things.'*

*'Music.'*

*'Read (but eyes have sore). I have never been asked about large print books, but I would like to ask the manager about large print books.'*

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Residents' comments suggest that there are activities that they would like to do and that may not currently be on offer.

### 3.2 Religious and spiritual inclusion

Residents were asked whether they practised a religion. Six residents said they did not, three said they did, and three said they practised occasionally. For those who answered yes or sometimes, they were further asked if their spiritual or religious needs were being met. Three residents said yes, three said no, and one was unsure.

When asked how their religious or spiritual needs were met, the majority mentioned that celebrations and religious festivals were the main forms of support. One resident expressed feeling "not integrated into all of that." Following this, residents were asked if they felt the current activities reflected and respected the diverse religious and spiritual beliefs of the residents. Five residents answered "maybe," two said "yes," and two said "no." Three residents noted that this question did not apply to them. The next question asked residents to share other spiritual or religious activities they think should be included as part of the activities at the care home, and these are the comments that residents provided:

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*'Could be more meaningful.'*

*'None, I don't know.'*

*'I am not bothered, if other people want that then I am happy with that.'*

---

Comments show that residents did not have suggestions on what religious activities should be included.

The next question asked how often the care home participates in religious or spiritual activities, and nine residents expressed they were not sure, whereas two residents participated in them weekly, and one person said they never participated.

Residents were asked if there were any challenges or barriers in accessing religious or spiritual activities within the care home, seven residents said there weren't, and five residents were unsure. When asked to rate the overall impact of the activities and spiritual support provided at the care home, three residents said it was good, five residents said it was fair, and one resident said it was adequate. Other residents provided these comments:

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*'Can not think of anything.'*

*'Don't know.'*

---



*'They are alright generally speaking.'*

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Residents' responses and comments suggest that there aren't any barriers that would prevent them from participating in activities that promote their religious and spiritual involvement.

When asked if the activities and spiritual support helped residents stay connected to their values and beliefs, five residents said 'yes', four were unsure, and two said 'no'.

Lastly, residents were asked if the care home encouraged the involvement of family, friends and community. Here are the comments that residents provided:

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*'Unsure.'*

*'Very good in that way.'*

*'Very kind.'*

*'Fairly good, son comes to visit, care home supported during bereavement.'*

*'I don't know.'*

*'Unsure.'*

*'Son comes often and daughter visits.'*

*'Haven't got a clue, my daughter came last week.'*

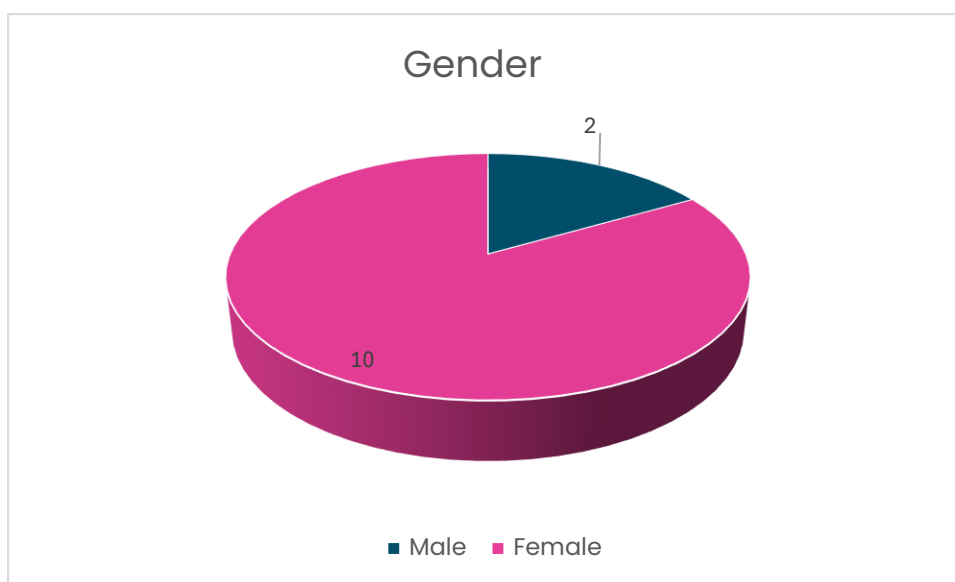
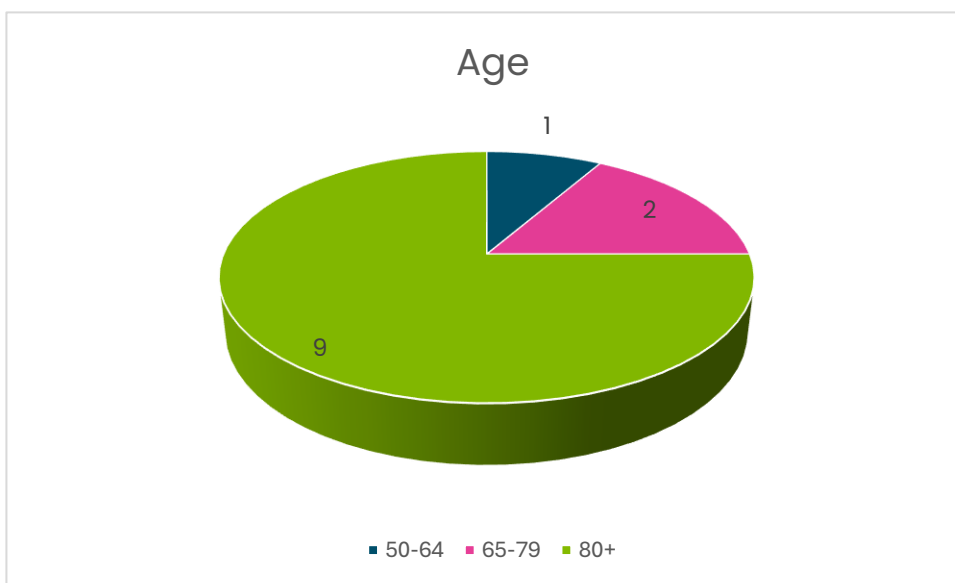
*'Sending emails to families, running events that are advertised on posters, school and children choirs at Christmas coming in. Quite often we have a singer coming in.'*

*'Unsure, but the manager said they have schools in to sing.'*

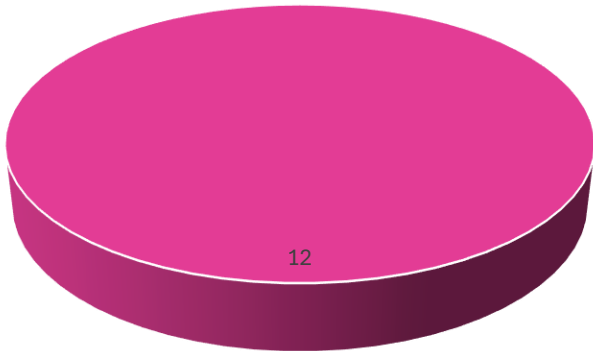
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Comments from residents indicate that they are pleased with how the care home is involving family, friends and the wider community to be connected to care home residents.

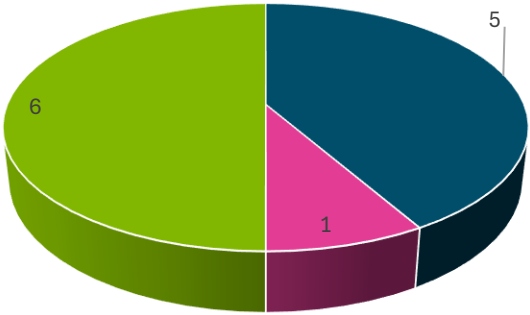
#### 4. Demographic background of the residents that provided feedback



### White British

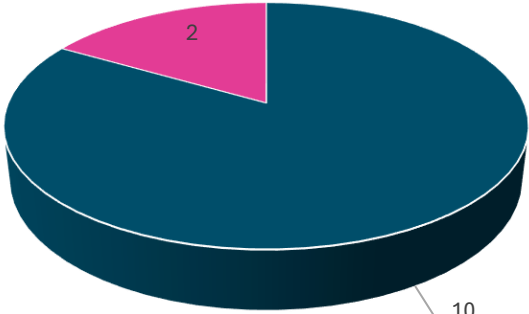


### Religion

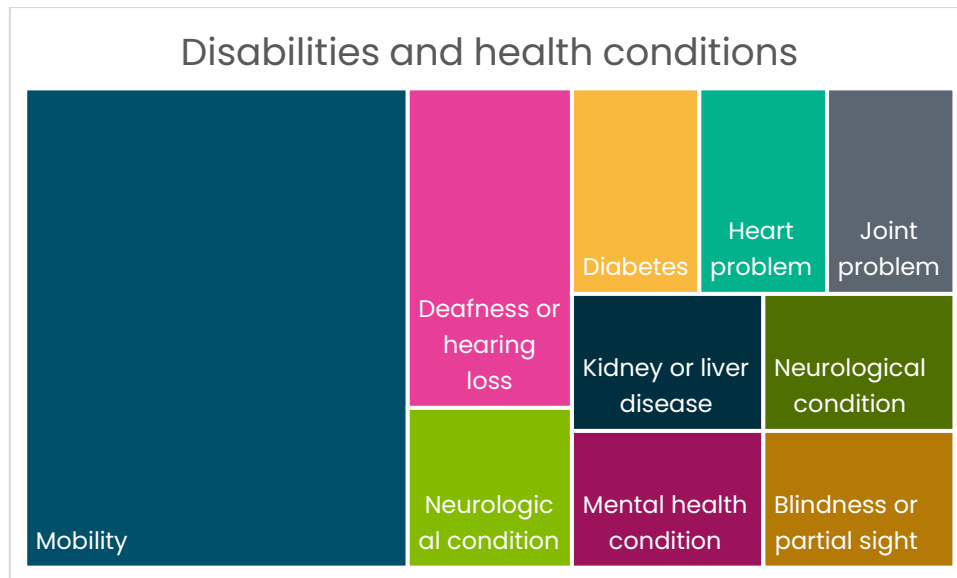


■ No religion ■ Prefer not to say ■ Christian

### Disabilities and health conditions



■ Yes ■ No



## 5. Feedback from care home staff

The practice manager informed the Authorised Representatives that there is a dedicated activity team as care home staff and regular meetings with them take place. The activity team also works 1-1 with residents who do not like larger groups, to ensure they remain active and engaged. Each resident gets 1.5 hours of activities per week. The activity team communicates the activities available to the residents. Singing seems to be a popular activity for residents, with a singer attending weekly and school choir visits arranged.

Each resident has a book of information in their rooms about their history, collated when they first moved in. This contains information on their previous activities and desires, which staff use to inform their care plans.

As Chestnut Court is part of a larger group of care homes (Maria Mallaband Care Group), intergroup tournament activities take place where various care homes of the group interact with each other. They are looking at a shared minibus between the group to accommodate more frequent and reliable transport to further destinations. A men's club is also looking to be piloted to encourage engagement and social activity.

## 5. Recommendations

Based on the evidence collected from residents during the Enter and View visit, Healthwatch Barking and Dagenham would like to make these recommendations:

- Healthwatch Barking and Dagenham recommend that care home staff continue to show efforts to increase the frequency of engagement in activities for residents who do not engage in activities regularly.
- Healthwatch Barking and Dagenham recommend implementing more involvement opportunities where residents could have their input about the activities they want to do. This is of importance as while some residents felt activities boosted their well-being in a certain way, others were feeling not so positive afterwards.
- Healthwatch Barking and Dagenham recommends that conversations with residents are encouraged about their religious and spiritual needs and activities are available for them to stay connected to their values and beliefs.

## 6. Response from the service provider

Cathriona Carey, Home Manager, responded:

Residents are asked regularly by the staff to attend activities, if they refuse, they will be offered in the afternoon also. At times a resident may respond better to a particular staff member who assists in asking the particular resident. Those residents who cannot attend activities due to being bedbound have the availability of 1:1 time throughout the week.

A resident/relative meeting is held bimonthly where residents and their relatives have a chance to speak up about the activities in the home and more. All the opinions voiced are a lead in how the weekly activity plan is conducted. The last meeting was held on the 12/02/2025.

Our practising residents are Christian. Once a week a priest comes into the home to provide spiritual support for the residents. Other religions can be catered for when required.



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