

# Ebury Court Care Home

Enter and View Report



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# 1. Introduction

## 1.1 Details of visit

Details of visit:	
Service address	Ebury Court Residential Home, 438 Rush Green Rd, Romford RM7 0LX
Service provider	Ebury Court Care Home
Service area	Barking and Dagenham
Date and time	22/01/2025
Authorized Representatives	Agne Pilkauskiene (Lead Authorized Representative) Peter Kanyike 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 <a href="mailto:info@healthwatchbarkinganddagenham.co.uk">info@healthwatchbarkinganddagenham.co.uk</a>

## 1.2 About the care home

- Ebury Court is a residential care home providing care for up to 39 older people, many of whom have dementia.
- All resident rooms are ensuite
- There are four lounges within the care home. The Library, the Namaste Room, the Lavender Club and the Orangery. There is also a café onsite.

### **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 practices 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

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 10:00 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 Senior Manager, Ajeesh Thomas, 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. Staff initially pointed out residents in a common room. Three representatives spoke with residents in the communal area.

## 3. Findings

### 3.1 Leisure and educational activities

Residents were asked how often they participate in activities, and a mixture of responses were received. Four residents reported participating 'daily', while four others said they take part 'occasionally.' Two residents indicated they engage in activities weekly, and two stated they do not participate in any activities. One resident did not provide an answer to this question.

Healthwatch Barking and Dagenham would also like to note that authorised representatives were advised to not carry out surveys with residents who had Dementia, as this would prevent the gathering of accurate information. Healthwatch Barking and Dagenham have observed a large group of residents gathered in the 'Lavender Room' where they were doing activities designed for residents with Dementia.

Residents were asked to provide more information about their involvement in activities, and here is the feedback that they provided:

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*'They don't have any activities.'*

*'I like watching them [doing activities]'*

*'I like Q&A and quizzes.'*

*'Whether he engages or not depends on his mood.'*

*'Depends on interests.'*

*'I always participate.'*

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Next, residents were asked what types of activities they enjoyed most. Most (six residents) chose physical activities, while four chose creative activities and another four chose social activities. Two residents preferred educational activities. When asked for further details, residents shared the following comments:

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*'I like everything, I like spending time with people.'*

*'Poetry and spending time with children.'*

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*'Afternoon tea for families regularly. Barbecues in the summer.'*

*'I have always been used to physical activities; I used to play golf.'*

*'I spend too much time sitting, I like to move.'*

*'Indoor football.'*

*'Chair aerobics.'*

*'I cannot do what I used to do so I do not participate.'*

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Residents' feedback indicates that physical activities are highly valued by most residents, as well as creative and social activities.

Following that, residents were asked to indicate how they felt following engagement in those activities. Three residents specified that they felt more social and connected, one said 'energised', one said 'relaxed' and one said 'indifferent'. When asked to specify their answer, residents provided these comments:

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*'Can be tiring.'*

*'Dad has got severe dementia, he cannot understand how he feels.'*

*'Singing lifts his spirits.'*

*'Lucky, very fortunate.'*

*'It is what I always do.'*

*'Good, because I have always exercised.'*

*'Reasonably good.'*

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Residents' comments suggest that engagement in various activities contributes to their physical and mental health in different ways. However, it is important to acknowledge that for those who may be more unwell than others, these activities can have a tiring effect.



The following question asked residents if they faced any challenges or barriers in accessing activities at the care home. Seven residents responded with 'no', three said 'yes', one was unsure, and one did not provide an answer. When asked to elaborate, residents shared the following comments:

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*'He loves music, it has made a difference and helps with his dementia and stimulates him.'*

*'No, as they never turn anyone away.'*

*'I have problems with my neck.'*

*'I need to be transported to different places as I am a wheelchair user.'*

*'Everything seems to run smoothly.'*

*'I feel lonely after an ex-staff member left.'*

*'Ministers and church guests come to visit.'*

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Comments provide insight into some difficulties that residents have, such as physical health issues, accessing places outside the care home when you are reliant on someone helping you with a wheelchair, and difficulty connecting with other staff members. A comment about different people visiting the care home suggests that some of the accessibility issues are addressed by arranging activities on-site and inviting different people to support them.

Next, residents were asked if they were consulted on what their preferred activities were. Five said yes, and four said 'no', and two did not answer. When asked to provide more comments relating to that experience, residents provided these comments:

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*'Can not remember'.*

*'Chairwomen meet every month, you must say what you like and don't like.'*

*'We need a small coach or car to go out.'*

---

Residents' responses seem to suggest that there is a feedback mechanism in place that allows residents to express their preferences when it comes to activities. However, one resident pointed out that not every activity is straightforward to carry out because transport may be needed to access it.

Following that, residents were asked what activities they would like to take part in if they were available, and they provided these comments:

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*'Craft activities.'*

*'Not bothered.'*

*'I don't want to take part in any activities at my age.'*

*'Golf.'*

*'The walking that I used to do I can't, because I used to walk a lot.'*

*'We all are catered for.'*

*'Going out more, but transport is needed for that, minigolf, snooker.'*

*'There is a quite wide variety available.'*

*'Walking.'*

*'I miss dancing but that would be difficult. Outings to the seaside, but so many people so difficult to arrange.'*

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A mixture of residents' responses suggests that everyone has got different preferences when it comes to activities. Some do not place importance on activities, and some feel that their needs are met when it comes to activities. Other residents express a desire to be more physically active, although their health conditions make this challenging.

### 3.2. Religious and Spiritual Inclusion

The next part of the survey was focused on religious and spiritual inclusion. Residents were asked if they practised a religion. Six residents said 'no', while five said 'yes'. Two residents have not answered this question. Following that, those who answered 'yes' were asked if they felt that their spiritual and religious needs were catered for. Two answered 'yes', one said 'no', and two were unsure. Residents were asked for more information, and they provided these comments:

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*'I am happy with what I got.'*

*'I know that we cater for Sikhs and Hindus.'*

*'We get taken to Church on Sundays, wakes are held for those who passed, and afternoon tea for relatives.'*

*'Accommodates the visiting minister.'*

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Comments from residents suggest that the current support in place meets their religious and spiritual needs as well as those who practice Hinduism and Sikhism.

- Next, respondents were asked how their spiritual and religious needs are addressed. The feedback included:
- Two residents reported that their needs were met through religious services.
- Two others mentioned that the celebration of religious festivals helped meet their needs.
- One resident indicated that prayer groups or individual prayer sessions were beneficial in addressing their religious needs.
- Another resident noted that discussions or study groups helped meet these needs.

Five respondents did not provide an answer, and other ways spiritual and religious needs were met included carolling and meditation.

## 2.3 Impact of taking part in religious and spiritual activities

When asked if they felt those activities reflected and respected residents' diverse spiritual and religious beliefs, six residents said yes, one didn't know, and five did not provide an answer. When asked what other spiritual or religious activities should be included, residents provided these comments:

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*'Naming activities as religious may not attract residents [from different religious backgrounds] here, there were small numbers in the previous catholic event.'*

*'Not sure.'*

*'No, just say what you want, the staff is cooperative.'*

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*'Church service.'*

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Some feedback that has been provided suggests that sometimes assigning some activities to a specific religion can affect attendance for the residents, as they may not want to attend.

Authorised Representatives how often they participated in religious or spiritual activities, five residents did not provide an answer, and four were unsure. Two residents said they participated "occasionally," while one said "weekly." When asked if there were any challenges or barriers to accessing religious or spiritual activities within the care home, five residents said no, two were unsure, and three did not provide an answer. One resident responded "yes" and shared the following comment:

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*'I wish we had the ability now we have the chance.'*

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The comment indicates that existing difficulties and health conditions can severely impact one's ability to practice a religion and engage in religious activities accordingly.

Next, respondents were asked to rate the overall impact of the activities and spiritual support provided at the care home. Two residents rated it as 'excellent'; one rated it as 'good', one rated it as 'fair', and one rated it as 'poor'. Four residents have not provided an answer. Three residents said they were not sure. They were asked to provide more details for their rating and these were their comments:

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*'Always something on, may not be a TV show that everyone enjoys, it is hard to speak on everyone's behalf.'*

*'I have never taken part in anything, so I don't know.'*

---

Residents were then asked if the activities and spiritual support being provided were helping them stay connected to their values and beliefs. Five residents said yes, three were unsure, and four residents did not answer the question. This suggests that the activities on offer are tailored to meet residents' needs.

Residents that were approached did not have any language barriers, which could make it difficult to take part in leisure or spiritual activities. Residents were also asked how the care home encouraged the involvement of family, friends and community. Residents provided these comments:

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*'They do Christmas celebrations, choirs, barbecues.'*

*'You do not necessarily get a good response from relatives, not all of them participate.'*

*'They join in.'*

*'Cream tea and barbecues.'*

*'No, they let them do their own thing.'*

*'Unsure.'*

*'Don't know.'*

*'Accommodates minister.'*

*'New room for visitors.'*

*'Always supports visitors.'*

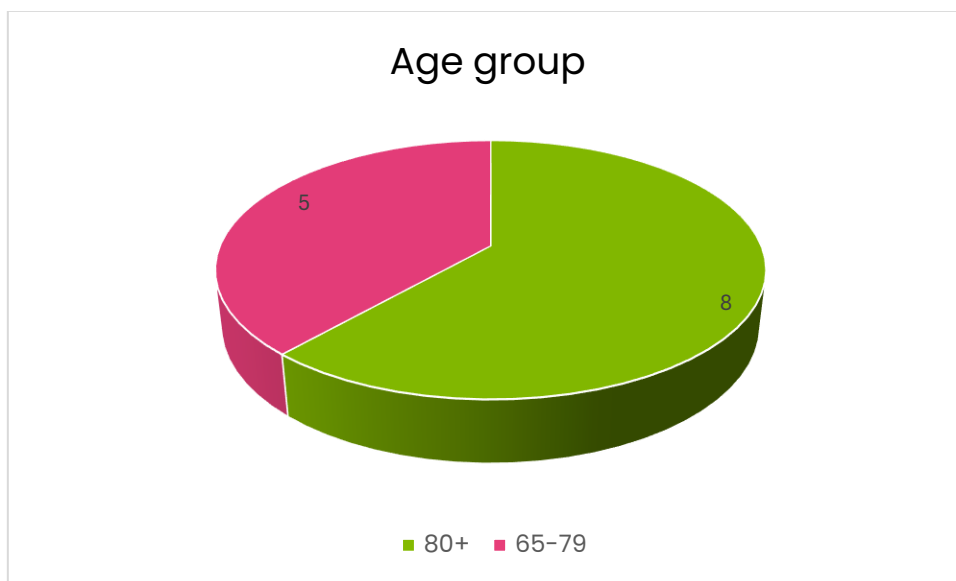
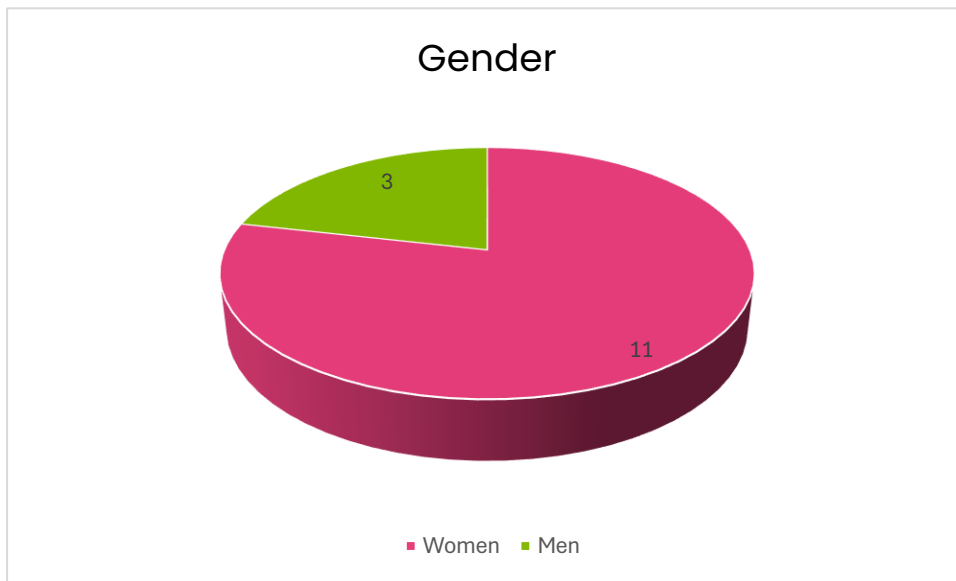
*'It doesn't.'*

*'Definitely.'*

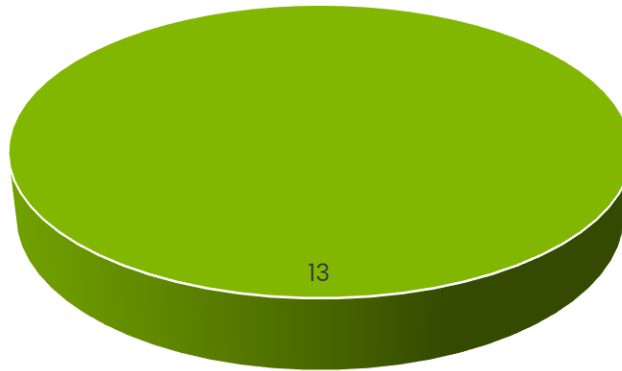
*'Very well.'*

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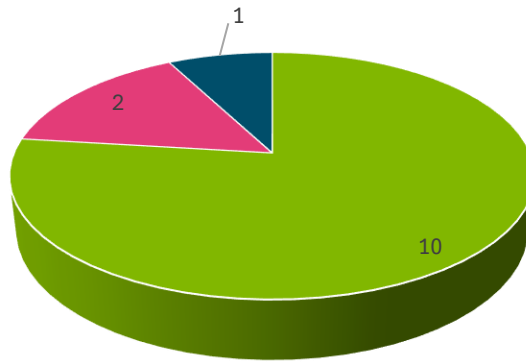
## 4. Demographic background



### White British/English



### Religion



■ Christian ■ No religion ■ Not known

### Health conditions and disabilities reported by care home residents



## 5. Feedback from care home staff

Ajeesh Thomas, Senior Manager at Ebury Court Care Home, has informed the Authorised Representatives that all staff members are actively involved in coordinating the home's diverse activity programs. The staff are highly satisfied with the programme, which runs seven days a week. The 'Lavender Club' at the care home caters specifically for residents with either no dementia or mild to moderate dementia, offering a range of activities including music sessions, cinema viewings, and floristry workshops. These activities are carefully tailored to meet the individual needs of each resident. Those with end-stage dementia are cared for within the care home's Namaste Care Programme.

When asked about the impact of these activities on residents' well-being, Ajeesh Thomas highlighted that extensive research studies have been conducted by the Registered Manager, Beverly Manzar, and Professor Ladislav Volicer to evaluate their effectiveness and the results were published internationally in the American Journal of Alzheimer's. The findings provide evidence that residents experience a reduction in medication use, less pain, improved sleep, lower levels of incontinence, and decreased depression. Moreover, the activities are designed to maintain resident engagement and prevent excessive sleep. A specialised audit tool is utilised to monitor these outcomes, in conjunction with a person-centred care approach.

The residents of Ebury Court Care Home come from diverse backgrounds, with some practising different religions, including Jehovah's Witnesses, Hinduism, and Sikhism, which is acknowledged and respected within the care environment.



## 6. Recommendations

On reflection of all the evidence collected during the visit, Authorised Representatives found the visit to be positive, however, residents' feedback indicates that there may be a need to spread more awareness about the activities that are taking place, as some residents have expressed having a lack of knowledge:

- Healthwatch Barking and Dagenham recommend that care home staff, continue to actively engage residents to participate in activities. Healthwatch Barking and Dagenham suggest that where possible, large printed schedules, individual reminders during daily care routines and clear communication with simple language are used to promote available activities to all residents.
- Healthwatch Barking and Dagenham recommend that care home staff encourage residents to take part in physical activities as these types of activities are highly valued by most residents.
- Healthwatch Barking and Dagenham recommend that care home staff continue involving residents in activity planning processes.

## 7. Response from the service provider

### Beverley A. Manzar, Registered Manager responded:

We found the visit to be a positive experience and the Authorised Representatives polite, personable and professional. With regards to the 'recommendations', in relation to the points below, I make the following comments:

- *there may be a need to spread more awareness about the activities that are taking place, as some residents have expressed having a lack of knowledge*
- *Healthwatch Barking and Dagenham recommend that care home staff continue involving residents in activity planning processes.*
- *that where possible, large, printed schedules, individual reminders during daily care routines and clear communication with simple language are used to promote available activities to all residents.*

Every morning, after breakfast, each resident is asked if they would like to go into the Lavender Club to participate in activities and they make a choice. The details of the daily activities are displayed on the noticeboard. The Residents hold a monthly meeting, which they chair, and the activity programme is a standing item on the agenda and is always discussed in detail and any recommendations are incorporated into our activity programme. We also have a monthly resident consultation form which includes 4 questions about activities, and we look at any comments and act accordingly. As almost 80% of our residents have dementia, all staff are trained to a high level in how to communicate effectively and promote choice for all our residents which includes encouragement to participate in activities which may be beneficial to them and improve their sense of general wellbeing.



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