healthwatch Kingston upon Thames

Enter & View Report

Medihands Clifton

February 2025

Contents

1 Introduction

1.1 Details of visit

Service Provider	Medihands Clifton
Service Address	17, Bodley Road, New Malden KT3 5QD
Registered Manager	Mrs Jayashreer Sawmynaden
Date/Time of Enter and View Visits	18 February 2025
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Tony Williams (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Tony Willams (HWK volunteer)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Provider	Mrs Jayashreer Sawmynaden

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Medihands Clifton residents, relatives/friends, and staff members for their contribution toward the enter and view programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The enter and view report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was

observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2 Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake enter and view visits. Their aim is to identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK ARs' visit to Medihands Clifton is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of the two homes run by Mrs Jayashreer Sawmynaden.

Medihands Clifton has 12 beds arranged over two floors, and a room for staff to do 'sleeping nights'. During our visit a number of the residents were out. This meant that we were only able to observe/meet seven of the residents during our visit. There were no visitors while we were there. We were told that visitors tended to come at the weekends.

The building had previously been a nursing home.

HWK has not previously visited Medihands Clifton. The last Care Quality Commission (CQC) inspection was undertaken in May 2021 which rated the home 'good' in the areas of safe and well led. (CQC report)

The Enter and View visit to Medihands Clifton was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about enter and view and the HWK enter and view programme can be found here.

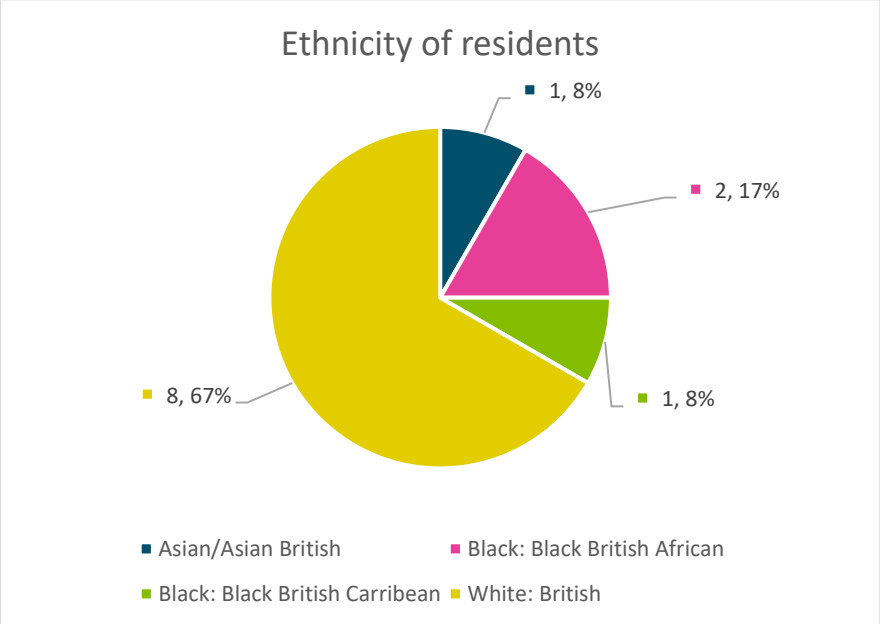
Overall, HWK Authorised Representatives concluded that Medihands Clifton seemed to be a well-run home with caring staff. The residents and staff we spoke to told us they were happy with their environment. Residents mostly felt satisfied with the care given to them, and the members of staff told us that they liked working at Medihands Clifton.

Our visit was from 11.30am – 3.30pm and we were able to observe the lunchtime meal and some activities.

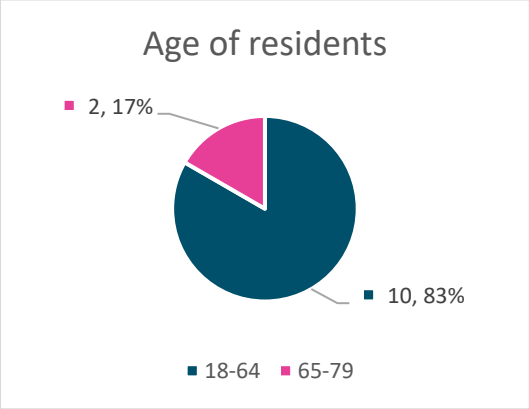
3 Demographics

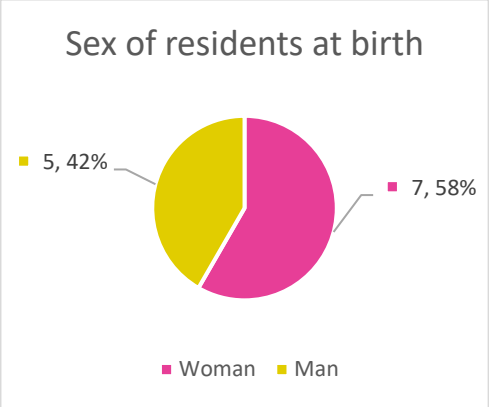
At the time of our visit the home had 12 residents, 7 of whom were funded by RBK.

8 (67%) of the residents were White British; 1 (8%) was Asian/Asian British; 1 (8%) was Black/Black British: African; and 1 (3%) was Black/Black British: Caribbean.

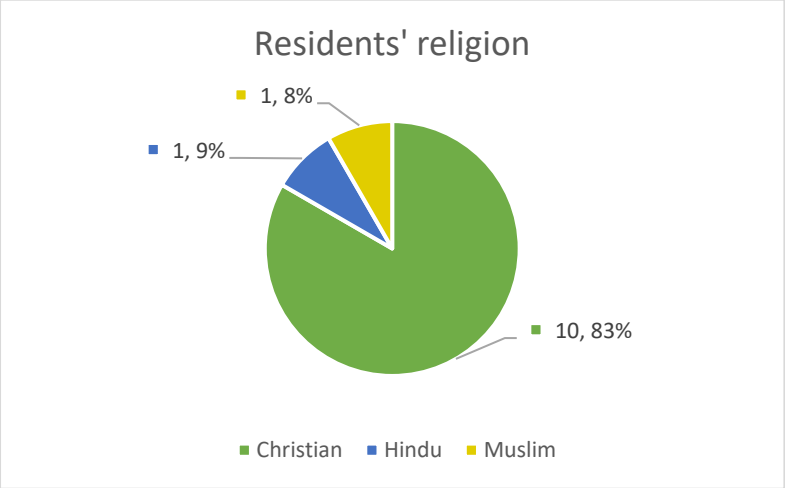


10 (83%) were aged 18-64, 2 (17%) were aged 65-79. There were 7 (58%) women and 5 (42%) men currently resident.





10 (82%) of the residents were Christian, 1 (8%) was Muslim, and 1 (9%) was Hindu. (Percentages are due to rounding.) All of the residents were heterosexual and all residents could speak English.



8 residents followed a medical diet, 1 followed a religious diet and 1 followed a vegetarian diet.

Residents at Medihands Clifton were living with a number of different health issues: all of the residents had a long-term condition and a mental health condition while six had some mobility issues. The home has 12 staff and at the time of our visit used no agency workers.

4 Living Environment

Medihands Clifton is in an adapted residential house covering two floors with 13 bedrooms (one for staff on nights). There was a lounge and a separate dining room. The lounge was large and housed a television at one end with sofas and chairs and windows to the garden were at the other end. Access to the garden was from the lounge and the manager's office was situated at this end of the lounge in a room accessed by a door in the lounge. Three bedrooms were accessed off the lounge from a recess/corridor situated in the middle of the room, and a table was set against the wall with two chairs. Ten bedrooms (plus the staff bedroom) were upstairs. There was no lift, and we were assured that the residents were all able to manage the stairs.

Medihands Clifton has 12 staff members: four senior staff including the Manager and Deputy Manager; six support workers; and two domestic staff. The staff at Medihands Clifton were expected to be omnicompetent and to do food preparation, and cleaning, as part of their duties.

We were told that there was staff turnover of 2 or 3 staff members a year. The deputy manager felt that staff turnover was 'pretty high' – in line with care work generally – and at Medihands Clifton the reason for this was that home ran certificated in-house training which was highly prized and led by the operations manager of the home who was a trained psychiatric nurse. Unlike other provisions, certification was given at the end of the training and once received, staff tended to move on to other provisions. In conversation with the staff however, we were told that most training was on-line (as is usual in this sector) and that the operations manager tended to give quick information sessions as and when changes were made in regulations. We were not shown any certificates generated by the training that was described.

A number of the staff had been in post for many years (and those we met on the day had all been at the home for a year or longer). One staff member working at Medihands Clifton on the day of our visit, usually worked at Medihands House, the other Kingston provision run by the owners of Medihands Clifton.

4.1 What worked well

- The atmosphere in the home during our visit was calm and friendly. Staff and residents seemed to have a good relationship.
- Staff seemed to know and understand the differing needs of the residents.
- The home was clean and cared for. The walls looked fairly recently painted and the furnishings were in good condition.
- The garden was well-kept with a lawn and patio area with potted plants. The lawn had a washing line to be used by residents, and a metal garden arch with seat. One length of the patio area was covered and sheltered a table and eight chairs and one easy chair. Separately there was an area leading to the storage room containing the freezers with food for the residents. This area housed a portable barbeque in the corner.
- All the fire extinguishers we observed were easily accessible and there were no obstructions and blockages in the hallways.
- A wheelchair was kept under the stairs. Nobody currently in the home used it and it was there in case it was needed.
- Signage around the house was clear and indicated action in a fire and covid risk minimisation.
- Signs in the shared toilets asked staff to check and flush the toilets as they went by to avoid blockage. Inside the toilet was a notice asking that users only throw toilet paper into the toilet to avoid blockage.
- The reception area had a new information board which was ready to be hung and filled with relevant information such as certificate of registration and the CQC report rating which was propped up on the mantelpiece ready to be inserted.

- Staff told us that everyone 'mucked in' and did all the roles of the house like preparing food and cleaning. The staff we spoke to told us they liked this way of working.

4.2 What could be improved

- Although clean and tidy, the home felt quite sterile, due to the very few pictures on the wall in the lounge area, and none in the dining room or hallways. All the walls were magnolia, and the woodwork was white gloss throughout.
- Residents' rooms were identified by number only, other than one resident who had drawn and coloured in their name on a piece of A4 paper and stuck it to the outside of the door. There were no pictures of the residents or their relatives visible. There was little that was visually stimulating within the property, helpful in prompting conversations and help people recall memories.
- There was no way to dry hands in the downstairs toilet (or the other shared toilets in the home). The deputy manger said that the air dryer had been disabled on advice, as the home had been told that this method of drying spreads disease.
- The bath in the bathroom downstairs did not work. There was a discussion about how showers are more hygienic but that baths are good to soak in.

4.3 What we saw and heard

During our visit we took some photographs and spoke to six residents and four staff members. We have captured some comments about the environment below.

"It's very nice. I like it. We don't pay rent, so we can't complain." (Resident)

"It's all right. We have a laugh. We have a giggle." (Resident)

"Lots of squabbles here – people are quite good – other people are good in here." (Resident)

"We get on well with each other." (Resident)

"It's very nice. Peaceful. The residents seem happy." (Staff member)

"Maybe something to put pictures up on the walls in their rooms." (Staff member)

"The staff can be rude, horrible, nasty. There is shouting. I am not believed." (Resident)

"It's all female staff (staff member interjected) – xxx (male staff member) is back this month." (Resident)

"There's no male staff - I like them better." (Resident)

"We haven't had a residents meeting for six months." (Resident)

"It's a good working environment. The management are good to us – they listen, provide what we need e.g. protective clothing, listen to us. It's a good place to work." (Staff member)

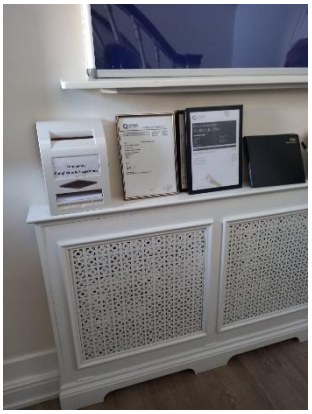
"My other job never made me feel welcome. But I get that here. I get thanked. It's meaningful work" (Staff member).

"I feel safe and secure. The staff and residents all greet you. They know me as a person. We treat them as people." (Staff member)

"Some of the residents have challenging behaviours." (Staff member)

"It's all done online (training)." (Staff member)

"This is done either online, or a trainer comes (training). (Staff member)



Images above show (from left to right) the back of the house from the garden; the reception area new noticeboard ready to have certificates and information inserted; the wheelchair under the stairs; a notice asking staff to flush the chain when passing and advising the bath is not to be used and a separate shared toilet with the notice about flushing the toilet.

4.4 Living environment recommendations

HWK living environment recommendations	Medihands Clifton Care Home response
1. Consider adding more decoration around the home to provide visual stimulation to give the home a more 'lived-in' and 'homely' feel and provide some conversational prompts.	'Due to the fact that all our service users have a mental health disorder it is better not to over stimulate as this can create further problems to where they are confused, distracted or become severely suspicious due to images and colour. There have been incidents where various artwork has been destroyed as caused emotional distress. We have concluded that this is not good for their wellbeing.' 'We cannot display individual photographs of residents in communal areas without their consent and it's crucial to prioritize residents' privacy and dignity.' 'Any personal choice that an individual service user has can be displayed in their personal space i.e.: bedrooms.'
2. Review the lack of a hand-dryer in the bathrooms and at a minimum add a notice to the effect that toilet paper must be used to dry hands.	'National Institute of Health(N.I.H) (Gov) In care home settings, while hand dryers can offer some benefits, single-use paper towels are generally preferred for hand drying due to hygiene concerns and potential for cross-contamination.' 'According to national guidelines we are following the recommendation to control cross contamination by not using the hand driers.'

	'We are looking into the best solution to drying hands. The nature of our service users is to put everything down the toilet and this causes severe blockages in the drainage system. So the method that we choose will have to be one which is effective and practical.' 'While we are finding a permanent solution we are currently putting additional paper towels into bathrooms for hand drying.'
3. Repair the bath in the first-floor bathroom so that it is available when needed.	'As stated on the day of visit it was due to be repaired as the temperature control for the hot tap needed to be readjusted to not cause scalding, which has now been completed and the bath is now open for use.'

5 Mealtime experience

Breakfast is served from 8am until 9am, lunch from 12.30pm, which could be flexible if the resident had an appointment or was going out, and supper was from 5.30pm although one resident always their supper at 7pm. Contrary to the usual pattern in care homes, Medihands Clifton provided a cold lunch during the day and a hot meal at supper time.

The kitchen was accessed leading off from the dining room so the food could be brought through very quickly. During our visit the kitchen was pristine due to everything having been prepared in advance and kept wrapped in the fridge until needed. Freezers containing frozen foods were in an outhouse accessible from the kitchen under a sheltered screen. The freezer contained many frozen foods, but we were assured that fresh food was prepared daily.

The menu was available in a folder and shown to us in the manager's office. We did not see menus being used with the residents during the lunch time.

Before lunch was served we observed one senior carer tell the residents that lunch was ready. We observed six residents eat in the dining room. One of these residents came down for lunch and then went back up to their room. All ate either a cheese or a corned beef sandwich with crisps, apart from one who had a cheese omelette and crisps. A number of the residents ate a banana.

There was a bowl of oranges and bananas on the side in the dining room (which was not open to residents unless with a member of staff). From conversations with the residents, we were unsure whether the provision of fresh fruit was usual.

The deputy manager told us that chilli con carne was on the menu for the evening meal but could not marry this with the menu rota we had seen. On the rota the days that chilli con carne was available in the evening had cheese on toast or toasted cheese sandwich as the lunchtime option, which was not offered, or provided on the day of the visit.

The dining room had capacity for eight residents although the home housed 12, but we were told by staff that this was not an issue as not everyone wanted to eat together, and many were out during mealtimes.

None of the residents needed support with eating but were we told residents were always supervised during mealtimes and that food options were often ad-hoc arrangements by negotiation with the residents.

5.1 What worked well

- The atmosphere in the dining room was calm and residents ate the food offered them.
- There was one staff member organising, making and supplying the food. The staff member was trying to encourage residents to have salad with their lunch.
- The member of staff had a good relationship with the residents and was confident and caring in their interactions with the residents.
- We were told that residents could eat what they chose if enough notice was given.
- We were shown a folder that gave residents feedback after every meal. However, we did not see residents being asked, or it being filled it at the time of them eating.
- Temperatures of the meals were recorded in the book. (We saw no hot food being prepared or presented.)

5.2 What could be improved

- Menus were not shown to the residents, and photos of the food on offer were not available.
- The menu rota gave no options for the lunchtime meal that included fresh food, and a hot option was not available on a daily basis. The evening meal gave no option and offered no desert.
- We were told that soup was available for lunch, but did not hear it being offered, or see any resident eat it. Nor was there evidence of any soup in the kitchen.

- The sandwich fillings were 'processed' (i.e. corned beef/ham) and all the separate ingredients seemed to be pre-prepared/processed choices e.g. frozen pies/fish fingers.
- Although salad was offered to the residents on the day of our visit it was offered as individual components, i.e. lettuce leaves, and slices of cucumber. Each was presented to residents at the mealtime in a separate Tupperware box. Although the staff member serving the food encouraged residents to eat some salad, they were unsuccessful.
- We could see no evidence of any thought to making the presentation of the food attractive, important in stimulating appetite.
- A bowl of bananas and oranges was available for residents in the kitchen but from our conversations with the residents we were given the impression that this was not usual.
- The dining room was locked and a staff member needed to be present for residents to use it. We were unsure why residents did not have access to this extra space unsupervised.

5.3 What we saw and heard

During our visit we took some photographs and spoke four members of staff and six residents. We have captured some comments about the mealtime experience below.

"Food is very good." (Resident)

"We need to respect people's dietary requirements. We cook from fresh and respect choice. (Staff member)

"I always eat my dinner – but I'd rather be at home cooking for myself." (Resident)

"Change the cooking rota so residents can cook – I have to be assessed to be safe in the kitchen, but I haven't heard anything." (Resident)

"It's been a week since we last had oranges and bananas." (Resident)

"Can have pepsi, cola and lemonade in here." (Resident)

"We don't have meetings about the food. I'm a big meat eater, I can go out and buy it, but I can't afford to do that. Food is ok sometimes. I loke to get my own food. On Saturdays I have takeaway, KFC/chicken curry and rice/fish and chips from the fish and chip shop." (Resident)

"We offer a menu with options, and they can choose from that, or we make stuff." (Staff member)

"We have takeaway on Saturday – fish and chips." (Resident)

"I don't like salad." (Resident)

"Bananas are a new thing." (Resident)

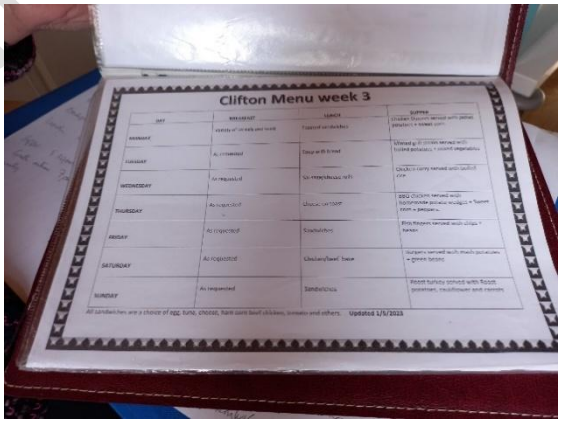
The food is OK. I'd like some more protein. Sometimes they give me what I want, sometimes not." (Resident)

"Those able to go out can eat outside or elsewhere. Families can visit and take people out." (Staff member)

"The residents don't usually eat in their rooms. They come to the dining room. If they ask, we take meals to them." (Staff member)

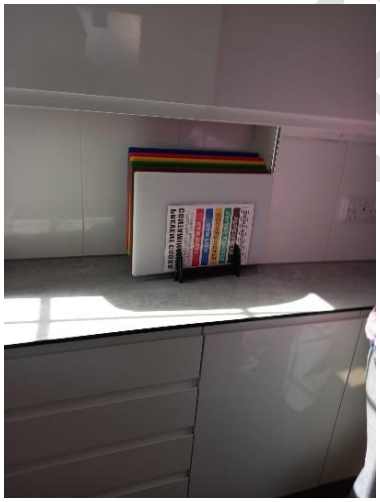
"The residents like to eat together. They get on, like a family." (Staff member)

"We get compliments (about the food.)" (Staff member)



Images (left) show from left to right: the menu folder cover (which bore no relationship with the food we saw given to the residents); an example of the four-weekly menu.

Images (below) show the contents of the freezers in the outhouse; a table in the dining room with four chairs (there was an identical one on the other side of the room; the fruit bowl on the side counter; jugs of water served during the meal; and chopping boards with food hygiene labelling.



5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Medihands Clifton Care Home response
1. Revamp the menu offering to provide a hot option at every lunchtime and a choice of main meals in the evening.	'At every meal service our residents are asked what they would like to have for lunch from a choice of soups, hot snack s such as sausage roll to beans on toast and a selection of sandwiches. Many of our service users are out during the day and cater for their own lunches and all have stated that they prefer to have their main meal in the evening.' 'Although we have a menu in place each person is asked before evening meal preparation starts if they are happy to have the main menu or if they wish to choose an alternative.'
2. Give greater thought to the presentation of food to stimulate appetite and encourage residents to eat different choices.	'All our staff take pride in offering a good variety of foods to our service users. We know their food allergies and their likes and dislikes and also any dietary requirements, life choices and religious needs. All of our service users have good healthy appetites and are all capable of making their own choices and free to express their wishes which they do. During the enter and view our residents were asked what they would like for lunch all that were onsite requested their own choice of sandwich which was

	presented in triangles with side salad and crisps. This presentation was good. Also available for them was fresh fruit – choice of satsuma or banana which is readily available in the dining room for residents to take.'
3. Ensure there is fresh food available at every meal (in addition to some processed food).	All our meals are prepared fresh daily. The freezer contents comprise of those items which cannot be prepared on the day e.g.:- Freezer 1: contains bread, rolls, gateaux, and vegetarian meat substitutes. Freezer 2: sausages, burgers, fish fingers, nuggets, ice-cream.
4. Provide a choice of desserts at supper time (e.g. a fresh fruit salad option.)	There are always desert options available on request but as discussed during your visit our services do have a lot of underlying physical health problems and we are given strict guidelines to implement where possible from their GP's and dieticians, which is why there is always fresh fruit available.' ''Our residents like to be independent which is encouraged and they buy their own personal shopping which includes a lot of snack and dessert items.'
5. Provide menus with images of the food available to provide a visual reference that helps residents with their food choices.	'We have never been asked to provide imaged menus for our residents by CQC or any of the authorising body. Our home is not for dementia or special needs and all residents are literate and can make their own choices.'

	'Residents are informed each morning of what the evening meal will be and then they can decide through the day if they wish to say yes or choose another option.' 'We are in the process of designing table menus.'
6. Include residents and relatives in the menu planning during house meetings.	'Our residents are always included in the planning of the menus and their suggestions and recommendation are always considered. E.g.:- Spanish chicken has been added as it was suggested in a previous residents meeting.' 'The few resident who do have family members are confident in the care being given whether it be food and nutrition or any other individual specific needs and are fully aware that they can approach Clifton with any concerns at any time and they will be addressed.'
7. Make dining room more accessible to unaccompanied residents.	'The dining room is open to all residents to use from 08;00-20:00.' 'The only time that this room is not accessible is during cleaning – which is for the safety of the service users.'

6 Meaningful activities

Activities are arranged and provided by all staff; Medihands Clifton has no dedicated staff member for this role. When we arrived two residents were dancing and singing with a staff member in the lounge.

We were shown an activities timetable which identified activities that ran from 11.30am-12.30pm in the morning and 3-4pm in the afternoon. The morning activity had been dominoes on the day of our visit and one resident mentioned having played dominoes that morning.

The rota indicated chair exercises in the afternoon we were there, but these did not occur, and no mention was made of doing any. There was only one resident in the room lounge area at the time of the activity and we were told that most residents went to their rooms after lunch and lunchtime medications, to have a nap. We had seen the medicines being dispensed by a senior staff member who was wearing an apron which designated their activity.

Activities on the rota for the rest of the week were mask painting, arts and crafts, board games, cooking and 'walk'.

One resident told us that the television went on in the lounge at 4pm every day and residents agreed between themselves what to watch. If there was a clash the programmes were viewed for 30 minutes and then the channel was changed. Residents also watched TV in their rooms if they had brought one into the home with them. One resident told us their television didn't work despite multiple attempts to fix it.

Residents had differing abilities and opportunities to leave the house. Two residents had care plans that allowed them to access day centres on some days during the week, others had relatives who came to take them out at the weekends. For residents who had neither, we were told that a rota had been created to ensure that the resident was accompanied out with a staff member.

Residents were able to use the laundry facilities to do their own laundry and would do this with support from a member of staff. These laundry days would

happen each week or sooner, should the need arise. Shower support was also offered for the residents to help them to wash their hair.

6.1 What worked well

- Residents were able to leave the house if they had had a risk assessment and it was appropriate for them to do so, or if they had a relative or a staff member to go with them.

6.3 What be improved

- We did not see the activities rota displayed anywhere for the residents to be aware what was happening.
- Two residents said they would like to be able to use the kitchen but that they needed to be assessed by an occupational therapist to be able to do so. Neither were aware of when this might happen (although it is possible that the resident had been told).
- There seemed to be no residents' meeting where activity choices might be decided upon.

6.4 What we saw and heard

During our visit we took some photographs and spoke to four members of staff and six residents. We have captured some comments about the activities below.

"Not much to do, don't go out often." (Resident)

"I do some gardening; I've cleaned the windows. I do a bit of dusting." (Resident)

"I don't do activities." (Resident)

"I can't be independent here. I can't be in the kitchen." (Resident)

"I play dominoes." (Resident)

"Dominoes is OK." (Resident)

"We play dominoes. We put on music and they dance. There are board games." (Staff member)

"I go for a walk. I like sitting in the garden." (Resident)

"We watch TV- Emmerdale. Others like a Place in the Sun." (resident)

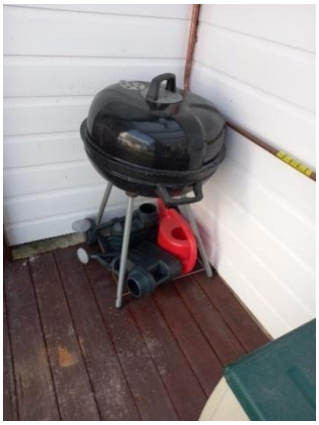
"I go out at least twice a week with staff, to the paper shop. I went to the café with (my relative)." (Resident)

"Sometimes there is Arts and Crafts. Those masks (pointing) were done a couple of months ago." (Staff member)

"We take people out for walks. There is an exercise bike and there are board games." (Staff member)

"Sometimes people go out to the Searchlight (Kingston Eco-Op) and Raleigh House (Staywell)." (Staff member)

"In summer time people use the garden. We have barbecues (no alcohol)." (Staff member)


Images (above) show from left to right: the laundry room used by residents (with support from staff) accessible under cover in the garden; the covered area with table and chairs; barbeque; the garden with garden arch and washing line' and one end of the lounge with the television.

6.5 Meaningful activities recommendations

HWK activities recommendations	Medihands Clifton Care Home response
1. Make the activities rota available and displayed to residents so they can decide better if they would like to take part in activity sessions.	'The activities rota is on display in the dining room. All activities included in the rota were compiled by staff and residents together. Our service users are low functioning due to their mental health needs and do not often wish to participate.' 'This is why we encourage community based activities such as day centres so that they have inclusion. This encourages more participation as it is an external body.' 'This is their home and as such they feel relaxed enough to decline. Which is their right to do.'
2. Arrange afternoon activities at a time that will encourage maximum participation.	'We have activities scheduled for both am and pm, the participation level does not increase as anyone working in the mental sector would tell you they do not participate in activities and have low motivation, low interest and poor cognition.' 'Staff encourage and prompt all activities provided and are told by residents "no I don't want to and I have the right to refuse."'

3. Talk to residents and relatives about how best to engage the residents in activities.	'Our residents are included in all activities which involved them. ' 'Unfortunately, very few of our service users have close contact with any family members and some have no next of kin. Sadly, many of those here have been involved in serious violent incidents in their homes due to their mental health behaviour and as such have estranged relationship with their family members.'
4. Provide more cognitive stimulation for the residents e.g. memory games, quizzes, word finders, etc	'We play I-Spy, Trivia, Topical quizzes i.e. Music, Hangman etc.' 'Taking into consideration that our service users all have severe mental health issues which started in the early teens and also have complex needs. This is not the kind of area which is easily solved.'
5. Consider arranging for entertainers to visit Medihands Clifton to provide variety for residents.	'This has been tried in the past and they entertained two residents.'

7 Next steps

This report has been shared with Medihands Clifton who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Medihands Clifton Care Home the next steps to be taken in response to outstanding recommendations.

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