

# Enter and View Report

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## Baycroft Grays Farm Road Care Home

Orpington BR5 3AD



Healthwatch Bromley

23<sup>rd</sup> September 2020

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## Visit Information

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Service visited:	Baycroft Grays Farm Road Care Home
Address:	Grays Farm Road, Orpington Road BR5 3AD
Care Home Manager:	Emmanuel Eyo
Date and time of visit:	23 <sup>rd</sup> September 2020, 10:00 - 16:00
Status of visit:	Announced
Healthwatch Bromley Enter and View Authorised Representatives:	Mina Kakaiya, Aastha Kamboj, Carol Ellis, Nisha Devani, Fatima Abdi
Lead Authorised Representative:	Mina Kakaiya
Healthwatch Bromley contact details:	Healthwatch Bromley, Community House, South Street, Bromley, BR1 1RH Tel: 020 3886 0752 Email: <a href="mailto:info@healthwatchbromley.co.uk">info@healthwatchbromley.co.uk</a>

Healthwatch Bromley (HWB) has the power to Enter and View services in the London Borough of Bromley. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

### Purpose of the visit

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The Health and Social Care Act allows Healthwatch Bromley Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. Visits can happen if people tell us of concerns, but equally when services have a good reputation. We can therefore learn from sharing examples of what organisations are doing well from the perspective of the people who experience the service first hand.

Enter and View visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit, they are reported in accordance with the Healthwatch Bromley Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform the lead Authorised Representative who will then end the visit. If any member of staff in the observed organisation wishes to raise a safeguarding issue, they will be directed to the Care Quality Commission (CQC) and Bromley Council's Safeguarding Team.

Due to the government restrictions in place during the pandemic, Enter and View visits have had to take place virtually and we acknowledge that there are limitations to this. We have had to adapt the questionnaires and interviews to this new way of working to be able to get a better sense of the service, albeit from afar.

Healthwatch Bromley has liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme. Healthwatch Bromley visited Baycroft Grays Farm Road Care Home at the request of the LA, the London Borough of Bromley. The Care Quality Commission rated the home as 'Requires Improvement' in August 2019.

On this occasion, five Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to staff, visitors and family members visiting Baycroft Grays Farm Road Care Home. One group spoke to the management team, then using appropriate digital devices (iPad/laptop/mobile phone) was shown around the premises. The other group interviewed staff, residents and family members by telephone or video conference. Recommendations have been made on how to improve the service and good practice has been highlighted.

## **Methodology**

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In response to the COVID-19 pandemic, Healthwatch Bromley set up and introduced a new digital approach to delivering our Enter and View Programme. This visit was conducted virtually and supplemented by surveys, interviews and telephone calls.

Our visit was announced, taking particular factors into consideration including:

- Whether the provider had the capacity to accommodate a virtual visit
- Identifying potential patients/residents and staff members whom we would be able to interview whilst ensuring no disruption to the service
- Identifying any potential issues such as residents being uncomfortable speaking with us via digital tools, or technology problems on the day of the visit.

The approach used was to talk with:

- Residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives
- Residents about staffing levels and whether they feel safe with the level of the care provided

- Relatives, when available, to ask if they are happy with the care provided and whether they are aware of and feel able to report any concerns/complaints
- General and senior staff about training, turnover, support and staffing levels.

## **Acknowledgements**

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### **Enter and View Authorised Representatives:**

Mina Kakaiya, Aastha Kamboj, Carol Ellis, Nisha Devani, and Fatima Abdi.

Healthwatch Bromley would like to express thanks to Emmanuel Eyo the Care Home Manager for coordinating the virtual visit, the staff for their hospitality during the visit, and the staff, residents, family and friends who completed our questionnaires and provided valuable feedback.

## **Virtual visit constraints**

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The Manager and his staff were very helpful and supportive of our visit. However, unavoidable disruptions to the internet signal, in addition to audio issues, impacted communication during the virtual tour. This was the first virtual Enter & View visit conducted by Healthwatch Bromley and is part of a pilot programme, so these issues will be monitored during the rest of the programme.

## **Completed Healthwatch questionnaires**

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Following the Healthwatch visit, we received 27 completed feedback forms, and these included:

- 8 Family & friends questionnaires
- 1 Resident questionnaire
- 18 Staff questionnaires

## **Care home staffing**

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On the day of the Healthwatch virtual visit, there were 31 members of staff on duty.

- 4 Management team (including Client Relation Manager and Hospitality Manager)
- 1 Day Senior Care Workers
- 2 Night Senior Care Workers
- 4 Night Carers
- 6 Day Carers
- 2 RGN (Nurses)

- 1 Administrator
- 1 Chef
- 1 Additional Cook
- 2 Catering Assistants
- 1 Head Housekeeper
- 2 Laundry / Domestic Assistants
- 2 Domestic Assistants (one is part time)
- 1 Bank Domestic Assistant
- 1 Activities Coordinator

The total number of staff employed including bank is **80**.

## **Background**

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Baycroft Grays Farm Road Care Home was built three years ago. The home is run by One Housing Group Ltd which is part of the Baycroft collection of care homes.

It is a purpose-built home with 75 rooms in total. The ground floor has 15 standard residential rooms and 15 nursing care rooms. Rooms for those with dementia are housed on the top two floors. At the time of the visit, only 26 rooms were occupied because of the current hesitation by families to place their loved ones into residential care, because of COVID-19. Nonetheless, full staffing levels had been maintained.

The home is situated in a residential suburban road in Orpington, close to the A224, with buses within a short walking distance. There are over 30 parking bays for staff and visitors.

## **Accessibility**

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Visitors accessing the main entrance have to press a buzzer on the external door to request access. The side staff entrance is currently closed due to COVID-19 restrictions. Having entered through the front door, there is an entrance vestibule with sliding doors the visitor must pass through before the main reception area can be accessed.

Within this vestibule there is a table containing masks and sanitiser for staff (not visitors) entering the building. Visitors are required to sanitise and wear a mask once in the reception area. There is a small sign alerting visitors to the sanitising station. There is a no-contact, digital thermometer for taking visitors' temperatures.

During our visit we were informed by a staff member that residents on the first floor (with dementia) are not able to access the ground floor as there are keypads on lifts and entrances to staircases. For those on the second floor (residents living well with Dementia) they have access to all exiting doors and lifts. Those who visit the ground floor are communally supervised. Those on the ground floor (who do not have dementia) are not restricted. In relation to the front door, we were informed that when the reception area is left unmanned, that the front door is secured and not left open - any resident wishing to leave the home has to ask a member of staff. Use of MCA 2005 and DOLs protocols to ensure all those with capacity have freedom of movement where appropriate, regardless of which floor there are on, was unclear. Further clarification has been sought and an appropriate recommendation included in this report.

Some residents on the ground floor have their own small patio, from which it is not possible to access the communal garden at the rear of the building. A door in the dining area gives access to the communal garden. We were informed that residents have free access to the garden every day until 5pm, though the door was locked when we conducted our virtual tour in the middle of the day, even though the weather was fine. The well maintained and attractive garden appeared to be secure, with locked, full height, wooden gates. Residents with dementia can be accompanied into the garden.

With current COVID-19 restrictions, potential residents and their families are only able to visit the home virtually or by peering inside the home from the garden. At the time when our visit took place, residents were only able to have visits from their family and friends in the garden.

### **Environment within the home**

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As this was a 'virtual' visit, it was not possible to view most areas of the home closely. We had the opportunity to view one unoccupied room, a dining room/lounge, a medication room and the sensory room. All looked to be in good order when viewed through the constraints of a virtual live video tour.

The home appears to be clean, comfortable and safe. There are two cleaners per floor. Internal décor is fresh and the home is well furnished with modern, good quality furniture. The communal areas appeared clean and attractive with pictures on the walls.

All but four rooms are single and of varying sizes. All have an en-suite wet room with automatic lighting. There are additional bathrooms for residents' use. There are four shared bedrooms which can only be occupied by couples.

Residents can only bring limited furniture into their room, as much of the furniture is fitted. All furniture must be brand new and comply with safety regulations; all electrical items have to be PAT tested. Residents can bring in their own paintings, photographs and personal belongings.

Each resident's room is provided with a telephone line; Sky box; Smart TV; Profile bed. Each room has a sophisticated audio system that enables staff to monitor residents' audible sounds, from a distance, throughout the night (from 22.00 until 7.00) without disturbing them. Family members must give consent for those with dementia to have this system in their room. Currently, those giving consent have opted for audio only, not using the camera. Cameras are not being utilised at present but are due to be implemented in the forthcoming months.

Notice boards for staff are placed throughout the home and, in the reception area, there is a stand containing information leaflets for visitors. For residents there is a range of noticeboards, including pictorial COVID-19 precaution signs, in communal areas, including toilets.

All fire and emergency exits are clearly marked. A fire alarm test takes place every week. Fire drills happen monthly and residents are notified in advance. All staff are trained in fire safety.

We assume that all COVID-19 government safety protocols were being adhered to at the time of the visit.

## **Facilities**

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A range of facilities is provided within the home. These include:

Laundry: in which COVID-19 protocols are in place.

Sensory room: during the virtual tour of the home, two residents were observed receiving one to one care. One was enjoying a hand massage, the other playing a sensory board game.

Gym and massage room: though neither the gym instructor nor the beauty therapist is currently permitted to visit the home, residents can receive hand massages given by the carers, and Namaste (relaxation) sessions are also on offer.

Hair salon: although the visiting hairdresser is not permitted to visit at the moment, one of the carers,



who is a trained hairdresser, is providing hairdressing services.

Other facilities not observed on this visit include: a cinema; a library; a children's entertainment room; a chauffeur service.

### **Support for those with dementia**

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Staff are trained to support residents living with dementia and those who require assistance with the activities of daily living e.g. washing, dressing, cooking. There are dementia friendly displays in the corridor on the upper floors. These include menus for the week; a wall with photographs of activities on offer, with the names of activities printed underneath; a music wall with various instruments; a second music wall with photos of the Beatles and other musical performers residents might remember. There are dementia friendly clocks in each room and in communal areas. The home has created a simulation of a mini shop, run by residents, and a simulation of an office. Doll therapy is also provided.

### **Admission of residents**

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Each potential new resident has an assessment prior to acceptance. At the assessment meeting, discussions include the needs of the resident, to develop a care plan. Once the necessary administration is completed, a new resident can be accepted, provided that their needs can be met by the home.

### **Care provision**

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In addition to a named Key Worker, every day each resident is 'allocated' a member of staff. Amongst other duties, the role of this member of staff includes monitoring the food and liquid intake of the resident. Care Plans are reviewed monthly via a 'Resident of the Day' system and, annually, relatives are involved in this process by telephone.

Because of the pressures resulting from COVID-19, a confidential support line has been provided to staff.

### **Feedback from residents**

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Healthwatch received one resident response form. It was completed by a Healthwatch representative on behalf of the resident who was able to give their consent to communicate with

us and provide adequate information about the home and the care they were receiving. They informed us that they felt happy, comfortable and secure at the home.

Questions regarding the staff members received a positive response and the resident spoke very highly of staff and management.

### **Medical support and medication**

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Bromley care home GP services provide medical care to the home; it was reported that this service has been very supportive in providing weekly COVID-19 testing for staff and monthly testing for residents. During the first wave of COVID-19 the home used one side of the premises as an isolation wing. They experienced eight COVID-19 cases and four residents passed away as a result of the virus.

All wounds and sores are recorded via body mapping and photos and an 'acute plan' is developed when necessary. Relatives are informed when this happens.

There is a hearing loop in each resident's lounge. A range of mobility aids is employed, including hoists. Each item of equipment has a regular safety check. The staff work closely with a physiotherapist. A podiatrist has continued to visit residents during COVID-19.

PPE is provided via a centralised system and needs are colour coded – green/amber/red. Only once during the pandemic has there been a problem obtaining PPE.

Each floor has its own, locked, medication room which contains locked cupboards. Only one staff member has access to this room each day. There is a lockable fridge for medication storage in each medication room. The fridge is checked daily.

Registered Nurses based in the home dispense the medication. A hand-held electronic scanning device, linked to Kemsing Pharmacy in Orpington, monitors medication supplies and administration of medication.

Paracetamol is given to residents on a PRN basis and the term PRN (from the Latin pro re nata meaning in the circumstances or as the circumstance arises) is given to a medication which is to be taken "when required", usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly, i.e. not given as a regular daily dose, or offered only at specific times.

## **Dietary needs**

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There is a four-weekly cycle of menus. Each day there are two or three starter options, two or three main course options – one of which is usually vegetarian – and two dessert options. Special dietary requirements are catered for and if there is nothing of interest on the menu for a resident, other options are on offer.

Meals are served in the dining room and a maximum of 10 people (including staff) are allowed in at any one time during COVID-19. Meals can be served in a resident's room if requested and assistance with feeding given if required. There is a hot drinks machine (for residents and staff) in the dining room plus an alcoholic drinks cabinet for residents only.

Pre-COVID-19 it was possible for visitors to pre-book a meal with a resident in the 'Bistro'. Visitors could leave feedback on the meals provided, both verbally and in a book provided.

## **Fire safety**

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The fire alarm is tested weekly. Fire drills take place regularly every other month (alternating between day and night). Advance notice is given to residents. Pre and post fire drill briefings are conducted.

All staff are trained in fire safety and refresher training is also provided. The progressive horizontal system of evacuation is employed. There is a fire plan on each floor, in each room and at the nurses' station. There are fire extinguishers on each floor.

## **Staff feedback relating to COVID-19 protocols**

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Total number of staff surveys completed: **18**

17 general staff and 1 senior member of staff completed our staff questionnaires and the following comments were made about the service during the COVID-19 pandemic:

*“Yes, staff were made aware of any new changes and to follow infection control policy; we had enough stock of PPE and some PPE was ordered centrally by head office to support the home.”*

*“All infection control measures are in place and are implemented and maintained by all staff.”*

*“Yes, we have sufficient stock, and a new order is placed every week for gloves, aprons etc.”*

*“Yes, staff were made aware of NHS guidelines in daily meetings. Information was downloaded from NHS England and made available to staff by Head Office. Health and safety information was given to staff at daily staff briefings.”*

*“Family members can speak to their loved ones on the phone and staff can support face time calls. Families can visit residents in the car park, maintaining social distancing.”*

*“Arrange meetings with the family as well as phone calls, face time.”*

*“Encourage them to talk on skype or make appointments to visit regularly.”*

*“I think the biggest challenge is safety of residents and staff as my role is mainly focused on ensuring to have enough PPE in place. I was assisting my manager in monitoring the stocks and placing orders on time to avoid shortage. Number of staff going on self-isolation was a bit high in peak time, but we managed to cope well as a team.”*

*“When families were not allowed to visit, this had a bad impact on the residents, and it was visible. When the visits in the car park first started, some residents even refused to see their families as they felt abandoned.”*

*“I think it is challenging and emotional as you cannot visit/see your loved ones whenever you want.”*

*“Challenging for everyone, but families realised all the efforts we were making.”*

*“We are doing everything already. We are on high alert always.”*

## **Family and friends' feedback on the service during COVID-19**

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*“They are so good! The manager has even phoned me mid-evening to put my mind at rest about Mum's COVID test results. The home has really jumped on top of COVID”.*

*“The care home seems very serious and professional about COVID-19 requirements and adjusts their policies accordingly.”*

*“We are kept informed and are very satisfied with the measures taken.”*

*“We are very satisfied with the measures taken.”*

## **Activities**

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The home has an in-house activities coordinator, who conducts activities with residents and is aware of the needs and preferences of each resident. The home offers a variety of activities including music, board games, physical activity. There is an activities wall chart displaying what is on offer and the name of each activity.

Prior to COVID-19, the home hired a mini-bus to take residents on weekly outings plus a weekly visit to church and a variety of entertainment was provided within the home. This included a therapy dog, singers and musicians. Currently it is not possible for residents to go on external visits, nor to have visiting entertainment indoors, but at the time of our visit, a garden visit from an entertainer had recently taken place.

Healthwatch received the following feedback from staff on the activities offered:

*“Getting to know the residents and their histories so activities can be planned to match the residents’ needs. All residents are encouraged to join in activities. Make sure activities are varied.”*

*“Doing activities with them e.g. playing scrabble.”*

*“Ask them what they like and talk to them about it, we ask for their opinions.”*

*“Normally we hold residents’ meetings, but they are not being held due to COVID. Each department is discussed, and we ask questions on their likes and dislikes.”*

The one resident we spoke to told us they are encouraged to take part in the activities programme by staff. The current activity programme, in the circumstances, appears to be varied and of a good standard.

## **Care home staff general feedback**

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The staff confirmed they were happy with the level of training they had received. All the staff who answered our questionnaire felt supported by the management team and colleagues. Some said they received adequate breaks, but two members of staff felt their breaks were inadequate. Staff felt that their line manager was approachable if they have any concerns.

18 members of staff completed our staff questionnaire and some of the comments made have been included below:

*“I like here, it is a great place to work”*

*“I am very happy to be part of the team”*

*“It is a great experience so far. I don’t feel any regrets. I like to work with residents due to having a laugh and jokes.”*

*“We have a nice relationship with patients and feel attachments towards them.”*

*“My role encourages me to be proactive to complete my task on time.”*

*“Management is very supportive and approachable.”*

### **Family and friends’ general feedback**

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Total number of Family and friends surveys completed: **8**

The comments have been included below:

*“The facilities are good, the staff are so caring, and my mum has been well settled there. The care the staff gave to Dad in his last weeks was excellent.”*

*“Staff are very attentive, polite and respond rapidly to any issues.”*

*“Staff are exceptionally pleasant and work extremely hard.”*

*“The nurses are unbelievable and the lead nurse is fantastic.”*

“There are monthly Zoom meetings (which I don’t attend as not keen on Zoom) but each meeting is followed up with a letter in which discussions are summarised.”

The consensus from families and friends was that the residents were well cared for and safe.

### **Baycroft Care Home- general care home rating from family and friends**

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Total number of responses: 8

Please tick (✓)	Attributes	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
i.	Access by public transport	1			1		6
ii.	Parking facilities	6	1				1
iii.	Getting in and moving around the building	4	1				3
iv.	Cleanliness	5	1				2
v.	Helpfulness of staff	5	1				2
vi.	Visiting arrangements	1	2	3			2
vii.	Support from staff regarding your health	3	1				4
viii.	Gardens/ Outside Space	5	2	1			
ix.	COVID – 19 compliance	4	2				2

### **Recommendations**

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We make the following recommendations based on our virtual visit observations and issues relayed to our Enter & View team via survey responses and interviews:

- 1. For visitors:** It would appear that staff, entering through the main front entrance, go through COVID-19 safety protocols in the entrance vestibule, before they enter the main reception area. However, at the time of the visit, it seemed that visitors waited until entering the reception area before going through these protocols. We would suggest that, for safety reasons, all visitors complete the COVID-19 protocols whilst in the entrance vestibule and before entering reception.

### Response from Baycroft Grays Farm Road Care Home:

*This protocol is now in place for all entering the home, at the first door to enter the foyer area.*

2. **For residents:** If a resident is free to leave the building without any clear monitoring, the home may run the risk of a resident wandering off (particularly as cognitive decline is a spectrum and changes over time, even if a resident has not been formally diagnosed with dementia). We would suggest a system be set up to enable reception staff to monitor residents leaving the building and to open the door remotely for those who wish to leave the building, rather than anyone just being able to wander out.

We also observed that residents with dementia on the second floor are not able to freely access the ground floor entrances as there are keypads on lifts and on entrances to staircases.

### Response from Baycroft Grays Farm Road Care Home:

*The home is set up with this design to ensure that people with capacity moving into the home do not feel locked in. Reception is manned 12 hrs a day and when it is not, the automatic doors are secured so, when choosing to leave the building, residents will need to ask a member of the team to release the door lock.*

*Preadmission assessments are robust to ensure that people moving in are placed in the correct area of the home. As and when a resident declines or appears to have cognitive decline, due to infection or another reason, again the risk is minimal as the front door is changed from automatic to lock.*

3. **For residents:** When the weather is fine, we suggest that the door to the garden is checked daily to ensure it is open until 5pm so that residents can access the garden when they wish. On the day of our visit, even though the weather was fine, the door was locked.

### Response from Baycroft Grays Farm Road Care Home:

*This is unusual as ordinarily the door is unlocked by the reception staff when they arrive at 8:00. To further ensure this remains the case, the hostess covering the bistro is also checking that the door is unlocked.*

4. **For staff:** Two members of staff stated that they felt their breaks from work were inadequate.



We would suggest that management consult with staff about their needs for longer or additional breaks.

### **Response from Baycroft Grays Farm Road Care Home:**

*We have flagged this to our internal HR department for further advice, but it will be followed up with the team in the next staff meeting and any suggestions on how they would like this to be amended, considered. Presently the team is having enhanced breaks due to the need to wear masks when on duty at all times, so it is surprising that this has been the feedback. We want the team to feel supported so we will also conduct a survey with the staff around this.*

- 5. For staff, residents, family and friends:** Staff reported the negative impact on residents when families were not allowed to visit their residents resulting in some residents refusing to see their families as they had felt abandoned. We suggest management review the mental health support for those families and residents who have been negatively impacted by the social distancing measures.

### **Response from Baycroft Grays Farm Road Care Home**

*All members of our team have free access to a confidential employee assistance programme which covers all areas of their physical and emotional wellbeing. In terms of residents, we have a mixture of garden, internal and virtual visits available. The Wellbeing Team is also ensuring that the wellbeing programme within the home is further focused on supporting our resident's wellbeing.*

- 6. For staff, residents and family and friends:** One family member reported their inability to engage via Zoom. Please clarify what other remote access arrangements are in place to enable engagement between staff, residents and family and friends.

### **Response from Baycroft Grays Farm Road Care Home**

*We provide various means of family keeping in touch with their love ones through face time, skype, WhatsApp, Skype and telephone. We presently support in visit for our residents. As an organisation, we also have access to Teams and Skype which may be easier to navigate. I will ask family members for feedback on which platform they would prefer to use to host the monthly family meetings, whilst we continue to face the current COVID 19 pandemic and inhouse meetings are unavailable.*

- 7. It is vital to ensure that all staff have a clear understanding of the Mental Capacity Act**

2005 and DOLs protocols and are applying them fully and appropriately to safeguard residents and their rights. We recommend that the home review their training and support to staff around these policies and test how implementation across residents on different floors works in practice.

### Response from Baycroft Grays Farm Road Care Home

*MCA training is part of our induction process and we provide mandatory training for staff in relation to MCA*

- 8. Ensure home has appropriate quality IT equipment and sufficient wi-fi access** throughout the premises to enable improved virtual visit access by various parties (Commissioners, CQC, Healthwatch etc) and that residents can communicate effectively with friends and family through use of online platforms such as Zoom, Facetime or Whats App etc.

### Response from Baycroft Grays Farm Road Care Home

*The home have recently upgraded our wifi and all residents and visitors have full access to the wifi.*

### Conclusion

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The staff we spoke to were very accommodating and we felt all our questions were answered fully and candidly.

We received positive feedback from family, friends and staff members regarding Baycroft Grays Farm Road Care Home. Staff commented that the management team was supportive of their work and the atmosphere within the home was good. Our impression on the day was of a well-run service that supports its residents holistically.

The report will be published on the Healthwatch Bromley website

[www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

and disseminated to the provider, commissioners and the public.

The Healthwatch Bromley Enter and View Team would like to thank the visitors, staff and residents at Baycroft Grays Farm Road Care Home for their courtesy, patience and openness during our virtual visit.

**Disclaimer**

*This report is a representative sample of the views of the visitor and staff members that Healthwatch Bromley spoke to within the timeframe. This does not represent the views of all the relatives and staff members at Baycroft Grays Farm Road Care Home. The observations made in this report only relate to the visit carried out on the 23rd September 2020.*