

Enter and View Report

Manley Court Care Home, March 2023



A report by Healthwatch Lewisham

“I love my job. We have good days and bad days,
but it is always different.

I love the residents.”

Staff Member

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Visit Details	
Service Visited	Manley Court Care Home Cold Blow Lane, London, SE14 5RB
Manager	Shola Adedugbe-adeyemi
Date of Visit	15 th March 2023
Status of Visit	Announced
Authorised Representatives	Marzena Zoladz, Rosie Morrison, Adrian Ingram, Charlotte Bradford, Julia Eke, Deneesha James
Lead Representative	Marzena Zoladz

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter & View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About the Visit

2.1 Manley Court

On 15th March 2023 we visited Manley Court, a residential and nursing care home in Lewisham.

Operated by Bupa, the home specialises in residential care for older people with dementia. It also provides specialist care for cancer, neurological conditions, learning disabilities and multiple sclerosis.

The home may accommodate up to 85 residents and 76 were in residence at the time of the visit.

The home has a staffing complement of 120.

2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Manley Court was last inspected by the CQC in August 2022. The inspection [report](#) gave a rating of 'Requires Improvement' overall, with individual ratings of 'Good' for being effective, caring and responsive, and 'Requires Improvement' for being safe and well-led.

2.3 Online Feedback

The [reviews](#) posted on carehome.co.uk give an average rating of 9.3 (out of 10).

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Lewisham to form an impartial view of how the home is operated and how it is experienced by residents, and to produce a report.

3. Summary of Findings

During the visit we engaged with 8 residents, 8 relatives, 10 staff members and the manager (27 people in total).

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

Location and Reception

Notes

- The home is set in a quiet residential area, with minimal traffic.
- It is located approximately a 12-minute walk from the train station (New Cross Gate).
- The building itself appears relatively new.
- There is a large car park, with ample parking space. We did not see a dedicated ambulance bay.
- To access the front door there are downward steps. A wheelchair ramp is installed to the side.
- The entrance is secure, requiring a buzzer press.

What has worked well?

- Once inside, reception staff were accommodating. We were asked to sign in. There is 'always a receptionist on duty', according to the home.
- The reception area feels bright and welcoming (open plan) and secure.
- At the time of the visit, St Patrick's Day bunting was on display.
- There is a poster of the home's cat - adding to the welcoming atmosphere. The poster also advises visitors to disclose any pet allergies.
- The signs displayed are clear.
- The Healthwatch visit poster was clearly displayed.
- Other information posted includes information on Bupa (provider organisation), the CQC, counselling, health and safety and diversity. Leaflets are available.

What could be improved?

- We had difficulty locating the home. Google Maps did not recognise the postcode, so we received incorrect directions.

Accessibility and Safety

Notes

- There is a zoned map of the premises, in reception.
- Lifts appear quite small; however, we are told may accommodate beds.
- There is a designated smoking area in the garden.

What has worked well?

- Corridors are fitted with contrasting handrails.
- The light walls and wooden floors also contrast well.

- We noted a good level of dementia friendly (pictorial) signage.
- In one lounge we saw a dementia friendly calendar, with weather and season displayed.
- On dementia floors, lifts and doors are password protected.
- Fire exits are clear, with no visible obstructions. Extinguishers are installed appropriately.
- We noted no obvious obstructions, or trip-hazards.
- Information displayed appears up-to-date.

What could be improved?

- There are memory boxes next to resident's doors, however some contain just pictures, and no other personal items.
- Clocks are not all dementia friendly.
- Posters and notices on display are not easy to read – with use of capital letters, paragraphs, and a lack of spacing. Not all noticeboards had content.
- Toilet seats are not contrasting in colour.
- Not all lifts have security features (such as a code or key).
- In one of the bathrooms, the emergency pull-cord was tied to a handrail.

General Environment

Notes

- In the Lavender Unit, (Dementia Unit) there was music playing in the background. A television was also in use.
- In the Primrose Unit we observed residents in the lounge, watching television and listening to the radio. The décor is similar to the Lavender Unit, but with blue chairs instead of purple. A staff member and residents were playing with a balloon.
- Chairs in the lounges are spread-out, allowing for good access and mobility.
- Corridors are long and furnished with pictures. To create a 'visual break', some have indents - with brighter wallpaper (occasionally flower baskets) and a bench incorporated.
- Quiet rooms are available – which may be used for private meetings, and in the case of bereavement.
- There is a good-sized communal garden at the back of the home, with plenty of seating.

What has worked well?

- At the visit, all areas appeared clean and tidy.
- Temperature felt comfortable throughout the home.

- The general atmosphere was quiet, with no disturbances.
- There are some nice decorative touches – such as the ‘memory lane’ style pictures of actors, in lounges.

What could be improved?

- Furnishings throughout the home are clinical and functional. As a result, the communal spaces lack a homely character – and appear institutional.
- In some corridors, lighting is lacking along the entire length – creating some dimmer areas.
- There was a musty, somewhat unpleasant smell downstairs (Learning Difficulties and Frailty Unit) reminiscent of poor personal hygiene. We did not notice any odours elsewhere.

COVID-19 and Visiting

Notes

- Guidance on Covid-19, such as a reminder to hand-wash is displayed.

What has worked well?

- Hand sanitiser is available throughout the home and at the entrance area.
- There are ‘Hot Spot’ stickers in strategic locations – such as near lift keypads, reminding people to wash hands.
- Relatives commend the home for having ‘strict’ protocols in place, and for visiting arrangements – both in-person and remote. Staff have also been in touch, in the event of illness or potential infection.

What could be improved?

- We found no potential areas for improvement.

Personal and Clinical Care

Notes

- Resident’s rooms are of variable size and have a toilet and sink only (not a full ensuite, with bath or shower).
- The communal bathrooms are shared on a 7 to 1 ratio (3 bathrooms for 21 residents). They appear clean and modern, with wet room facilities and mobility adaptations.
- Bed-bound residents are repositioned ‘every 4 hours’.
- The nursing areas appeared to be very busy. We are told there are not enough staff to work in twos.

- Wards have medication trolleys. Records are kept of medication dispensed.
- There is a large laundry room, with baskets well-labelled.
- On staffing, some staff were very friendly towards residents, others looked 'busy and focused' on their work. In the Learning Difficulties and Frailty Unit in particular, staff appeared to be somewhat stressed, and less approachable.
- Families are asked to supply new clothes, and toiletries such as shampoo and pads. The home provides this for those without families.

What has worked well?

- Signage of the individual rooms is personalised to the resident's likes and hobbies (such as music or knitting). Their picture is also displayed.
- Resident's birthdays are detailed on noticeboards.
- Individual rooms appeared clean and tidy, with some elements of personal touches – such as family pictures.
- Rooms are well-lit and nicely decorated – with light walls (such as beige) and contrasting fittings and furniture (such as green curtains and a purple chair).
- The nurse's station advertises information on advocacy.
- The staff are widely praised by relatives – for good interaction with residents, and being patient, and understanding.
- Staff are posted in the same unit (not moved around) and this facilitates good relationships.
- Relatives are confident of being contacted, about medical issues or emergencies.

What could be improved?

- In some of the interactions observed, we note that staff were 'direct and professional' – perhaps more akin to an institution, than a home.
- Staff on this occasion were not always responsive – a person in a wheelchair waited for some time outside, to be let in. However, we do understand that a tour was taking place at this time.
- A relative questions the ratio of bathrooms/showers per resident, there are also 'unresolved issues' with incorrect tagging of clothes.
- Staff tell us that more hoists would be useful.

Activities

Notes

- Activity noticeboards are posted. Activities advertised include animal therapy, doll therapy, cooking, hairdressing, theatre performances and various themed days (such as Commonwealth Day).

- Activities mentioned (or observed) include chair exercise, social afternoons – with entertainment and snacks, music, arts and crafts, pottery, baking, nail painting, reading, television and outside trips.
- We hear that birthdays are celebrated.
- In the nursing area, not many residents are able to chat. They are given access to the activity room, 'when they wish to use it'.
- The activity room is equipped with audio books and headsets.
- There is an additional facility for arts and crafts.

What has worked well?

- Posters introduce the new gardener and invite residents and relatives to get involved with garden planning and planting.
- There are also posters promoting spiritual/faith support.
- Musical instruments and books are available in some communal areas.
- On engagement, we observed the Activity Coordinator asking residents what music they would like to play and then selecting a tune on the iPad. We noted good interaction, including encouragement to dance.
- On some floors there are noticeboards detailing dates and themes – such as Mother's Day, St Patrick's Day and Red Nose Day.
- A priest visits, who is able to engage with bedbound residents.

What could be improved?

- Information on activities boards is not clear – with use of small fonts and photos (both could be larger).
- During our visit, we notice the communal spaces were not well attended by the residents.
- The activity room had activities prepared, however this space felt colder than the rest of the home.
- One bedbound resident expresses profound boredom and loneliness. More assistance is needed in being able to 'get up properly'.
- We are told it is difficult to forge friendships, as many of the residents cannot communicate.

Diet and Nutrition

Notes

- The dining room in Primrose Unit can seat up to 12 residents. There are blue tablecloths, prints of fruit and bread on the wall (to indicate that it's an area for dining).

- In Hibiscus Unit flowers are arranged on the table, and tablecloths contrast with table/place mats.
- Menus are displayed throughout, along with meal information.
- We observed staff helping to feed residents.
- We note that many residents chose to eat in their rooms.

What has worked well?

- The menu has a good level of choice, and alternative options are available.
- Juice and water is widely available in lounges.
- Meals are generally enjoyed by the residents we engaged with.

What could be improved?

- Information states that bespoke meals could be requested – but no one seemed to know about it.
- Dining room décor is more functional than homely.
- On the whole, food and choice is complimented by relatives, however there should be ‘more effort’ in encouraging use of the dining room.

Feedback and Complaints

Notes

- There are regular meetings for residents and relatives.
- A survey is routinely issued by head office.

What has worked well?

- There are ‘Have Your Say’ and ‘Resident’s and Relatives’ noticeboards. The relative’s meeting is advertised.
- A feedback box is located in reception.
- Relatives say that meetings are widely advertised, and well-attended and executed. Staff are complimented for their willingness to engage and listen.

What could be improved?

- We found no potential areas for improvement.

Staffing and Management

Notes

- The manager’s office is near the reception area. There is an ‘open door’ policy.
- Some of the staff rooms (such as in Hibiscus Unit) are multi-purpose.

- Training undertaken includes care planning, safeguarding, end of life, health and safety, fire safety, first aid and manual handling.
- Staff are aware of the safeguarding procedure and will report incidents or issues to the 'nurse in charge'.

What has worked well?

- We observed staff to be compassionate, with good resident interaction.
- A new initiative 'Workvivo' enables staff to 'better connect and collaborate'.
- Thank-you cards are posted around some nurse's stations.
- Many of the staff members have been in post for over 20 years – this longevity suggests good morale and conditions.
- There is opportunity for career development, with many staff members promoted – the deputy manager started in post as a chef.
- Staff find the manager to be supportive, caring, flexible to needs such as childcare, and genuinely concerned for welfare.

What could be improved?

- Staff would like better pay, increased recognition of staff feedback, a more effective process for recruitment, and re-décor of the staff room.

4. Resident Feedback

At the visit we engaged with 8 residents.

We asked simple questions, and guided residents with pictorial prompts (such as a happy or sad face).

A clear majority of the residents enjoy being at the home, and feel safe, valued and respected.

Activities mentioned include listening to music, watching television, nail painting and reviewing personal notes. One resident likes to rest, while another 'does all the activities'.

A level of boredom is expressed by some, with activities desired including outside visits to the museum, or to see the Christmas Lights. We hear that arranging transport can be difficult. One person, who is bedbound and awaiting a suitable wheelchair expresses profound boredom and loneliness. Another says it is difficult to forge

friendships, as many of the residents cannot communicate. Some of the residents are visited by family, while others are not.

One resident complains of having to give up her cat and takes delight whenever the home cat is nearby.

Meals are generally enjoyed. One person appreciates the vegan meals, while another would like more Chinese options.

On staffing and personal care, the staff are broadly complimented, however one person needs more assistance in being able to 'get up properly'.

Selected Comments

Positives

"It's a nice place."

"I have been given a nice room."

"They look after you, they try their best."

"Staff are fantastic!"

"Surprisingly, I like the food here."

Negatives

"Staff are alright – sometimes belligerent."

"It's not for me. A lot of residents can't communicate. We don't have things in common."

"I would like to go out more, but it's hard to get transport."

4.1 Case Study

We spoke more in depth with one resident, who says:

Case Study

"Well they do their best but I've been stuck in this room for 5 years. I've never been outside. Only been out once in the last 2 years. I lie flat all the time. When they sit you on the edge of the bed I get very faint. I'm seeing a physiotherapist.

Six months ago, I at last got a wheelchair – but it wasn't suitable so I couldn't use it. A new armchair on wheels arrived two weeks ago but the back was broken and I have to wait for it to be repaired. I hope I'll be able to sit in it and be taken to the dining room for a change of scene.

I sleep a lot because I'm so bored. I don't know what to do. I read newspapers and watch television, but I'd very much like to go out – to the garden. I'm bored stiff!

I like the breakfasts and afternoon tea, but dinner not so much – it's left under a platter and by the time I get it, it's all stewed. I used to cook a lot and really miss it. I like hot, spicy food which is not available here – sometimes my family bring in takeaways.

The ward sister is very good. I find that staff are very busy."

5. Relative Feedback

We engaged with 8 family members. Length of residency of loved ones ranges from 2 weeks to 6 years. Most have dementia and some have associated or other conditions, such as stroke, cancer, anxiety, frailty and poor mobility.

5.1 Personal Care

Staff are widely praised by relatives – for good interaction with residents, and being patient, and understanding.

One person questions the ratio of bathrooms/showers per resident, there are also 'unresolved issues' with incorrect tagging of clothes. Response times are criticised by one relative – who has found her dad in 'wet clothes'.

Selected Comments

Positives

"People treat her nicely – I can tell by the interactions."

"She is visibly happier. She has a good relationship with staff who say 'hello' and ask her how she's doing. Interactions are good."

"They are very patient with people when they are wandering and shouting."

"I like the fact he's wearing his own clothes."

Negatives

"More bathrooms and showers – residents only get showered once a week."

"Name tags on clothes keep getting mixed up. I've mentioned it, but it's still happening."

"Sometimes they leave people with wet clothes on. I had to change him myself. They should respond more quickly."

5.2 Clinical Treatment and Care

Relatives are confident of being contacted, about medical issues or emergencies. There are also no concerns about access to healthcare and professionals.

One person 'was not notified' about medication.

Selected Comments

Positives

"The doctors come regularly, they came last week because he had a chest infection, and they also came this morning."

"They let me know if there are any concerns (if he has a cold or has had immunisations). They will call either me or my sister with any issues."

"The home would phone me if anything urgent was to happen."

Negatives

"Not told about medication."

5.3 Staffing

Relatives have good personal relationships with staff – who have taken the time to learn names, and to engage positively. Requests have been respected and actioned.

One person notes a lack of cover – for example to remove old fruit from rooms.

Selected Comments

Positives

"They always say hello and ask how I am. They always deal with anything."

"They know our names and ask how we are – even when there are staff changes. I visit with my teenage daughter too."

"Staff are lovely. They don't hide from you."

"The staff all speak in a calm and soothing tone."

Negatives

"Staffing is an issue. I visit weekly. Sometimes find old fruits in the room but it's a time factor rather than care."

5.4 General Environment

The general environment, including resident's rooms and cleanliness is complimented.

Layout is criticised by one relative, who cites obstacles to window access. A lack of staff on reception is also noted – causing delays in entering or leaving the building.

Selected Comments

Positives

"It's a nice place. Nice room. Very clean."

Negatives

"I wish they would move the plugs, so dad can look out the window."

"When I come to visit there is sometimes no-one at reception so it's difficult to get access and to exit as you need a pin number."

5.5 Covid-19

The home is commended for having 'strict' protocols in place, and for visiting arrangements – both in-person and remote. Staff have also been in touch, in the event of illness or potential infection.

Selected Comments

Positives

"In Covid they were quite strict. I had to call him over the phone."

"They were very good during Covid. We had structured visits and video calls."

"She was sick during Covid and they were very good at keeping in touch."

5.6 Activities

Activities mentioned include baking, music (dancing and singing), arts and crafts, socialising and outside trips. Birthdays are celebrated.

We hear that staff do encourage participation; however this can be difficult – with some residents preferring to stay in their rooms, or in bed. One relative would like staff to be more assertive in sitting residents up, and taking them out to the garden – which could be utilised more.

Selected Comments

Positives

"They have nice events with singers and celebrate things like Valentine's Day."

Negatives

"I'd like them to sit her up more and to help her get some fresh air."

"They have a lot of activities going on. But he's a bit grumpy and he does not want to socialise. He likes to spend his days in bed."

"I'd like to see more activities in the garden."

5.7 Diet and Nutrition

On the whole, food and choice is complimented, however there should be 'more effort' in encouraging use of the dining room.

Selected Comments

Positives

"They know what he likes, they know that he likes banana and oranges, and he gets that."

"Keep up to date with food. Now on very mushy food."

Negatives

"Would like more effort in taking residents into the dining room."

5.8 Involvement and Feedback

Relatives say that meetings are widely advertised, and well-attended and executed. Staff are complimented for their willingness to engage and listen.

One relative would like to be more involved in care planning, while another would hesitate – if wishing to raise a concern or complaint.

Selected Comments

Positives

"I attended a resident's meeting. It was very good. They were open to feedback and listened. About 8 or 10 people attended and raised various issues."

"I have seen signs about relatives' meetings, so I know when they are if I want to attend. I visit the website."

Negatives

"I don't get involved in care plans."

"I'm frightened to make comments in case staff get annoyed – although nothing has happened to make them feel that."

6. Staff Interviews

During the visit we interviewed 10 staff and senior staff members, from varied roles. Length of service ranges from 18 months to over 20 years.

6.1 Working Environment and Staffing

Many of the staff members have been in post for over 20 years – this longevity suggests good morale and conditions. The manager is commented to be supportive, caring, flexible to needs such as childcare, and genuinely concerned for staff welfare. Staff 'perks' are mentioned, such as raffles and free physiotherapy.

The management approach is said to be 'hands on', with weekly management meetings conducted. Staff say that recent improvements have been made.

While feedback is clearly positive overall, one staff member – with a mobility issue has not received timely support, as recommended by the Occupational Therapist.

Training undertaken includes care planning, safeguarding, end of life, health and safety, fire safety, first aid and manual handling. There is opportunity for career development, with many staff members promoted – the deputy manager started in post as a chef.

Staff are aware of the safeguarding procedure and will report incidents or issues to the 'nurse in charge'.

When asking about potential improvements, staff would like better pay, increased recognition of staff feedback, a more effective process for recruitment, and re-décor of the staff room.

Selected Comments

Positives

"I enjoy my work, I love it. I feel well supported."

"The new manager is supportive and empathetic – flexible to personal issues and childcare. Checked in regularly when I was off for a recent personal issue."

"The manager has made some good changes."

Negatives

"The Occupational Therapist has recommended I need to be supported more, but that has not been done."

"There could be better pay, the pay doesn't reflect the cost of living."

"In terms of my department, staff should be listened to more, staff being overworked can cause stress."

"Communication with head office is not great. We're hiring people and the recruitment process is quite long."

"I'd like new staff room décor – make it livelier through new flooring, chairs etc, it usually gets painted every 2-3 years."

6.2 Personal Care and Clinical Treatment

Staff are posted in the same unit (not moved around) and this facilitates good relationships. One staff member describes a 'friendly atmosphere' for staff, residents and relatives.

Families are asked to supply new clothes, and toiletries such as shampoo and pads. The home provides this for those without families.

No issues are reported with accessing healthcare. We understand that a GP and prescribing nurse visit.

It is suggested that levels of support for one-to-one care could be greater, and that more equipment – such as hoists would be useful.

Selected Comments

Positives

"We work in the same unit, so residents are familiar with our faces."

Negatives

"I believe we need more one-to-one, because I can tell that some residents are not able to be on their own."

"We need more equipment like a new hoist."

6.3 Relatives

We are told that families are involved in care planning, and consulted on likes, dislikes and preferences – this is especially important for residents who are less able to communicate. One senior staff member would like a greater level of involvement from families, in care planning.

Enhanced support is offered to those without families, however the administrative process for shopping on a resident's behalf is now more restrictive, says one staff member.

Regular meetings are arranged and one person 'ensures' that posters are displayed.

Selected Comments

Positives

"If they have family, they are involved to create the care plan. Families are updated on their habits."

"For those without families, we try to make them feel at home – and not left out."

"I do shopping for residents if they don't have a family."

Negatives

"Shopping funding has changed massively. It is harder for me to shop for residents now and get them toiletries, underwear etc because the administration process is now harder..."

6.4 Diet and Nutrition

On the menu, we are told that staff engage with relatives on preferences and needs, and there is encouragement for kitchen staff to accommodate cultural requests.

Menu options are selected for the following day, which gives time for preparation, and alternatives are available. Alcohol is served for special occasions.

Selected Comments

Positives

"We know their background and culture. We like to ask kitchen staff to cook different food."

"Some residents don't like potatoes, so they have a specific Caribbean menu, that includes things like rice and plantains."

Negatives

"We need more help with feeding, because some want to stay in the lounge, others in their bedrooms. So we need staff that can stay in different rooms."

6.5 Activities

Staff say that residents are supported to be active – and encouraged to exercise, dance, and to feed themselves where appropriate.

Activities mentioned include gardening, pottery, singing, nail painting and visiting entertainers, with occasions and events such as birthdays and Mother’s Day celebrated. With the weather warming, outside trips to the seaside ‘are planned’. However, it is often difficult to secure transport, we are told.

A priest visits, who is able to engage with bedbound residents.

Some staffing and budgetary shortages are reported.

Selected Comments

Positives

“For birthdays we bake cakes, invite families, and do activities.”

“The garden should have more life – which is happening gradually due to a new gardener.”

“We try to take people down to the activities room, or outside for some fresh air. We talk to residents to make them feel at home.”

Negatives

“We are short on staff at the moment in terms of activities across the two units.”

“We work to a budget – and always exceed it.”

7. Management Interview

During the visit we interviewed the manager, who has been in post for 6 months.

A summary of the discussion is outlined below:

In Summary

Staffing and Management

- The manager is 'passionate about high quality care' and is very experienced within the sector.
- There are regular staff meetings.
- Communication with staff is good, and feedback is positive.
- There is mandatory training for staff.
- Topics include Moving and Handling, Health & Safety, Infection Control, Safeguarding, Dementia Awareness, Fire Training, Emergency First Aid at Work, Basic Life Support, Person Centred Training, Care Planning, Medication, Stroke Awareness, Venepuncture, Catheterisation, Wound Care, Diabetes Awareness and Falls Management.
- On the running of the home, goals are in place to 'implement change'.

Residents

- Staff 'get to know the residents as individuals' to avoid generic care plans.
- Residents are risk assessed.
- Care, support and treatment are coordinated, with personalised care and support offered.
- Importantly there is dementia training for staff, to help them support the residents.
- Residents must be treated with dignity, compassion, and respect.
- There are no issues with accessing healthcare.
- Residents may communicate with family members through visits, and remotely (phone or video call).
- A range of 'robust and stimulating' activities is available, and residents are encouraged to participate.

Diet and Nutrition

- Diet is covered at the Pre-Admission Assessment, with food preferences and allergies discovered – then conveyed to the chef and staff (Residents Mealtime Form).
- Nutrition interventions are commenced within 24 hours of admission.
- The menus are changed twice (Summer and Winter) and according to individual cultural and dietary needs.

Involvement and Feedback

- Head office sends out regular surveys.

- Complaints are taken seriously – for example for a placement complaint, the home contacted the social worker to resolve the issue (looked for a new home for the resident)

8. Recommendations

Healthwatch Lewisham would like to thank the service for the support in arranging our E&V visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Recommendations

Information

Finding 1.

Posters and notices on display are generally not easy to read – with the use of capital letters, dense paragraphs, and a lack of spacing. The activity board especially appeared ‘congested’ with information.

Recommendation 1.

We recommend improving the displays, in particular the activities board, by using larger and more accessible font (not capitalised), and a layout that may be disseminated more easily. For the activities board, the activity title could be larger/bolder, followed by a short description, and accompanying image. We recommend using this guide to help future improvements:

<https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats#accessible-print-publications>

Personal Care

Finding 2.

A relative questions the ratio of bathrooms/showers per resident, and suspects that bathing is ‘once a week’. There are also ‘unresolved issues’ with incorrect tagging of clothes.

Recommendation 2.

It would be good if the home responds to these issues, through engaging with relatives (at meetings or through a questionnaire). This would be an opportunity to find out more, to seek ideas and thoughts on resolution, and to communicate the home's perspective.

Finding 3.

In some of the interactions observed, we note that staff were 'direct and professional' – perhaps more akin to an institution, than a home.

Recommendation 3.

A 'direct approach' might be more effective in obtaining a response; however, this is not overly appropriate, or expected at a residential home, we feel. It is widely commented that staff are compassionate, patient and understanding, we would like this to be instilled throughout the home, perhaps through a 'gentle reminder' at meetings, or through the direction of team leaders.

Finding 4.

There was a musty, somewhat unpleasant odour downstairs (Learning Difficulties and Frailty Unit) reminiscent of poor personal hygiene.

Recommendation 4.

We are noting this, as no other areas of the home had an odour. We would ask this to be investigated by management, to establish if any environmental, or personal care issues exist.

Finding 5.

Although feedback suggests staff are compassionate, responses also suggest a gap in the availability of staff to respond to residents when they need help.

Recommendation 5. We recommend increasing staffing levels to ensure residents' needs are responded to in a timely manner.

Environment and Accessibility

Finding 6. In one of the bathrooms, the emergency pull-cord was tied to a handrail which presents a clear risk.

Recommendation 6. *We recommend that a regular audit is conducted (all bathrooms and toilets) to ensure that pull-cords are fully accessible and useable.*

Finding 7. Furnishings throughout the home are clinical and functional. As a result, the communal spaces lack a homely character – and appear institutional.

Recommendation 7. *We realise that design, and ergonomic decisions are made at group level, and most will have been well-considered, and based on experience and good practice. That said, a less ‘institutional’ feel would certainly be welcome – perhaps the home could consult with residents, relatives and staff, to see if any creative solutions may be found. The odd alteration, or personal touch may go a long way.*

Activities

Finding 8. During our visit, we notice the communal spaces (lounges and dining rooms) were not well attended by the residents. We know that one bedbound resident, who expresses profound boredom and loneliness, would certainly leave the room more, if able to.

Recommendation 8. *This particular resident needs more assistance to sit up, or to get out of bed. Delays in securing a wheelchair essentially means he is trapped in his room, and for most of the time – in bed. If the home has a strategy for getting more residents out of bed, and out of their rooms, how is this implemented, and is it as effective as it could be? We recommend the management to consider finding solutions to ensure residents are utilising communal spaces and are supported to be active. Seeking ideas from relatives and staff might help.*

Finding 9. We are told it is difficult to forge friendships, as many of the residents cannot communicate.

Recommendation 9. *Any loneliness should be apparent to staff, in their observations and interactions with residents. We would urge staff to work together, in identifying residents who appear lonely or withdrawn, and in bringing people together.*

Staffing

Finding 10. Staff would like better pay, increased recognition of staff feedback, a more effective process for recruitment, re-décor of the staff room and more hoists.

Recommendation 10. *As these issues have been raised, there is now an opportunity for the home to provide a platform for staff to share their concerns*

and suggestions. We recommend using the suggestions to drive further improvement including strengthening communication with the central recruitment department.

9. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V

10. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“I sleep a lot because I’m so bored. I don’t know what to do.

I read newspapers and watch television, but I’d very much like to go out - to the garden.”

Resident

