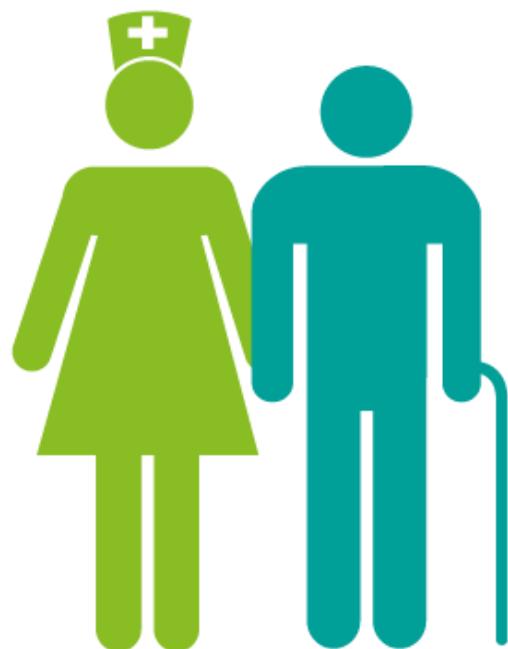


# **Residential and Nursing Care Homes**

Summary Report of Enter and  
View visits



January – February 2020

## 1. Background and Purpose

### 1.1 Enter and view

Part of the Local Healthwatch programme is to carry out Enter and View visits. To find out how they are run, local Healthwatch Authorised Representatives carry out visits to health and social care services and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers. We have the power to do this in any publically funded health and care setting, such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service. They can also occur when services have a good reputation - so we can learn about and share examples of good practice, from the perspective of people who experience the service first hand.



We carried out a series of visits to Residential Care Homes in Greenwich to ascertain the quality of life, experience and views of residents.

#### According to the 8 Care Home Quality Indicators, a good care home will:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

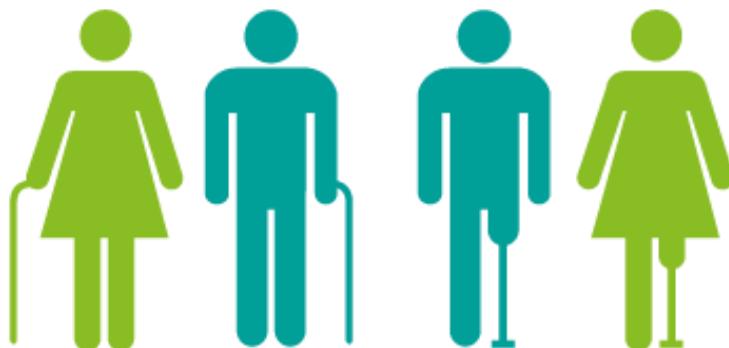
Source: <https://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators>

### **1.2 Methodology**

To collect information, our Authorised Representatives complete an observation form in addition to speaking to residents, service users, patients and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.

### **1.3 Disclaimer**

Please note that our reports relate to findings observed on the specified date of our visit. Our reports are not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.



## 2. Visit details

### 2.1 How we conducted our visits

All visits were unannounced.

We notified the registered managers that we would be attending at some point in January, without specifying the date or time. During our visit, we provided each home with leaflets and letters (to share with residents, relatives, carers and visiting healthcare professionals) allowing further opportunity for feedback.

In total, we visited the following 10<sup>1</sup> care homes in the borough between January and February 2020:

- Weybourne Care Home
- Puddingstone Grange Care Home
- Brook House Care Home
- Riverlee Residential and Nursing Home
- Ashgreen House Residential and Nursing Home
- Time Court Residential and Nursing Home
- The Oaks Care Home
- Charlton Park Care Home
- Meadows House Residential and Nursing Home
- Westcombe Park Nursing Home

### 2.2 Who we spoke to

As part of our Enter and View programme, we spoke to:

- 6 Family members and friends
- 10 Care Home Managers
- 28 Care Home staff members
- 40 Residents

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<sup>1</sup><https://healthwatchgreenwich.co.uk/what-we-do/enter-and-view/>

In a few care homes, we were unable to speak to residents due to their limited capacity. In those instances, we undertook additional observations in the communal areas.

### **2.3 Acknowledgements**

Healthwatch Greenwich would like to thank service providers, residents, service users, visitors and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

### 3. Key Findings

On our visits, overall, Greenwich care homes scored highly on each of the eight Care Home Quality Indicators<sup>2</sup>. However, there are areas for further discussion and improvement.



#### Diversity of Care Home Residents

The Royal Borough of Greenwich (RBG) is an ethnically diverse borough with around 40% of the population from non-white ethnic groups. In our visits, the population of care home residents did not reflect the ethnic diversity of the local community<sup>3</sup>. We are aware that the age range of groups differs and white British groups may have an older age profile than some non-white minority groups, however, is not clear if this is the main, or the only reason, for this disparity. While many homes, if specifically requested, made efforts to provide a culturally sensitive environment, for example, buying and cooking specific types of food, we also found that not all care homes adequately catered for specific cultural dietary needs.

It is not clear why there appears to be such a low proportion of non-white residents in the care homes we visited. However, further investigation to understand equity of access, appropriate service provision, referrals rates, levels of satisfaction with services received, and the extent to which care homes are perceived as culturally appropriate, or inappropriate, amongst non-white minority communities is needed.

#### Physical Environment

All the homes we visited provide a homely rather than institutional environment - the personalisation of resident rooms particularly contributed to this. Examples of good practise included:

- Consistent provision of memory boxes outside resident rooms displaying vignettes of the occupant's life history, as well as practical information

<sup>2</sup> <https://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators>

<sup>3</sup> We did not observe the same pattern with staff. While residents did not appear to reflect the local population, a significant proportion of staff - at all levels – represented a range of non-white minority groups.

such as the name of their keyworker, and information regarding personal preferences, e.g. favourite foods

- The option for families to provide their loved one with additional furniture or facilities (TV) for their room
- The option for residents to decorate their rooms with a wallpaper of choice or in a preferred paint colour

Many care homes offered ensuite facilities to residents, protecting privacy and making it easier to sustain independence for as long as possible.

However, a number of the homes we visited struggled with finding storage space, resulting in activity rooms used as overflow provision, and we found a small number of homes to be quite cluttered with items stored on floor space that could present a trip hazard.

## Dementia-Friendly

All homes, in good weather, use their gardens to encourage social activity, maintain communication skills, and for opportunities to reminisce. Examples of good practise included:

- Recreating symbols of everyday life in the garden, such as a post box and a small shop.
- Encouraging residents to plan areas of the garden, plant and maintain small areas of garden.
- Using a sensory garden to stimulate the senses (sight, sound, smell, touch, and taste) to help residents with dementia to reconnect with lost memories.
- Having a garden ‘walking group’, encouraging residents, with limited mobility, to take gentle exercise by regularly walking in the garden.

Most homes had put in place some actions to make the environment more dementia-friendly such as pictorial signage on the toilets and bathroom/shower room doors. However, beyond bathrooms/toilets, we did not see widespread use of dementia-friendly signage throughout the care homes we visited. In addition, activity timetables were not always displayed in a format accessible for residents with dementia. Flooring finishes, lighting and furniture, were not always colour coded to

make it easier for residents with dementia to navigate and not all handrails in communal areas were of contrasting colours to the walls, potentially making it harder for those with cognitive impairment to navigate.

## Quality of Care

Feedback from both residents and relatives was, for the most part, very positive. Generally, the residents we spoke to told us that staff were kind and made them feel cared for, and relatives said they felt confident their loved one was well looked-after. We observed staff, across all homes, to be very attentive and caring.

All homes demonstrated a commitment to ensuring that residents are provided with a wide range of activities to keep them both physically active and mentally stimulated. All homes employed activity coordinators and homes encourage residents and relatives to review and make suggestions. Many activities are linked to residents' care plans, and residents are encouraged to take part to sustain skills and capabilities for as long as possible.

Most homes have a designated activity room, separate from the lounge or TV areas. However, in some homes, activity rooms are used as storage space for large items of furniture or the contents of other rooms while refurbishment is being carried out, severely limiting, or negating the opportunity for activities in the activity room. Unable to use activity rooms for their designated purpose, activities often took place in communal areas, limiting space available for residents who preferred not to take part.

In some care homes, we observed the practice of having multiple stimulants all at the same time. For example, in a single small communal area, the TV - with pictures, but no sound or subtitles and the stereo playing music, often quite loudly, - all at the same time. We observed that residents were not asked if they wanted the TV on, or if they wanted sound, or subtitles, on the TV to follow the programme, or if they wanted music on, or if they wanted these things on all at the same time. We found the sensory plethora confusing, and we do not know if the residents felt otherwise.

Apart from (paid for) hairdressing sessions, not all care homes had active and regular links with local groups, organisations, or facilities that could offer additional support

and stimulation for residents. Good examples included regular visits from local school children and invitations to local musicians and performers to put on events for residents. We also found that, in some homes, external opportunities were limited, and residents rarely went out. In some cases, we were told that transport was a key barrier, as not all residents can walk very far or are able to take public transport. Other homes suggested that staffing was an issue as taking residents outside would need a very high staffing ratio, leaving the home short-staffed.



## 4. Recommendations

We are pleased to report that all care homes fully engaged with our visits. All homes had taken some action to address our recommendations from previous enter and view visits in 2017 and 2018.

The recommendations below represent the common issues we observed across more than one (but not necessarily all) care homes.

### **Recommendation 1: Investigate reasons for low service use amongst non-white ethnic minority groups**

We recommend that RBG carries out exploratory enquiries and research with Healthwatch Greenwich to understand better the observed low service use amongst non-white ethnic minority groups. This should include numerical analysis to assess the extent to which age structure accounts for any variation between expected and actual use of care homes. Where this does not fully account for the variation, further work should be carried out to explore awareness, knowledge, and perceptions of Greenwich care homes within non-white ethnic minority groups. Whilst there is a high level of commitment within care homes to respect religious faiths - for example, in-home pastoral services and the option to visit places of worship, care homes should ask what more they can do. Care homes should consider their duties under the Race Relations Act, requiring public institutions to eliminate racial discrimination and actively promote equality of opportunity and good relations. In doing so, more families, from all communities, may be encouraged to consider care homes in Greenwich.

### **Recommendation 2: Undertake a dementia audit**

We recommend that all homes undertake an annual dementia audit, to improve, and continue to improve, the dementia-inclusiveness of the home. As a first step - implementing pictorial signage and contrasting handrails across the home - rather than in dementia-specific wards - would aid all residents in navigating themselves around the home better. Alzheimer's Society has a dementia-friendly environment

checklist<sup>4</sup>, outlining several key questions to consider, which could be used to guide the audit and RBG have internal staffing expertise in this area.

**Recommendation 3: Review the provision of storage space**

Throughout our visits, we found inappropriate storage of items - sometimes in communal areas within reach of residents, or potential trip hazards, posing questions of safety. In other cases, inadequate storage reduced available space for activities, reducing opportunities for social interaction and maintaining cognitive functions. Whilst we are aware that not all homes are built for purpose, we strongly advise utilising available storage space and, where this is inadequate, considering alternatives, perhaps off-site storage, for larger items.



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<sup>4</sup> <https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/organisations/dementia-friendly-environment-checklist>

## 5. Service providers response

All providers are given the opportunity to review our Enter and View reports prior to publication and provide a formal response.

Comment from provider:

*John Ogbe, Puddingstone Care Home Manager:*

Recommendation 1: At Puddingstone we access all referral made to us irrespective of race and this has always included referral from BAME.

Recommendation 2: This will be proposed to the organisation so it can be included in the business plan for 21/22 Puddingstone grange. This is taking into consideration the current pandemic.

Recommendation 3: At Puddingstone we are utilising available storage spaces in the home and currently considering alternative storage for larger items.

*Harriet Kobusingye, Charlton Park Care Home Manager (provided an update of the work they have done to address our recommendations since our Enter and View visit)*

Security Issues - these were resolved immediately

Due to Covid- 19 the decor was delayed as we have been on lockdown as measures and precautions put in place, contractors were not allowed to come in the home.

Use of dementia- friendly pictorial representation of the activities schedule - These were ordered and the board is in place

Photographs and names of staff members in communal areas - Boards for the staff photos were ordered and pictures were taken

## 6. Contact us

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