



**healthwatch**  
Greenwich

Enter and View:

## 58 The Village Care Home

July 2018



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Manager: Rita Anne Fitton

# 1. What is an Enter and View?



Part of the local Healthwatch programme is carrying out Enter and View visits. Local Healthwatch Authorised Representatives visit health and social care services to discover the patient and service user experience and make recommendations for improvement. The Health and Social Care Act (2012) provides local Healthwatch the right of entry to observe service delivery and talk to service users, patients, their families and carers in any publicly funded health and adult social care service (including hospitals, residential homes, GP practices, dentists, optometrists, and pharmacies). Enter and View visits help us to identify issues and share good practice from the perspective of people who use the service.

## 1.1. Our approach

To collect information, our Authorised Representatives complete an observation form and speak to residents, service users, patients, and staff as appropriate. We emphasise to all 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. We follow our safeguarding policy at all times.<sup>1</sup>



## 1.2. Disclaimer

Our reports relate to findings observed on specific dates and are not necessarily representative of the experiences of all patients, service users and staff, simply an account of what was observed and contributed at the time.

## 1.3. Acknowledgements

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

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<sup>1</sup> Our safeguarding policy can be accessed here:  
[www.healthwatchgreenwich.co.uk/safeguardingconcern](http://www.healthwatchgreenwich.co.uk/safeguardingconcern)

## 2. Visit details

<b>Date/ time of visit</b>	25 July 2018 10-11.30am
<b>Authorised Representatives</b>	Anna Jones and Arunima Shrestha
<b>Service provider</b>	London Royal Borough of Greenwich (RBG)
<b>Admission information</b>	Long term residency for up to six adults with learning disabilities aged 18 plus. Currently the home has five male residents, all whom have lived there for a number of years.
<b>Staffing levels</b>	Two to three support workers are on shift during the day time and there is one sleep-in staff on shift at night. As the home's permanent manager is on long-term sick leave there is currently an interim manager split between this home and one other. The home currently has two full time equivalent staff vacancies, which they are covering using bank staff.
<b>Who we spoke to</b>	We had a preliminary chat with the interim care home manager on the day of our visit. We also spoke to one resident on the day who had limited communication abilities. We were shown around the home by another resident.

### 1.1. CQC Findings

On 27 April 2016 the Care Quality Commission undertook an unannounced inspection of 58 The Village and rated it as 'good' across all areas of safety, effectiveness, care, responsiveness, and leadership.

<b>Overall Good</b>  Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

## 3. Our findings

### 3.1. Arriving at 58 The Village care home



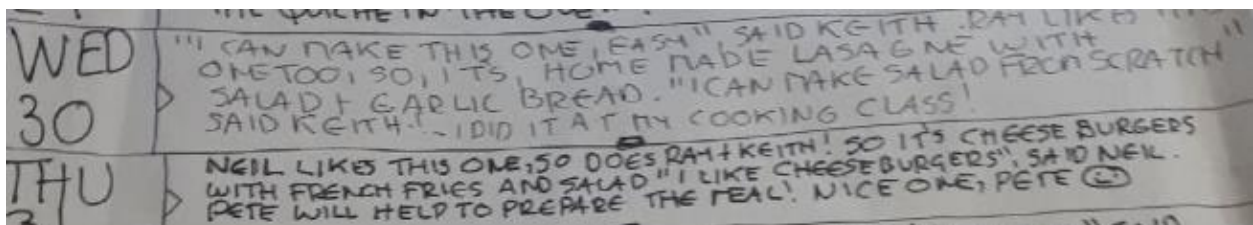
The care home is situated on an attractive, busy road which is well-served by local bus routes and has a wide choice of local shops. Woolwich Arsenal DLR and train station and Charlton train station are all under a ten-minute bus journey from the home. The house itself is set back along a short garden path; the front garden is tidy and well-kept. It is a picturesque, large, semi-terraced Victorian house in good condition.

The home itself is secure with call bell access. However, on the day we visited, the front door was answered by a resident and we were invited in. We were able to walk around the downstairs of the home before bumping into a staff member and introducing ourselves, which was a slight concern as we had not shown any ID at this point. The problem was exacerbated by the fact that the Home's office is based upstairs, so staff did not initially see or hear us entering the home.

### 3.2. Communal areas



The home is large with multiple communal areas. There is a living room at the front of the house, which had ample comfortable seating and was clean and tidy. There was a large tv turned on, which one of the residents was watching. There is a separate dining area, which had a dining table and chairs, as well as a large kitchen with ample fridge-freezer space. The kitchen had lots of picture cues for foods, and menus were personable and easy to understand. We were also impressed to see detailed weekly menus were created with the input of the service users:



We were told that residents are very involved in helping to prepare the house meals, and that the cooking skills of a few residents in particular had greatly improved over

time. There are always alternative meals on offer, for those who do not like that meal choice.

The house has a large garden which leads out from the dining area. This was pleasant and well-kept, and had areas which the residents used to grow their own fruits and vegetables, such as strawberries. It was clearly well-cared for and well-used. There was lots of outdoor seating, and staff told us that meals were often taken outside when the weather was appropriate

All the communal areas felt homely and welcoming, and we saw lots of evidence of information being presented in accessible and innovative ways. For instance, we saw personalised 'picture agendas' for all the residents, which showed their weekly activities timetables, as well as photos of the residents and their friends and family on display boards titled 'what we've been up to'. It was also nice to see that one of the residents' art work had been framed and hung around the home in communal areas.

### 3.3. Residents' bedrooms



There are six bedrooms in the house, two of which are wheelchair accessible, with a lift which goes to each floor.



One of the rooms is en suite, and the other residents share communal bathrooms. The residents bedrooms were large and spacious, and highly personalised according to each person's tastes and interests. All the rooms we were shown on the day were tidy and clean, and were spacious with lots of natural sunlight. Most of the bedroom doors had personalised signs, such as a picture and the name of their resident, although the two on the top floor did not.

### 3.4. Feedback and involvement



We asked the interim manager on the day how they gather feedback from residents and their family members. We were told that questionnaires are sent to family members once a year to gather their views. The home also gathers the views of residents



through their own staff, and via the staff of other local organisations who work with the residents, in order to make the process more objective. The manager then goes through the responses and identifies areas of improvement. Where appropriate, the

manager will then meet with individuals who have raised concerns to see how these can be addressed moving forwards.

The home holds house meetings every three weeks to share news and gather feedback. Where possible, these are held immediately after staff meetings, so that relevant information from those can be shared with the residents. We were told that attendance for these is generally high, especially as staff include incentives such as snacks and aim to make them as informal as possible. However, for residents who choose not to attend, staff members speak to them individually after and inform them of anything they ought to know.

### 3.5. Activities and visits



Staff informed us that all the current residents attend day centres for either two or three days a week. They are also enrolled in other activities, such as woodwork classes, older people's groups, art classes and the local leisure centre. Their activities schedule was on display in the office; we were informed that these were created over time and adjusted according to residents' interests. The home also organises outings for the residents, which are dependent on their personal tastes. For instance, this might include going to the theatre, horse racing, art galleries or football matches; one resident was an avid Liverpool fan and had gone with his keyworker to Liverpool to watch a match. We saw photos of the residents on various trips and with different family members in a photo display in the main hallway, which added to the homely feel of the house.

### 3.6. Interaction with staff



The staff we spoke to seemed to know the residents and their needs and preferences well, including the interim manager. We observed that the residents were relaxed and comfortable around staff, who in turn appeared supportive and attentive. Residents were all dressed and had eaten on the morning of our visit, and some were either already out or preparing to go out for the day. One resident seemed pleased to show us around the home, especially the aspects he particularly liked, such as the vegetable and fruit plots in the garden.

### 3.7. Resident and relative feedback



We spoke to one resident on the day of our visit, although our ability to communicate with him was limited. He did indicate that he liked his bedroom and the living room and indicated that he was happy in the home.



## 4. Overall summary

58 The Village Care Home was large and spacious and had a very homely feel to it. All communal areas felt welcoming and well-tended to. We were not able to gather feedback from many residents, but the one resident we did speak with



indicated that he was happy in the home. There was evidence that service users' individual choices and preferences were taken into account when planning the space and the activities. Staff came across as professional and passionate. Overall, we were impressed with the environment and the positive, proactive attitude of the staff.

## 5. Recommendations

### **Recommendation 1: Review the visitors' procedure**

It was great to see residents having ownership of their home and answering the front door. However, for security reasons, we would also recommend that when someone rings the doorbell a member of staff also immediately attends.

### **Recommendation 2: Look into the possibility of installing CCTV.**

A camera over the front door with a screen in the office will help to minimise any issues caused by having the office upstairs.

### **Recommendation 3: Share good practice across the Borough**

We were impressed with the home and recommend that they work with the Royal Borough of Greenwich to identify and share good practice across other services.



## 6. Service Provider Response

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

“Thanks for the report...We take on board the point about the front door, you are right it is a security risk. We think the service user must have answered and opened the door before the visitors had the chance to ring the bell, and so we weren't aware. We will look into your suggestion of a CCTV screen or maybe a bell on the front door to alert staff of visitors in case this happens.”

*Penny Bateman, Interim Assistant Manager*

## 7. Contact us

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We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

### **Acknowledgements**

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