



# Healthwatch Greenwich Enter and View:

# Riverlee Nursing Home May 2018



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# 1. What is an Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised

representatives to observe service delivery and talk to service users, their families, and carers on premises 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 but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

#### 1.2 Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible we also speak 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 dates. Our report is 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.

#### 1.4 Acknowledgements

Healthwatch Greenwich would like to thank the service provider, 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.



### 2. Visit details

	30 May 2018 10am- 12pm		
Authorised	Anna Jones, Arunima Shrestha, Eve Oldham and Jane Hopkins		
Representatives			
Service provider	Sanctuary Care Limited		
Admission	Currently looking after those 50+ years with dementia or nursing		
information	needs.		
Facilities and	Hairdressing salon onsite; residents' garden; TVs in rooms;		
services	ensuite bedrooms; wifi throughout the home; several communal		
	and lounge areas and a full activities schedule. The onsite pub		
	was out of use when we visited.		
Number of beds	Riverlee has 75 beds across three floors, and primarily specialises		
	in dementia care of frail elders who require both nursing and		
	residential care. On the day of our visit there were 66 residents;		
	around 45 with dementia and nursing needs, 15 with dementia		
	needs and 15 with general nursing needs.		
Staffing levels	On the dementia unit there is typically one senior care assistant		
	and two care assistants on shift during the day, and one senior		
	care assistant and one care assistant on at night.		
	For those with nursing needs, there are typically two nurses and		
	six care assistants. There is an additional floating care worker		
	who works across the three floors at night.		
Who we spoke to	On the day we spoke to six residents, who had varying levels of		
	communication and understanding/ comprehension.		

#### 2.1. CQC Findings

On 29 January and 1 February 2016, the Care Quality Commission (CQC) carried out an unannounced comprehensive inspection of Riverlee nursing home. This followed an earlier inspection on 14 November 2014 which found two breaches of the Health and Social Care Act 2008 (Regulated Activities): they found that people were not always protected from the risk of abuse, and that premises were not always kept clean nor adequately



maintained. The inspection in 2016 found that both these issues had been addressed and the service was rated 'good' across all areas.

Overall rating for this service	Good •	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good •	
Is the service responsive?	Good	
Is the service well-led?	Good	



### 3. Our findings

#### 3.1. Arriving at Riverlee Nursing Home

Riverlee is well-served by public transport with numerous bus routes available within a ten-minute walk. The DLR at Elverson Road and Deptford Bridge are also a ten-minute walk away. The nearest train stations are Lewisham and Greenwich, which are within a short bus ride. There is ample parking available outside the home. Riverlee nursing home is also reasonably close to a parade of small corner shops and food outlets which are within a five-minute walk.

The home itself is tucked away on a newbuild estate. The reception building is not easy to find as it is indistinguishable from the surrounding blocks of flats and not particularly well-signposted. The close itself is pleasant and quiet and the home has attractive potted plants around the front entrance.

Access to the building is secure, and the entrance door is controlled by the duty receptionist via a call bell and a speakerphone. The activities co-ordinator answered the door and we later met the duty receptionist who was friendly, helpful, and appeared to assist residents and visitors quickly. There is disabled access to the building, and a visitor's book to sign in as you enter.

#### 3.2. Communal areas

The initial reception area was pleasant but very small given the number of people who were passing through it from one part of the home to another. Additionally, there was only one seat available, which had to be manually moved by staff to allow wheelchair access. The communal corridors also felt quite cramped given the numbers of people walking around, with residents being assisted to go to the bathrooms or walk to the communal areas. Furthermore, there were boxes left out in some communal spaces on the ground floor, making them potential trip hazards difficult to navigate especially for those with impaired vision.

The main activities room on the ground floor was large but felt very cramped and cluttered as it was storing a lot of unused furniture and equipment, and it was quite dark. We were



told that equipment was moved into this room from the hairdressing salon on a Wednesday (the day of our visit), hence the stacked chairs and other excess furniture.

There were noticeboards with information on display, although these were slightly cluttered and in need of rationalisation. Each floor had a daily activities board on display, with large, interchangeable pictorial cards of activities, although some of these appeared to be out of date.



There was a strong smell of urine mixed with chemicals (potentially from the salon) in many areas of the home, primarily in the corridors. The practice manager assured us that they would soon be changing the carpets to laminate flooring, as successive attempts to deep clean them had not proved effective.

We felt that there could have been better signage throughout the home, in a larger font and against a contrasting background. Additionally, not all rooms had a picture explaining its function.

Dining areas were adjacent to the communal lounges, and were tidy and well kept. The dining tables were set when we visited and there was a daily menu on each one. The writing on the menus was quite small but we were told that residents were offered a visual choice of meals at meal times and so were not reliant on the paper menus. The activities manager also told us that he had previously designed pictorial menus for residents who spoke English as an additional language.



We were told that the home has a chef manager, a deputy chef and three catering assistants. The practice manager informed us that the chef decides the menu and food options with residents and their relatives so that it reflects their preferences. If a resident does not want any of the meals on offer that day, the chef is willing to prepare an alternative.



The communal lounges were well-decorated, carpeted, with had high-backed chairs and patterned curtains. In one of the lounges the TV was playing quietly, and most of the residents were taking part in a communal sensory activity with a care assistant.

The toilets in the home were clean and well-kept, but we noticed that one was without handrails. The home has a small useable garden space at the back with a few tables and chairs in the shaded area. The rest of the fenced-in garden was much larger, but the different levels could present a trip hazard to residents already unsteady on their feet. If levelled out, there would be a much greater use of the space; the activities manager told us there were plans to do this over the coming year.

#### 3.3. Residents' bedrooms

The residents' rooms open onto the main corridor. All are ensuite and of a decent size. The ones we saw had large windows which let in lots of light. Residents are encouraged to bring in small items of furniture and personalise their rooms with mementos and photos. A picture of each resident along with their own memory box is displayed outside of each room.

There is also a dedicated room set aside for visitors in case they wish to stay over, but this was out of use when we visited and was currently being used as a storage area.

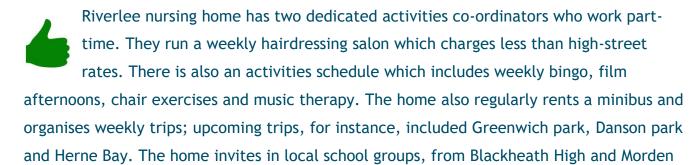
#### 3.4. Feedback and involvement

We were told that Sanctuary Care run a residents and family feedback survey which is done yearly. The home also collect feedback via the website www.carehome.co.uk. There is a comments and complaints box placed in the reception area. The manager also explained that staff try to engage residents as much as possible in the day to day running of the home, and consistently ask for residents' and relatives' input.

The home also holds quarterly relatives meeting, the attendance for which we were told has improved over the last few months. The minutes of this meeting are shared on the home's noticeboard and with relatives who are unable to make the meeting. Some staff members also attend the meeting.



#### 3.5. Activities and visits



Mount primary school, to interact with the residents. The home also runs themed events

over the summer for the residents, which included an outdoor barbecue last year.

The residents' spiritual needs are addressed by links with local faith groups and places of worship, such as the local Mosque, Catholic church, Anglican church and Pentecostal church. Residents can also use the Dial-a-ride service to attend their place of worship. An in-house Church of England service is held once a month for residents to attend if they choose. The home's activities co-ordinator also told us that the home has plans to set aside a dedicated space aside this year for an interdenominational place of worship within the building.

Visitors are encouraged at the home, and there is no set time for visiting hours. Some relatives come later in the evening as the only time they can come is after work.

#### 3.6. Interaction with staff

On the day of our visit, there were numerous care assistants visible in the communal areas, and none of the residents we saw appeared to be waiting for support. From our observations, staff were caring and responsive to residents' needs. The care home manager told us that there is very low turnover of staff at the home, and that they also have access to a permanent bank of Sanctuary Care staff which they can use if need be.



### 4. Resident feedback

During the visit we spoke to six residents. They had varying levels of communication, and some were only able to give limited answers to questions or did not respond at all.

We asked residents what they thought about the staff. One lady told us 'they're quite alright... I get on well with everyone...even on the other floors'. Another resident described staff as 'kind' and added 'if you want to go to bed, they'll take you. They're quite good, they look after you.' As a staff member walked past she described her as 'a lovely person... If you want something they're there, if you want them to do anything they'll do it. What more could you want?' Another resident commented that staff treat her well and take care of her, but that they were a little nosy and infringed on her privacy at points.

With regards to the home itself, one resident told us that she liked her bedroom: 'it's a very nice room... I put my pictures up, and they're lovely. It's hard to sleep here [in the communal lounge] but I ask to go to my room and they take me... I have to rely on two of them'. Another told us: 'I like it here really. I didn't think I was going to, but once I got used to it I realised it was lovely... My room is lovely, and there are pictures and paintings on the walls'.

Residents did not comment much on activities, but when asked one lady told us that she watches TV in her room, enjoys her puzzle and word search books and socialises with the other residents. Another resident enjoyed trips out of the home with her daughter. We spoke to one resident who was the home's Dignity Champion. This resident told us that she enjoyed the role, as it kept her busy and involved in lots of different activities, such as selling raffle tickets or helping at the reception desk. Part of her role was also to talk to new residents: 'I welcome people, have a look in on them and say hello'. overall, the residents seemed comfortable around each other, even when they had limited communication capacities; for instance, one resident we spoke to kept pointing out another resident and describing him as her 'really good mate'.

We asked residents what they thought of the food in the home. One resident told us 'I like the food here.' She also explained that if she wasn't happy with what was on the menu, she could always ask for an alternative. Another told us 'the meals are alright; if you don't like them, you leave them'.



Finally, we asked residents how confident they would be to complain if they had an issue at the home. One resident told us that she had no complaints, but if she did she would tell whomever was in charge that they, or the home's manager. Another resident told us she would complain directly to the activities manager.

## 5. Summary

Overall, the residents at Riverlee nursing home seemed comfortable and well-cared for, although we were not able to speak with many in-depth. The staff appeared approachable and caring, and attentive to residents'



needs. We were primarily concerned about the strong smell around the home and the clutter in communal rooms and corridors. We suggest the home look at addressing these issues.



### 6. Recommendations

# Recommendation 1: Ensure all areas are clean and odourless.

It is important that the flooring in the communal areas is addressed to remove the strong smell of urine across some areas of the home; this should be done as soon as possible.

# Recommendation 2: Introduce a clearer signage towards the home's front entrance

The entrance to the home is difficult to identify. We suggest the home introduce clearer signage for visitors and residents.

# Recommendation 3: Address the issue of space in communal areas and remove clutter

It is important that communal areas are clear and safe spaces to navigate, and big enough for wheelchair use. Excess equipment and furniture should be stored in properly identified storage areas and not left out in corridors or communal rooms.

# Recommendation 4: Increase and improve signage around the home

Riverlee is a large nursing home and residents have access to three different floors. We felt the signage in the home was insufficient given the residents' needs, and should be increased as well as written in larger, colour-contrasted script.



## 7. 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.

#### Clarifcatons and comments received:

- "There was no pub on site at the time of visit.
- Minutes of residents and relatives meeting are shared via post and emails.
- The carpets on the nursing suites now replaced (carpets)."

Cecilia Agadzi, Home Manager



### 8. Contact us

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If you require this report in an alternative format, please contact us at the address above.

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#### Acknowledgements

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