



Enter and View Webb Road Care Home

June 2018



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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.

1.1. 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.



1.2. 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.

1.3. 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

| Date/ time of visit | 13 June 2018 10am- 11.30am |
|---------------------|--|
| Authorised | Anna Jones and Steve Wheeler |
| Representatives | |
| Service provider | Avenues London |
| Admission | Adults with severe learning disabilities. Some residents have been |
| information | there for over fifteen years, and all are long-term placements |
| Facilities and | Long term residential home for those with severe learning |
| services | disabilities. Kitchen; communal areas; private garden; own |
| | transport |
| Number of beds | Six |
| Staffing levels | There are on average four support staff on duty for the morning |
| | and evening shifts. Overnight there is one sleeping staff and one |
| | waking staff on shift. |
| Who we spoke to | We spoke to one relative and one resident. The residents were |
| | predominantly non-verbal. |

2.1. CQC Findings

On 8 December 2016 the Care Quality Commission (CQC) undertook an unannounced inspection of Webb Road. This followed an inspection of the service on 10 March 2016 in which breaches to the Health and Social Care Act 2008 regarding the monitoring and managing of medicines, and staff supervision and appraisal were found. At the

most recent visit, the service demonstrated improvements and was rated as good across all areas.





3. Our findings

3.1. Arriving at Webb Road care home

Webb Road care home is situated at the end of a leafy, residential close within walking distance of numerous bus stops. There is an area of shops and cafes a ten to fifteen-minute walk away. The home was not sign-posted but we felt this was appropriate for a small, long-term, residential service. There is disabled access to the home and the entrance is secure as it has a call bell, which was promptly answered on the day we visited.

3.2. Communal areas

The home does not have a reception or waiting area, but there is a desk in the entrance way with a visitors book for signing in. This area was uncluttered and felt welcoming. We were shown into the office. On the morning we visited the office door was kept open, which felt inclusive and made it easy for residents and relatives to pop in and speak to staff. In the hallway we saw the home's latest CQC report on display as well as a comments and suggestions folder and a copy of the home's complaint policy. In the main hall there was a display of staff photos and names, and framed one-page profiles of all the residents. This felt personalised and homely, and care had been taken to include in-depth likes and dislikes of all the residents.

The home smelt pleasant and had lots of light. The main living room was large with plenty of seating, and had a tv playing in the corner. Although we were told the seating would soon be changed, it appeared to be in good condition and comfortable. The living room opens onto a large garden which has a barbecue, tables, seating and lots of potted plants. The garden was pleasant and well-kept; staff told us that a gardener visits monthly but that residents also help to maintain it. We were surprised to see that a large part of the garden was raised and not wheelchair accessible, given the nature of the residents' needs. We were informed that the home staff had requested for this to be altered.



The home had a kitchen area on the ground floor, which included a dining table and a small seated area facing a tv. The kitchen was large and clean, and staff told us that they prepared a cooked meal every night and ate with the residents. Residents choose their own breakfast, and lunch is more flexible. We arrived as most residents were in the kitchen; the room felt lively and had music playing. Residents were up and dressed, with some finishing breakfast and getting ready for bingo.

Next to the kitchen was a large laundry room. Staff informed us that although they predominantly do the laundry on the behalf of the residents, they do encourage residents to assist as much as they can; for example carrying the laundry to and from their bedrooms. The laundry room was tidy and clean. Downstairs had a communal toilet which was spacious and tidy, and well-equipped for disabled access.

The residents' bedrooms are based on the second floor of the house. There is a lift and a staircase leading up from the ground floor. Upstairs, there is also a large shower room and a modern bathroom with an accessible bath. We were told that the bath was not, unfortunately, able to be used by those with epilepsy and so currently only one resident was able to use it. The shower room had individual shower chairs in it for each resident, which made it feel a little cramped. Both rooms were large, clean and had lots of light.

3.3. Residents' bedrooms

The residents' six bedrooms all opened onto a small communal area, which had additional seating and two large skylights, making it feel spacious and light. The bedrooms themselves were all large and well-furnished. Residents have been living in the home for up to twenty years, and as such their rooms felt homely with lots of personal belongings and furniture including family photos and posters. Each bedroom had a photo of it's occupant next to it's entrance.



3.4. Feedback and involvement

We were told by staff that feedback can be hard to gather from individual residents as most are currently non-verbal.

Staff therefore try to interpret what residents like or don't like based on their non-verbal body language; most staff had worked there a long time and had good relationships with the residents, making this easier. The home also runs a 'centre planning' meeting every six months and invite residents' friends and relatives.

3.5. Activities and visits

Some residents go to a day centre up to three days a week, which staff told us they enjoy. However, two of the residents have recently had their funding for this service cut, meaning that they could no longer attend. Some of the residents go to hydrotherapy weekly. The home runs additional in-house activities, such as bingo and karaoke. They also have external professionals in to run activities such as foot massage, aromatherapy and music sessions. When the weather is nice there is a barbecue that staff and residents can use in the garden. The home also has its own car which it uses to escort up to two people at a time on trips. The staff are hoping to exchange this for a minibus, so that all the residents can be taken out on day trips together.

3.6. Interaction with staff

Staff were cheerful and friendly with the residents; they appeared to know them well and cater to their needs. The residents appeared comfortable and relaxed around staff, and from our observations seemed to communicate well with them albeit predominantly through non-verbal body language. We were impressed by how patient and attentive staff were, whilst also giving space to residents and encouraging independent choice (such as eating breakfast independently where possible or choosing whether to shower or not). There were plenty of staff on hand to assist residents.



Resident and relative feedback

We were only able to gather very limited feedback from one resident, as most were non-verbal and had significant communication needs and limited understanding. This resident told us that she liked the home, as she enjoyed bingo and having breakfast and coffee.

We were able to speak to one of the resident's relatives during our visit. She was very happy with the care her relative was receiving and felt "they're doing as much as they can with him here". She felt that there were plenty of activities for her relative to do, and that the bedrooms in the home were "lovely, with all their own furniture". She felt that she would be able to tell if the resident



was unhappy and would be comfortable to bring it up with staff. overall, she felt that "the home keeps on improving".

5. Overall summary

We were impressed by Webb Road Care Home and the staff who work there. The home had a communal atmosphere, and although we could only gather limited feedback from one resident and one relative, they both gave positive feedback



about the home and the care and treatment on offer. The home itself had a homely feel, and was spacious, light and clean.



6. Recommendations

Recommendation 1: Ensure the garden is fully accessible for all residents

Staff recognised the need to make sure the garden is fully accessible. We would encourage this to be taken forward as a priority by Avenues Sanctuary, as the different levels of the lawn and the stairway in the middle meant many of the residents could not use the garden fully.

Recommendation 2: Acquire or secure regular access to a minibus to take residents out more regularly.

Staff recognised the need to exchange the home's current vehicle for one which can accommodate more residents. Clearly, this would be beneficial for residents and staff, as it

would allow longer distance daytrips as a group.

Recommendation 3: Increase the frequency of relatives' meetings

As so many of the residents are non-verbal, staff must rely heavily on their own interpretations of residents' body language and mood, and the feedback of relatives. We would therefore encourage the home to increase relatives' meetings from every six months to at least quarterly, as well as to display minutes from these meetings in the communal areas for the benefit of staff and relatives who could not attend.



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.

No response was received by the time of publication.



8. Contact us

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Acknowledgements

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