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**healthwatch**  
Greenwich

## Healthwatch Greenwich

Enter and View:

### Westcombe Park Care 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.

## 1.1. 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

<b>Date/ time of visit</b>	8 <sup>th</sup> May 2018 10am-12pm
<b>Authorised Representatives</b>	Clive Mardner, Anna Jones and Eve Oldham
<b>Service provider</b>	Bupa Care Homes (GL) Limited
<b>Admission information</b>	Nursing residential care; the home accepts some residents with dementia but only where their primary need is nursing care. Current patient age range is between 51 and 99
<b>Facilities and services</b>	Palliative Care/ Respite Care/ Convalescent Care/ Own GP if required/ Own Furniture if required/ Pets by arrangement/ Close to Local shops/ Near Public Transport/ Lift/ Wheelchair access/ Garden for residents/ Bar/ Residents Kitchenette/ Television point in own room/ Residents Internet Access
<b>Number of beds</b>	45 bedrooms over three floors; on the day of our visit there were 43 residents. Around half of these residents are bed bound
<b>Staffing levels</b>	Daytime: For every nine rooms, there is one nurse and two carers on shift Night time: On each floor, one nurse and one carer
<b>Who we spoke to</b>	We spoke to seven residents who had mixed communication abilities, and one relative

### 2.1. CQC Findings

The Care Quality Commission (CQC) carried out an unannounced inspection of the care home on the 28<sup>th</sup> and 29<sup>th</sup> of June 2017. They reported breaches of legal requirements in relation to fire risk and risk assessments, and that care and treatment did not always meet residents' needs or preferences. Concerns were also received by the CQC around staffing levels. The CQC therefore returned on 14<sup>th</sup> November 2017 to undertake a focused inspection into the areas of safety and leadership; it was found that action had been taken to comply with the legal breaches at this point. The CQC were not able to change ratings for safety and leadership as the positive changes had not been in place for long enough. At this point, concerns remained around whether staffing levels in the home were sufficient.

## Overall Requires improvement

Read overall  
summary

Safe	Requires improvement ●
Effective	Requires improvement ●
Caring	Good ●
Responsive	Requires improvement ●
Well-led	Requires improvement ●

## 3. Our findings

### 3.1. Arriving at Westcombe Park care home



Westcombe Park care home is situated on a quiet, leafy street with good transport links; there are buses which stop outside and take you to a national rail or DLR station within ten minutes. It is also situated near the main shops and amenities of Blackheath and Charlton Village. The outside of the care home was clean and tidy, and well signposted. There is a wide, accessible path which leads to a quiet and clean reception area. There was also a security buzzer on the main door which was answered promptly in a very friendly manner.



### 3.2. Communal areas



The reception area of the home is spacious and clean and had a warm and welcoming atmosphere. There were plenty of seats for visitors to sit in the waiting area, as well as magazines and the local Westcombe newsletter on the side table. Communal corridors were very clean and tidy, and felt spacious and light. We saw two noticeboards in the communal corridors showcasing photos of residents' activities, as well as a signposting board which had information on the latest CQC report, red bag training days and a summary of the latest resident feedback.





The communal dining area on the ground floor was well laid out; tables were neatly set with table cloths, plates and cutlery, and the room was clean and spacious. There were pictorial menus on the wall which staff informed us were changed daily, along with a sign encouraging patients to request an alternative meal if they did not like what was on the menu. We were told that dinner was served between 5.30 and 6pm, and that residents had a choice to eat in the dining area, in the living room area or in their rooms. There are two employed chefs; one who prepares 'mainstream food' and another who cooks more culturally diverse dishes for the residents.

On the day of our visit the dining room was well-decorated in a 'Spring time' theme with bunting hung. We were told that the theme of the room changes monthly. There was a fridge in the dining area from which residents could help themselves to fresh fruit and cold drinks. We were told that family members could pay a small amount (£5.99) to sit down and enjoy a meal with their family member in the dining area. Staff told us this was a popular service.

There are smaller satellite kitchens on each floor of the house; if residents are assessed as low risk they can independently use a microwave, kettle and toaster as and when they like. We were informed that some residents have small, personal fridges in their rooms in which they can store home cooked food from their family.

Each floor had its own lounge area, with the lounge on the ground floor being by far the largest. There were plenty of comfortable seats, which were facing each other in a way which prompted social interaction. There was also a 'reminiscence cupboard' with older toys and objects. Board games were placed on the side, along with the day's paper, and there was a table where residents could play comfortably. There was a large tv on in the lounge with the sound at an appropriate level. The first and second floor had their own smaller lounges; these could fit far fewer residents but had a similarly welcoming and cosy atmosphere and were well-decorated and furnished. We saw dementia-friendly calendars being used in these areas.



As well as the communal lounge areas there were also smaller quiet areas, which had fewer seats. We were told these are used primarily for private family gatherings or for individual reading and relaxation. These areas had large windows which overlooked the garden. We were told that visitors could come at any time between 6am and 11pm, and that the home encouraged family members and friends to visit. While we were there we



observed several family members visiting residents. All around the home we saw large pictures and photos of local sites, including some of Greenwich Park and central London, which added colour and a homely feel. The toilets in the home were clean and well-equipped.

The care home has a large garden, which is well looked after and mainly well kept, although the lawn was somewhat in need of a trim. The outdoor area is set out with both social seating areas and singular seats. There was a shaded area which we were told would soon be refurbished into a meditative/ quiet space for residents. Around the garden there were plenty of additional attractive garden features, such as statues, bird houses, bird baths and feeders.

### 3.3. Residents' bedrooms



The residents' rooms were a decent size, with some more spacious than others. There were large windows in all rooms, offering lots of light and picturesque views onto the garden or the surroundings. Nearly all rooms in the home were ensuite, although most residents were unable to use these independently.



Residents' bedrooms were well-decorated and had plenty of personal belongings, particularly photos of family members and friends. All rooms also had a call buzzer. We visited on a particularly hot day, and we noted that all residents had jugs of water placed near their bed; we were told by staff that ice lollies were also provided.



Most resident rooms were well aired with windows open and were odourless. However, we did visit one bedroom which had a strong odour of urine. On discussing this with the home's resident experience manager, we were informed that staff were aware of the issue, which was being caused by the resident in question wanting to use a urine bottle independently. Staff were cleaning the room and carpet more regularly but had yet to find a solution which could maintain the resident's independence and keep the room clean.

One of the residents in a smaller room had had the arms of his wheelchair removed to enable it to fit through the narrow doorway.

All bedroom doors had the same picture with the residents' name written in small writing below.

### 3.4. Feedback and involvement



We were informed by the manager that the care home's providers, Bupa, run an annual feedback survey which is implemented by the staff on each site. The home also run their own 'snap reviews', especially around the quality of food. Residents are also encouraged to feedback directly any issues they have directly to staff or to management, and then asked to provide the complaint in writing. When we asked about anonymous feedback, we were told that there were forms in the reception area, although we did not see these. We were also told that residents could write a letter

anonymously, although it was not clear that this was actively communicated to residents.



We did not see a comments box, and whilst complaints policies were displayed on each floor, it was felt that these could be made more accessible/prominent.

We were informed that all residents had their own care plans. However, these were not always shared with the residents, as it was felt that some would not be able to understand them. A named next of kin can request to see care plans when they like.

### 3.5. Activities and visits



The home offers a wide range of activities, including: a hairdressing salon which is open every Tuesday (the hairdresser also visits bed-bound patients), pottery classes, keep-fit classes, a local nursery who come in and visit once a week, a local primary school who come in and visit once a month and clergy who come in weekly. On the day we visited the salon was open, and we saw numerous residents waiting to be seen by the hairdresser. We were told that staff also assist with taking residents into the local area, for instance to local shops or to churches. However, we were informed that recent changes in the law meant they could no longer drive residents in their own minibus and so were in the process of looking at how they could organise transport for further journeys.

Staff told us that they had some difficulty communicating with two of the residents as they spoke another language. The home worked around this by speaking with family members as much as possible, by using prompts such as cue cards and by reading and interpreting non-verbal language as much as possible. When the residents have formal reviews, the home use a professional interpreter.



## 4. Resident feedback



Residents gave us predominantly positive feedback about staying in the home, for instance: *“this is a very good place, they take care of me”*; *“the place is nice”* and *“I’m quite happy I’m in here; I write, and I keep myself busy”*. Most residents communicated that they had good relationships with staff members, and one person told us that *“we respect each other”*. Another resident we spoke to had been there for about seven weeks and told us that the home *“is very good to me”*. Although she had been out the day before to visit family, she told us that she had looked forward to coming back to the home in the afternoon. Yet another resident told us: *“they did me a favour coming here... this is a wonderful place to come to, they have patience with me. Especially during the night, if I call for help my nurse is always here straight away”*.



One resident we visited told us *“I’d be much happier if I had a fan with me, XX took it away”*. The day we visited was very hot; staff told us his fan had been removed to be fixed but had not been returned yet. A resident also told us that although he liked the home overall, he did not like the dinners. He had shared this with staff, but did not feel they had changed, and jokingly told us: *“I still eat them, otherwise I’d starve, wouldn’t I?”*

We spoke to one family member who was visiting on the day. This family member expressed historical concerns around the staffing levels, but felt this had improved recently.

## 5. Summary

Overall, we were very impressed with the facilities and the care on offer at Westcombe Park Care Home. Staff appeared to know the residents well and residents had mostly positive feedback about staff, the facilities and the care they received. Whilst we did encounter an issues with odour and the size of the some of the rooms. the home itself was welcoming and homely, hosting a wide range of activities and catering for residents of varying levels of independence. Staff were friendly and helpful, and appeared committed to implementing improvements going forwards.





## 6. Recommendations

### **Recommendation 1: Ensure all rooms are clean and odourless**

While we recognise the challenges inherent in balancing residents' independence with personal support, the home must find a way of ensuring that all rooms are kept hygienically. This is for the benefit of the resident, their family members, and other residents and visitors. For instance, it is possible that a room with easy-clean flooring may be more appropriate and beneficial for some residents than carpet.

### **Recommendation 2: Care plans should be shared with residents**

Despite communication difficulties, staff ought to make every effort to share resident's care plans with them. We felt that some residents we met on the day would have been able to engage in such a conversation, and for others, simpler and pictorial versions of the plans could be created.

### **Recommendation 3: Ensure all rooms are the appropriate size to meet residents' needs**

Rather than having to alter residents' equipment, such as wheelchairs, rooms should be the appropriate width and size to accommodate the residents' needs.

### **Recommendation 4: Personalise residents' bedroom doors**

Having the same picture with the residents' names handwritten underneath may not be helpful for residents with memory or visual impairments. We suggest personalised door signs. The home may also want to implement memory boxes.

### **Recommendation 5: Over the summer period, residents should always have a fan available in their room**

When fans are taken away to be fixed, we would urge staff to leave a replacement. On the day we visited, the bedrooms were very warm.

### **Recommendation 6: Address all residents' complaints and requests and close the feedback loop with residents where possible**

When feedback is given by a resident, every effort should be made to accommodate the request. An update should also be given to the resident about how the complaint has been dealt with, to ensure they are happy with the steps taken.

### **Recommendation 7: Address the current issues with resident transport**

The home should work towards resolving the current issues they are having with resident transport. Trips outside of the home are likely to be key for resident wellbeing and happiness.

## 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.

*“[With regards to lack of comments box and complaints information] 1) At the visitors signing in desk by the reception and on entrance into the building through the front door, there is a bold/clearly marked comment/suggestion box. The location as in all Bupa homes is to encourage visitors use the box either on arrival or when leaving the building. The box is checked for its content on a daily basis. 2) On each floor of the building and on residents/relatives boards, we have clearly displayed Bupa’s complaints policy and procedure with contact address, email and telephone numbers. We also have displayed, CQC’s ‘Tell us now’ poster which asks for feedback to CQC with complaints and comments. Royal Borough of Greenwich complaints policy and procedure with contact details also displayed on each floor.*

*“[With regards to sharing of care plans with residents] We appreciate that not all our residents are able to engage with their care plans, however, those that are able do take part in care planning and signed the documents. We discuss at our residents/relatives meeting and invite relatives to join us in planning the care for their loved ones.”*

**Seye Fadipe, General Manager**

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## Acknowledgements

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