Healthwatch Greenwich
Enter and View:
Gallions View Care Home
February 2018

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Manager: Lorna lewis
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 will 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

<table>
<thead>
<tr>
<th>Date and time of visit</th>
<th>9th February 2018 12pm - 2pm</th>
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<tbody>
<tr>
<td>Authorised Representatives</td>
<td>Clive Mardner</td>
</tr>
<tr>
<td>Service provider</td>
<td>HC-One Oval Limited</td>
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<tr>
<td>Admission information</td>
<td>Personal and nursing care for older people and those living with dementia, and palliative, respite and convalescence care. Care and support is offered to individuals with mental illness and those over the age of 50 with physical disabilities.</td>
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<tr>
<td>Number of beds</td>
<td>The home can accommodate up to 120 residents across four buildings. On the day of our visit there were 25 residents in the nursing unit and 17 on the dementia floor.</td>
</tr>
<tr>
<td>Who we spoke to</td>
<td>As many of the patients were bed-bound and suffered from dementia, it was difficult to engage with them on their views of the services. Healthwatch Greenwich representatives relied on observations between the staff and the residents to form a view.</td>
</tr>
</tbody>
</table>

2.1. CQC Findings

Gallions View care home changed providers on 1st November 2017. The CQC has not yet inspected this service, although initial assessments found that the service was likely to be safe, effective, caring, responsive and well-led (the five CQC areas of inspection).

These were the inspection results under the previous provider.

<table>
<thead>
<tr>
<th>Overview and CQC Inspections</th>
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<tr>
<td>Overall Requires improvement</td>
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3. Our findings

3.1. External and internal environment

The home is located close to a bus route, with ample parking space. Although there were no visible disabled ramps, whilst we were there we observed wheelchair bound residents on the care home grounds.

The site at Gallions View presents a challenge for the new staff and patients. The home is spread over five sites, two of which are empty. Of the other three sites, two are residential and the third hosts the administration block which includes the kitchen. There is no direct internal access to the residential sites from the administrative block and consequently meals need to be wheeled across externally. In the residential sites themselves, there are no means of cooking or heating food.

The reception area was clean and welcoming, and a receptionist was there to greet visitors and make them feel welcome. The recent CQC report was clearly displayed as well as other policies and documents. The public areas were clean and with handrails, but due to the narrowness of the corridors we observed difficulties when a wheelchair and the medicine trolley were trying to pass along the corridor simultaneously. Each site had a small sensory room, which we welcomed, but these have limited use due to the small space. The sensory unit is mobile and can be used in the resident’s room if required.

A room on the ground floor of each residential site is used as the dining, lounge and activities area. This is a challenge for nursing staff, especially at meals times, as the meal trolley also needs to be accommodated in this space. Most residents are not able to feed or serve themselves and this is done by the staff. The kitchen area was clean, and chef was clear of the resident’s dietary needs.

The residential blocks are made up of three bungalows. Bedrooms at the home are small and do not have en-suite toilet facilities. The internal furnishings, such as beds, are small and basic. The external grounds comprise a lawn, hedgerows and border plants. These were well-maintained.

The toilets and bathroom areas were acceptable, but due to the high usage of the facilities it is essential that cleaning rotas are clearly displayed and are maintained. We were informed that there is house keeper that comes in daily from 8am -6pm, but outside of these hours staff are responsible for the cleaning of the toilets and bathrooms.
The staff and the company recognise the challenges the layout of the care home presents and are exploring the possibility of developing the empty sites.

### 3.2. Activities

The home has a hair and beauty service visit once a month, and when we visited they were looking into offering additional holistic services. We were also informed by staff that pamper days are planned for the residents. Currently, the team engage with local Christian churches, but no other faiths.

Staff were encouraged to think of engaging with other religious groups and to make this information accessible, so that residents could practice their chosen faith.

Management at Gallions View realise that they need to put in place a newsletter which should include further information on local events.

### 3.3. Staff and resident relationships

We were able to observe staff interaction with the residents whilst they were in the dining area and administering nursing care. Staff and residents’ interactions appeared to be good and the staff appeared to know the residents’ names and have formed a relationship with them. They acted respectfully and treated the patients with dignity, and they came across as caring and patient.

### 4. Summary

Management and the staff are dedicated and passionate to the care and well-being of the residents. The physical space presents challenges, but staff are fully aware of them and are working hard to overcome them, ensuring that residents receive the best possible care at all times.
5. Recommendations

Recommendation 1: Update noticeboards regularly

We recommend that noticeboards are paid closer to attention to and regularly updated, so that information displayed is kept relevant and up to date.

**We would encourage staff to work with those living with dementia to create a memory box, and where appropriate to involve family members. These help to prompt memory and connection with the individual’s personal history and can be a source of comfort.**

Recommendation 2: Develop a Gallions View newsletter

Staff should work towards developing a newsletter for residents and their families. This could include relevant information about the home itself, such as any updates or changes to services or facilities, as well as information about the local area and local news. Any newsletter should be made as accessible as possible and distributed amongst all residents.

**We recommend staff to work towards developing a Gallions View newsletter.**

Recommendation 3: Display cleaning schedules

Cleaning schedules and rotas ought to be regularly updated and displayed in toilets and bathrooms. This is especially important as these facilities are shared at Gallions View. Additionally, thought should be given as to how staff are sharing and maintaining cleaning duties after housekeeping hours, and how this is reflected in a displayed cleaning schedule.

**Recommendation 5: Introduce Dementia friendly signs around the home**

The home should work towards introducing dementia friendly signs around the home, to increase residents’ ability to navigate independently and improve their sense of familiarity with their surroundings.

Recommendation 4: Introduce memory boxes on the dementia wards

We would encourage staff to work with those living with dementia to create a memory box, and where appropriate to involve family members. These help to prompt memory and connection with the individual’s personal history and can be a source of comfort.

Recommendation 6: Healthwatch Greenwich to repeat this enter and view within nine months

We recognise that we visited this home just three months after it had changed providers, giving the home limited time to establish itself or address any of the pre-existing issues which they inherited. We therefore intend to visit Gallions View once the providers have had more time to improve the home and have more residents placed in their care.
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 comments were received by the time of publication.
Contact us

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Website: www.healthwatchgreenwich.co.uk
Twitter: @HWGreenwich

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

We know that you want local services that work for you, your friends and family. That’s why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

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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