

**Enter and View  
Report  
Beecholme Adult  
Care**

March 2019 and revised  
Dec 2019



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Please note that this report relates to findings observed on 1<sup>st</sup> March and 13<sup>th</sup> March 2019 only. The report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time Healthwatch Merton were present.

## INTRODUCTION

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice - making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

Within the Healthwatch regulations, the Government has imposed a duty on certain commissioners and providers of health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises that providers own or control (with some exceptions) to observe the nature and quality of services.

Enter and View is an opportunity for Healthwatch to go into health and social care premises to see and hear for themselves how services are provided.

## BACKGROUND

Vulnerable groups, and Mental Health in particular has been an area of focus for Healthwatch Merton since its inception in 2014.

Healthwatch Merton has had an interest in step down services in Merton since the 2015 transformation work on step down was conducted. Healthwatch Merton supported Merton CCG in both its work with Norfolk Lodge at the time, and then with the procurement exercise/process which led to Beecholme Adult Care being named as the preferred provider. Since this time it has been the intent of Healthwatch Merton to carry out an Enter and View of the new service provider once they had had time to establish themselves.

Anecdotal evidence was received from our contacts within Rethink Mental illness Merton and Sutton\*\* in 2017 and 2018 (who work with service users and their families who have used Beecholme Adult Care). This information triggered Healthwatch Merton to action its original intent in early 2019.

*\*\* Rethink Mental Illness Merton and Sutton is local branch of the national charity Rethink Mental Illness who are a leading charity provider of mental health services in England. Rethink state that: "people living with mental illness, and those who care for them, are at the heart of everything we do. They shape expert advice, information, and around 200 services - everything from housing to community-based services. They also drive our campaigning to change the law and tackle discrimination. They run local user groups which provide vital peer support in the community."*

Beecholme House can accommodate 13 service users. Most residents come via being discharged from the wards at Springfield Hospital but service users can also be referred up from the Community Mental Health Team at the Wilson Hospital.

There is also a 3-bedroom step-down unit at a nearby house, for service users who are doing well but are not ready for full independence in the community. This facility is unstaffed but visited daily by staff from the main home.

8 places are reserved as a block contract from South West London and St George's Mental Health Trust for males from Merton between 18- and 65-years old who have mental health difficulties. Under this contract Beecholme are required to provide them with an intensive 12 week rehabilitation programme, to give clients the skills to move on, or to return to their homes. Beecholme Adult Care has held this contract since 2016.

The other 5 long term placements in the main house and the 3 stepped down placements in the separate house are spot purchase placements and are used by London Borough of Merton and other neighbouring boroughs.

Most service users are discharged within the 12 weeks if on the 12 week programme. Other service users are at Beecholme as required and will typically stay from between 4 and 12 months.

There are times people on the 12 week intensive programme move onto the longer term placements or the supported step-down unit. One resident was at Beecholme for 1024 days (over 3 years). At the other end of the scale, some residents choose to discharge themselves from the service after only 24 hours. Beecholme will take forensic clients for the spot-purchase places. All residents have access to the same facilities and level of support, though the step-down patients are expected to live more independently.

Service users are referred with conditions including schizophrenia, paranoia, bipolar disorder, and in recovery from psychosis. They also support mental health patients who have co-morbid drug or alcohol dependencies towards overcoming addiction. Beecholme does have a criterion for placements (which includes the stipulation that their mental health must be stable) and will assess each client before accepting.

Beecholme House and the stepped down accommodation is owned and managed by Beecholme Adult Care Ltd. There are two Directors of the company; Sharon Lartey and Myron Agyiri. Healthwatch Merton Authorised Representatives met with Mr Agyiri in person on their visits.

Beecholme is registered with CQC but is in the process of deregistering as they do not carry out any regulated activities such as personal or nursing care. Their last CQC inspection was in 2016 and they were rated "Good".

The Key Performance Indicators for the block contract are:

- 90% of clients must have a recovery plan within 7 days of moving in
- 90% of clients in doing meaningful activities
- 90% of clients must be reinterested on the local authority housing waiting list if they do not have accommodation to return to at the end of the placement
- 8% gained employment (this can be paid or voluntary work)
- 8% of clients must move onto more stable accommodation after 12-week programme has finished

This report was submitted to the manager of Beecholme House (managed by Beecholme Adult Care Ltd) requesting a response within the 20 working day statutory timeframe by **Monday June 24<sup>th</sup> 2019**. After 20 working days, this report and Beecholme's response will be published along with any action plans relating to our suggestions and circulated to key stakeholders including the Care Quality Commission and Healthwatch England.

## METHODOLOGY

Three Healthwatch Merton Enter and View Authorised Representatives (ARs) carried out the visit to Beecholme House.

These were:

Erin Cowhig Croft - Healthwatch Merton Information and Outreach Officer

Eileen Nutting - Healthwatch Merton Volunteer

Nancy Adamson - Healthwatch Merton Volunteer

The visits took place on the following dates and times:

- Friday 1<sup>st</sup> March from 3.00pm until 5.30pm
- Wednesday 13<sup>th</sup> March from 10:30am until 11:30am

Five methods were used to carry out the Enter and View visits:

- Observation
- Interviews
- Survey returnable by stamped addressed envelope
- Informal conversations with staff members
- Tour of the house facilities

The first visit was only able to capture the views of one service user, and so it was decided that an AR would return with surveys in stamped addressed envelopes to enable more people to take part, on this occasion 2 further residents were interviewed and three residents took surveys to do later.

Using the Healthwatch Merton observation tool, the Enter and View Authorised Representatives (ARs) rated Beecholme House in terms of; entrance and reception,

information displayed, décor, tidiness, lighting, odour, cleanliness, bathroom facilities, noise level, safety and temperature.

The ARs carried out interviews with 3 patients over the two days they visited, using an interview tool designed by Healthwatch Merton, and received one survey returned. Throughout the visits ARs had the opportunity to speak with staff. There were 8 places filled out of the 13 available in the main house at the time of our visit, 4 short term and 4 permanent. Three more patients were admitted between the first and second visit ARs made to the home, bringing the total to 11 people using the service at the time of our second visit. Staff report that the last time the service was at full capacity was in January 2019.

## FINDINGS

### Observations

Beecholme House is located in a residential area of Mitcham within walking distance of shops and transport and parks. There is off street parking for visitors.

The main building is converted from two older style two storey houses, knocked through together. There are 2 staircases and several corridors. Service users' rooms are on both ground and first floors. All the bedrooms in the main house have en-suite facilities and come equipped with basic furniture. The unoccupied bedroom shown to ARs had a bed, armchair, table and wardrobe. The furniture appeared in good condition and the room was large, though ARs were told it was not the largest. Residents can personalise their rooms.

All the rooms and corridors in the home were painted white with no pictures or decorations, and only one place in the house displayed any outputs from residents - a series of positive quotes on the wall of one staircase. ARs commented that the overall effect was rather bland and impersonal, though light and airy. The communal lounge had colourful sofas which ARs thought made it seem more cheerful.

At the rear of the building is a decking area leading onto a large paved area with a raised bed in the middle, containing a pond and a water feature. ARs could see limited outdoor furniture, only one bench and a single chair. There were 2 identical modern timber buildings also at the rear. One is the director's office and the other is available for group activities or one-to-ones to take place in, it also has computers for use by residents. Further raised beds used for growing vegetables are lined up between the two outbuildings.

Beecholme provided the following statement about their outbuildings: "The larger building was purpose built as an Activities and Outreach Center and includes a cafe and coffee shop and is fully wheelchair accessible including disabled toilets. The cafe shop is registered and has a 5 star hygiene rating.

A range of activities are held in the Activities and Outreach Center daily and the facilities are also made available for service users to hold meetings with care teams and families when not in use”

Beecholme provided the following statement about their gardens “The gardens at Beecholme House were designed by award winning garden designers Studio Lasso and feature a half Japanese and half ‘English garden’ design concept. The Japanese garden features a line of bamboo trees and several different varieties of Japanese plants and trees, including cherry blossoms and acacia which bloom with pink flowers in the spring. There is a Japanese koi carp pond which features several large koi. Service users are responsible for feeding and looking out for their general welfare. There are also several seating areas in the Garden and a designated seating area where service users have been sitting and enjoying the gardens since the garden was finished in 2017.”

There was a secure Control of Substances Hazardous to Health cupboard in the kitchen and a separate locked treatment room with a locked cupboard for medication.

ARs agreed that the home was clean and relatively odour-free, though the medication room smelled strongly of antiseptic.

ARs did not see the three bedroomed step-down accommodation.

## Interviews

Most of the service users who wanted to speak to ARs were new to the home and had been there only a few weeks or less. This meant there were some areas Healthwatch was interested in which they were not able to comment about directly. Some of the people ARs spoke to were more able to engage in conversation and provide detail than others. The content of these interviews is broken down here by theme.

### *Staff*

There are 16 staff employed at the home. The staffing arrangement is a manager and 2 staff members on at daytime, and 2 staff members at night time. Shifts are made of 6-hour blocks but often staff will work a double shift. At night time, ARs were told that one staff member would be awake and one asleep or resting. The step-down unit is unstaffed but one staff member on duty at the main house attends the step-down unit for an hour, twice per day.

At the time of our visit the manager had been in post for 6 months and the other staff member we spoke to for 7 months. ARs wondered about staff turnover and the Director advised that during 2017 staff retention was poor, with 11 members of staff leaving, so in 2018 Beecholme introduced a monitoring review of the reasons why



staff left, and after increasing incentive payments the numbers leaving fell to 4 in that year.

Staff have a minimum of NVQ Level 2 qualifications, and the manager has NVQ Level 5. In addition to this Beecholme provides in-house and online training. The online training available to staff includes: Safe Handling of Medication, Safeguarding and Deprivation of Liberties, Managing a Team, Mental Health Awareness, Mental Capacity Assessment Act, Dealing with Challenging Behaviour. The service also do face-to-face training for their staff on other topics.

Staff work as a team and whilst each resident has a key worker other staff will support the resident when needed, one staff member stated that the thing they are most proud of is that they “work for the same goal, work with everyone, for everyone”. They also work very closely with a Support Worker attached to the Community Mental Health Team at the Wilson hospital, and with the Care Coordinators. Staff also report a good relationship with the Psychologist on the ward at Springfield.

From the interactions ARs observed there seemed to be good relationships between residents and staff, friendly and respectful on both sides. Greetings were warm and informal (such as a fist-bump), and there were shared jokes between them. ARs felt that staff are very enthusiastic and are keen to work with the residents and help them progress.

Out of the four patients that gave us feedback all of them had positive things to say about the staff. All the residents agreed that there were enough staff, and all felt that they were listened to by staff, however one resident felt only ‘sort of’ listened to as ‘their hands are tied in what they can and can’t do’. One person said that staff were ‘very helpful - they try to assist as best they can. You can talk to them if you have any problems and they are happy to listen to your issues.’ Another person had the view that ‘they should spend more time outside of the office, in fact they shouldn’t have an office, they should be made to experience being with us and sit on our sofas in the living areas’.

### ***Information***

There was no information on notice boards about how to complain or whistle blow, though ARs were told by the Director that they do have complaint procedures.

ARs were informed that residents are given a hand book when they move in. Three residents told ARs that they felt information was explained to them very well, with one commenting ‘yeah, easy to understand’. Another patient however, said that information was not explained well to them when they arrived, they said ‘it was an overload, they didn’t allow me to rest first. It seemed like it was thrown at me so I didn’t absorb it’.

Two out of the four people we spoke to said that they had not been given an

induction pack when they moved into the home.

### ***12 week programme***

Beecholme told Healthwatch Merton that the 12 week programme has been very successful with service users moving on to stable accommodation, claiming to have delivered positive outcomes for users of the service. They told ARs that any instances of service users not moving on within 12 weeks always came down to unavailability of accommodation.

The residents ARs spoke to were very new (having been there only days) and did say that they had heard about the 12 week programme, though they didn't have the experience to say anything about how it worked.

One person said that 'I think it's a good plan, quite a generous arrangement. They take things step by step gradually - they will talk to me about what I want to do afterwards'. Another user said that they felt confident it would be good because staff had promised to 'give help and support'. One person's opinion was that 'if it really works then yeah, it's good coz it allows you to see an exit. It would make me feel confident if other people had done 12 weeks and then left'.

There appeared to be no assessment of daily living skills on the ward prior to discharge for the 12-week programme, and Beecholme don't do a formal assessment when a client arrives, though the manager told ARs that the recovery star might sometimes be used. Staff from Beecholme do not visit clients who are in hospital to assess the client before they move in. They informally check what each person can do on an ongoing basis and talk about where they are up to at key worker sessions.

As such, the 12 week programme is not defined by a discernible structure or a standardised way of measuring the progress achieved by different service users towards a comparable set of goals. The reasons given for this are that each client is different and requires a unique response to their situation, and that as the service users at Beecholme have mental capacity, they can choose to engage or not engage with any part of the programme.

### ***Activities***

Beecholme has a programme of weekly leisure and self-development activities on offer, and staff report that residents are made aware of this when they are welcomed to the service.

The activities on offer at the time of Healthwatch Merton's visit to the service included; a daily breakfast club, walking group, 'master chef' class, art, karaoke, movie night, comedy night, games night, smoothie making, gardening, IT and internet sessions, exercise and fitness, and CV and jobs help. There was also a scheduled time for 'hot chocolate and a chat', a group run by the link worker from the Community Mental Health Team, a 'coffee and cake peer support' session run by a former

service-user, and a reading club hosted by a service user who lives independently at the separate 3-bed step-down house.

There is also a book case with books, puzzles and games in the lounge for residents. One person mentioned that this was of real value to them, while another stated that the house 'could get more books'.

Two people said that there was enough variety in the activities on offer, while one person said that the activities are 'few and far between'. Another person just said that it was 'good that they offer them'. There was some variation in how much residents knew about the activities; one person said that the activities were all explained to them, while another said 'I don't know what they've got'. One person said that they thought the activities would help them recover because 'I think they will help me feel more comfortable'.

When asked what they would like to see, suggestions were; 'football', 'religious or multi-faith room', 'comfortable TV watching room' and 'recording studio'.

Staff also teach residents daily living skills on an informal basis.

The manager did report that there has been a low uptake of activities and an AR on the visit did express concern that cooking, one of the key daily living skills to support mental and physical health, was only taken up by a few who already have an interest in cookery.

Staff report that it can be difficult to encourage clients to engage with activities, and that they have tried altering the range of activities on offer to overcome this.

### ***Environment***

Healthwatch Merton asked residents about both their rooms and the communal areas. Two of those we spoke to said their room was 'good', one said it was 'OK' and added that it was 'nicely laid out'. Apparently 'problems were resolved quickly', including cracks and gaps in the walls, although this resident felt that 'they could have been more pro-active about that' and sorted it out before he arrived. The en-suite facilities were mentioned too, as one person said 'it's nice to have showers in the rooms'. One resident said that they did not like their room, that it was 'not comfortable enough, needs a bigger bed and a bigger room, and it's not square'.

Of the building in general, one resident said that everything was good and nothing could be better, and one said that the only thing that could be better was having 'the window closed for hygiene'. One resident said that Beecholme is 'nicely built and has a nice garden and layout, with lots of space for cooking'. In contrast one resident complained that 'the open plan area is not good. It's too busy, not comfortable, not homely, too 'hospital-y'. If we had one closed off TV room with a sofa in it that would be more homely. You need different zones because the energy is different between say, cooking and relaxing'.

Of the outdoor space, one person said it was 'good', one person commented 'great', although neither put forward any reasons for this. One person said that it's 'not nice because you can't smoke' and that 'it's not big enough, needs more space to look out onto and be comfortable in'.

### ***Food***

The staff cook one hot meal a day in the evening, and will support residents to make their breakfast and lunch. If residents don't want the food prepared for dinner, they are provided with a variety of basic ingredients from which to make their own meal. Staff encourage service users to join them in cooking, but will do it alone if no-one is interested in participating. The kitchen has 4 small cooking hobs so people can prepare food. Each resident has a lockable cupboard to keep personal food in, as well as allocated fridge space.

When asked about the food provided for residents, two said it was 'good' and one described it as 'nice'. One resident thought that the food is 'not good'. When asked why, this person said 'I just don't like it, I don't know how people eat it'. Comment was also made on the kitchen facilities: 'it's hard to cook on electric stoves - it burns quicker and it's hard to gauge'.

### ***Safety***

Visitors are allowed but residents cannot have friends overnight, all visitors are required to sign in and must leave by 8pm. There is an 11pm curfew for residents. There is a weekly room check, and residents are tested for drugs and alcohol. Staff ensure that service users are informed or are present during any search/check. At the time of Healthwatch Merton's visit there were no residents on Deprivation of Liberties.

All four residents answered that they felt safe in their rooms and in the common areas of the house. One resident clarified they felt 'safe enough', and another that they felt 'alright' about their safety in the home. When asked if there are ever difficulties between patients two people said no, one person said 'there's a little bit of aggro' but didn't want to give details, and another said that 'yeah, there has been, but well managed by staff'.

### ***Resident Feedback***

There is a weekly Service User Meeting on Wednesdays, to allow space for residents to raise issues and feed into improvements at the home. This is followed by a breakfast club, which past residents and people under the care of the Community Mental Health Team can attend.

Two of the residents we spoke to said that they didn't know how to give their views or feed into improvements at the home. One said that they had been 'told about the

service users' meeting', but they hadn't attended it yet. One person said 'I tried [to give feedback], I don't think it's working', they elaborated that this feedback was about a lack of sugar and smoking space.

### ***Other comments***

Only two other comments were recorded, one resident said 'I wish the staff would clean more', and one praised the service by saying they help his recovery by getting him to 'take tablets'.

When asked about their processes around medications management, the manager explained further:

'Once service users are admitted we administer medication to them. After some time we try to start the process of self-administrating medication.

We will start from one day of self-medication and increase the dates when a service user is confident and in agreement.

At the beginning of this process we prepare a chart for them with all the instructions on how to take the medication. We ask them to come to the office when they are ready to take medication for us to observe that they will take it. Then the service user and staff sign the chart. After some time we just monitor if they have been taking medication as prescribed.

We provide information for service users regarding side-effects and ask them to monitor it. If at any point the side-effects deteriorate we advise them to book a GP appointment and review medication.

The more they are independent and responsible around the medication the less support we provide. Also we prompt them to order and collect their medication, and we remind them when their Depot [anti-psychotic injection] is due'

## CONCLUSION

ARs came away with a good impression of the staff and their relationships with the clients. ARs found it encouraging that the manager seemed very keen to be more involved with the local community around Beecholme, to increase the opportunities that residents have to take part in a variety of activities. Relationships with the Community Mental Health Team appeared to ARs to be a strong asset to the service as well, as did the links with former service users, with at least one coming back to help with activities. ARs also felt that the facilities were of a good standard, but let down by the atmosphere created by the bland and impersonal décor.

The main area that ARs felt needs focussing on is the 12 week programme. As the service is intended for the rehabilitation of those who might otherwise struggle to live independently via teaching and encouraging daily living skills, the lack of definition around what skills exactly are required to be in place and to what standard before clients move on to other accommodation was concerning.

## SUGGESTIONS

Healthwatch Merton advises that these points could be looked at to drive service improvement. Responses from Beecholme Adult Care Ltd are below the suggestions:

1. We believe that to be effective the 12 week programme should be linked to a clear 'admission and move-on' plan agreed with Springfield, and suggest that the service should consider not accepting placements until service users have been assessed on the ward (by ward staff, but preferably jointly with Beecholme staff) leading to a clear decision on what specific outcomes Beecholme is expected by the Trust to deliver for each patient by the end of the 12 weeks; how that will be measured; and what follow-up will happen for that service user based on different outcomes. That includes clear planned arrangements for what should happen when they reach the end of the 12 week period and how to proceed depending on the success or otherwise of the treatment.

*"Beecholme Adult Care works closely with care coordinators, the discharge coordinator for the 12 week pathway and a psychiatrist who visits Beecholme every week to discuss each service users recovery. During these weekly meetings, Beecholme does exactly what is suggested by Healthwatch."*

*"When a service user is referred to Beecholme under the 12 week pathway, the care coordinator liaises and shares with Beecholme the information necessary for the admission (e.g. care plan, activities plan, risk assessment etc.) so Beecholme knows in advance the service users background and what kind of support might be needed. Once the admission takes place, staff on shift meets with the service user to understand what is the expectation of the service user from the service and how Beecholme can help them during the 12 weeks. All service users also have a key worker allocated to supported them closely with their recovery."*

*“Out of over 60 service users who have come to Beecholme under the 12 week pathway, only 6 relapsed and returned to the hospital, this reflects a 90% success rate. This number reflects how well Beecholme is prepared to support service.”*

2. Independently or in combination with point 1, we suggest conducting a review of the 12 week programme itself to make the pathways towards reaching the standard of skill needed for independent living very clear. Our view is that it would be helpful to develop a set list of ‘essential skills’ necessary for moving on from the service, against which service users’ levels of readiness can be measured at the beginning and end of the 12 weeks (perhaps also regularly throughout), and from which an overall care plan can be devised in collaboration with the individual service user to assist each person with reaching their goals, supplemented by action plans (developed jointly) throughout the programme. It may also be helpful to have a list of ‘modules’ which break down the different levels of proficiency to aid assessment and guide the action-planning of what needs to be worked on.

*“All service users have their care plan reviewed every 4 weeks and a weekly key sessions to ensure these “essential skills” are being achieved before discharge. Additional to this, service users complete different tools during their recovery e.g. recovery star, Warwick-Edinburgh Mental Wellbeing Scale etc.”*

3. Information about how to complain through the home’s own procedures, along with how to raise complaints with independent outside organisations needs to be on display, as does information about whistle-blowing.

[no response made to this suggestion]

4. Information about how to make comments and suggestions, as well as what has resulted from previous comments would be good to display as well. A ‘You said, we did’ board could achieve this, and if it was updated every three months each set of residents on the 12 week programme would see what impact (large or small, permanent or temporary) they had made on the service. This might be as small as getting certain meals added to the menu, or an activity taken up on the timetable, though some larger changes could come through this route too.

[no response made to this suggestion]

5. The home would feel more lively and well-used with more displays of residents’ activities. Artwork, writing or photos of activities (with faces blurred for anonymity if necessary) would add to the feeling that the house is a place to take part in things.

[no response made to this suggestion]

6. More decoration in general would improve the atmosphere of the house; if residents are not able to provide creative output, the service could work with other community groups of mental health service users to create work safe to display in



the home. Healthwatch Merton would be happy to facilitate building those relationships to explore this.

[no response made to this suggestion]

7. The service could take up the offer made by the Acute Care Forum for a liaison volunteer to attend Beecholme regularly, and strengthen links out into the community.

[no response made to this suggestion]

8. As it was raised by some residents that previous residents' successes would be of great encouragement to them, the home could try to facilitate this transfer of knowledge. This could be done by having a display of comments by 'graduates' of the 12 week programme talking about their journey and encouraging their peers on to succeed as they have done, or by having people return to speak to the Service User meeting from time to time, if they are willing and able to.

[no response made to this suggestion]

9. It could be beneficial to see a display of staff ID photos, so that new residents and their families can familiarise themselves with who will be supporting them.

[no response made to this suggestion]

10. Based on the suggestion of one resident, which another resident who didn't do a full interview with us supported, the outbuilding could function at times as a prayer or multi-faith room.

[no response made to this suggestion]

11. Based on the comments made by residents about how they would like to play football and to see more open space, a staff member could organise a game or a kick-around on Figges Marsh playing field as an activity for residents.

[no response made to this suggestion]

## ACKNOWLEDGEMENTS

Healthwatch Merton would like to thank residents and staff at Beecholme House who welcomed, supported and engaged with us to improve services, and Rethink Mental Illness Merton and Sutton for requesting our visit.





**Healthwatch Merton Enter and View Report  
By Healthwatch Merton**

Vestry Hall

London Road

Mitcham

CR4 3UD

T: 020 8658 2282

E: [info@healthwatchmerton.co.uk](mailto:info@healthwatchmerton.co.uk)

W: [www.healthwatchmerton.co.uk](http://www.healthwatchmerton.co.uk)