

## **Healthwatch Greenwich**

Enter and View Report



## **Ashgreen House Residential and Nursing Home**

January 2020

# 1. Details of the visit

## 1.1 Purpose of our visit

Healthwatch Greenwich is carrying out a series of visits to Residential Care Homes in Greenwich to ascertain the quality of life, experience and views of residents.

<b>Name and address of premises visited</b>	Ashgreen House Residential and Nursing Home Sandbach Place, Woolwich, London SE18 7EX
<b>Service Provider</b>	Sanctuary Care
<b>Care Home Manager</b>	Louise Hulme
<b>Date/time of visit</b>	17 <sup>th</sup> January 2020 - 10AM - 12PM
<b>Healthwatch Greenwich Authorised Representatives</b>	Jummy Alabi, Daphne Barnett and Nnamdi Onwura
<b>Admission Information</b>	Residential, nursing, and intermediate and respite care for adults aged 65+
<b>Number of beds</b>	52 - there were 42 residents in-house at time of visit
<b>Staffing levels</b>	Day Shift: Registered General Nurse x 2, Team Leader x 3, Health Care Assistant x 13 (AM) and Health Care Assistant x 12 (PM) Night shift: Registered General Nurse x 1, Team Leader x 1, and Health care Assistant x 5
<b>At our visit</b>	We spoke to 9 residents, 3 members of staff, and the Care Home Manager. We observed the care and interaction between ten residents and staff in 3 lounge areas. In addition, we viewed all communal areas and a few residents' rooms

## 1.2 CQC inspection

The Care Quality Commission (CQC) carried out an unannounced visit to Ashgreen House on the 7<sup>th</sup> and 15<sup>th</sup> March 2018. The home was rated as ‘good’ overall, and across all individual areas

([https://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2978345487.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2978345487.pdf))

### Ratings

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 ●

## 1.3 Other ratings

Ashgreen House has a rating of 9 from Carehome.co.uk

(<https://www.carehome.co.uk/carehome.cfm/searchazref/20001005ASHF#awards-ratings-top>)

## 1.4 Healthwatch Greenwich Enter and View 2017

In November 2017, we conducted an Enter and View visit to Ashgreen House Residential and Nursing Home and provided the following recommendations:

- Display the activity programme in each wing for all residents to see
- A newsletter to notify resident’s and their visitors of upcoming events throughout the year

## 1.5 How our visit was conducted

The visit was unannounced.

We notified the registered manager that we would be attending at some point in January, without specifying the date or time. During our visit, we provided the home with leaflets and letters (to share with residents, relatives, carers and visiting healthcare professionals) giving an opportunity for further feedback.

## 1.6 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. Summary

Ashgreen House Residential and Nursing Home needs urgent improvement in several areas.

Clutter in communal areas, unattended maintenance equipment, personal belongings on the inside of the nurse' station door restricting visibility of residents through the window when the door is closed, and easily assessable broken equipment provide evidence of weak health and safety practices, poor management of refurbishment activity, and lack of thorough risk assessments, increasing risk to resident's safety. We strongly recommend an immediate full safety audit, to rectify issues that put resident's health and safety at risk.

Strain in staff relationships indicate a somewhat hostile working environment. Whilst the Care Home Manager is aware and has made steps to resolve this, we are concerned this may impact resident's experience of care, and one resident reports a mixed, not entirely positive, experience of care. We suggest that work already underway to improve staff dynamics is expedited.

The home documents care plans digitally, however, we are concerned that this is not working for all members of staff, increasing the workload for other members of staff, limiting time to care for residents.

Resident views on meals offered at the home are mixed. We were told the menu rarely changes, suggesting it does not always meet resident's needs, and one resident has made a formal complaint to the CQC. We urge the home to implement a more diverse menu, with frequent rotation of options, to meet resident's needs.

Many of the issues identified during our visit have previously been raised by staff internally but have not been resolved, contributing a lack of trust between some staff and management.

## 3. Our Findings

### 3.1 Communal spaces

#### External space

The home has a large garden area. We observed this to be pleasant, well-kept and accessible for wheelchair users.

#### Reception area

The reception area is spacious and welcoming, with seating for both visitors and residents.



The home has a secure entry system. The visitor's book is in use and the latest CQC rating and certificate of registration is displayed. There are several notice boards, providing information about upcoming events in the home, and information about how visitors can provide feedback about the home internally or externally.

**We were concerned to see confidential folders left unsupervised at the reception desk.** Residents deserve to have their privacy and personal details respected. Confidential information about service users or patients should be treated confidentially and respectfully.

**We were concerned to see a step ladder left unattended in the reception area. This is a safety issue for residents and visitors.**

### Corridors

Corridors are wide and spacious enough to accommodate wheelchairs and walking aids.

The residential dementia unit has recently been refurbished. We were pleased to see that the home has utilised dementia-friendly colours on this floor, with the corridors painted a light blue. Plans are underway to use dementia-friendly colours in the corridors across all floors.



**We were concerned to see inappropriate storage/potential safety hazards.**

Directly outside of the lift and laundry room, in an openly accessible area, we found the corridor cluttered with unused equipment and hangers. This area is easily accessible to residents and, therefore, a safety issue.

**We were concerned to hear music at very high volume coming from the laundry room. Such was the volume, staff in the laundry room did not hear us knock (loudly)**

on the door during our visit. A resident's call for help or assistance would undoubtedly go unheard.

### Bathrooms

All resident rooms include en-suite facilities, in addition to communal bathrooms and toilets. Bathrooms were not consistently clean across the home. In some bathrooms and toilets, the waste bins had not been emptied. In some toilets, we observed a discernible odour.

**We were concerned to find a broken chair in a bathroom, with a note to say that it was not in use - suggesting it had been in-situ for some time. This is a safety issue. All broken or unusable furniture or equipment should be removed or placed in areas not accessible to residents.**





## Lounge and dining areas

The lounge areas across all floors are open plan with both dining tables and armchairs, encouraging interaction between residents and staff. There are books and videos displayed in the lounge areas. We observed residents watching TV and staff sitting with them.

Several residents told us that they spend most of their time in the lounge area.

### *“Interacting with other residents and networking”*

During our visit, despite several staff on duty, we observed a large bag full of laundry, inappropriately left, beside the fridge in the dining room area. The Deputy Manager (showing us around the home) immediately rectified it.

## 3.2 Other observations

There is a quiet room for relatives to talk to care staff and management in privacy. **During our visit, the quiet room was cluttered with tools and equipment, preventing appropriate room use.** This is despite a sign on the door of the quiet room, expressly forbidding clutter. Further attention should be given to ongoing maintenance work and how this can be progressed without unduly restricting access or routine operational functioning of the home.



The staff/nurse office is directly opposite the resident's lounge with good visibility from the office into the lounge. However, staff hang their personal belongings on the inside of the office door, restricting visibility through the window when the door

is closed. This a safety issue. Staff cannot see the residents in the lounge area when the window area is covered.

### 3.3 Personal spaces

Resident rooms are very spacious and personalised with photos and mementos. Information about the occupying resident is displayed outside some rooms, but not all. Residents can have TVs in their room, if organised by their family or carer. Residents told us that they are happy with their room and didn't want any changes. Indeed, four residents told us that they preferred to spend most of their time in their room.



*“In my room because I am able to watch channels that I like”*

*“Having my privacy, being myself”*

*“My room is very spacious and I brought my own TV in. All is fine”*

*“Nice and clean and big enough. I have my own TV”*

*“My room is fantastic. I've got everything I need in my room”*

*“[I like having my] own TV, lots of possessions, and having my own bathroom”*

*“It's very relaxing here, for me that's very important. Rooms are big and beautiful. Staff are pleasant”*



### 3.4 Activities

Ashgreen House employs 2 full-time activity coordinators. Other staff and volunteers also contribute to organising activities. An activity programme is displayed in the reception area, and each resident has an activity booklet in their room with descriptions of all available activities. In addition, when joining the home, residents complete a questionnaire identifying personal preferences and interests. This information is used to ensure activities offered will be of interest to residents. Information on preferences is also added into care plans.

Available activities include bingo, arts & crafts, movie nights, one to ones, and a variety of gentle physical exercise. Visitors can see a folder with photos of residents having fun and taking part.

Residents told us they enjoy reading, completing crosswords, bingo, gardening, and watching TV.

Residents can practice their faith. A church service is offered every 3<sup>rd</sup> weekend of the month. In addition, a priest visits weekly for one resident who receives holy communion.

### 3.5 Food and mealtimes

An in-house chef prepares all meals. The weekly menu is rotated every 6 months and, we were told, this rarely changes. Alternatives to the fixed menu are available including jacket potatoes, salads, omelettes and sandwiches. Visitors are encouraged to join residents and assist at mealtimes.

Resident's views on food are mixed, with some residents enjoying the food and others not as happy with the food on offer.

*“Meals are alright most of the time”*

*“Not too bad”*

*“Yes, I enjoy the food...sometimes I don't eat it but it's because there's too much food, not because I don't like it”*

*“They're okay”*

*“Food's nice. Favourite is Shepherd's pie and ice cream. Sometimes they give you too much and I can't eat it all”*

*“The food served to me is not what I like to eat. I need my food changed...I want my meals changed. I would like to eat my ethnic food”*

The Afro-Caribbean and Asian menu is offered. However, we are unsure how/why 'jacket potatoes, fillings and salads' are classed as part of the Asian menu.

**The Afro-Caribbean and Asian menu is only for day centre attendees and is not available to residents.**

<u>AFRO CARIBBEAN AND ASIAN DAY CENTRE MENU</u>	
<u>AFRO CARIB</u>	<u>ASIAN FRIDAYS</u>
<b>WEEK 1 THURSDAY</b> Lamb curry, Rice & Sweet corn	Jacket Potato with Assorted fillings & Salad
<b>WEEK 2 TUESDAY</b> Salt fish, Akees, Sweet Potato, Carrots, Plantain	Courgette and Chick-pea curry, Rice, Naan
<b>WEEK 3 TUESDAY</b> Caribbean Beef Soup with Dumplings, Potato, Carrot and Sweet Potato	Paneer & Spinach Curry, Rice & Naan
<b>WEEK 4 WEDNESDAY</b> Jerk Chicken, Rice & Peas And Coleslaw	Cauliflower & Pepper Curry, Rice & Naan

One resident told us he is very unhappy with the food. Despite multiple requests, he is not receiving culturally appropriate meals. As a result, he refuses or throws away food served to him. His relationship with kitchen staff and home management appears to have completely broken down. **Whilst the Care Home Manager is aware of the situation, and is investigating, we are concerned to find this issue has not been resolved and has escalated, (by way of formal complaint by the resident) to the CQC.**

### 3.6 Staff and resident relationships



Ashgreen has a keyworker system and staff use an app called Kradle<sup>1</sup> to update care plans. Both staff and the Care Home Manager report difficulties using the app for dyslexic staff. **Staff who cannot use the app are paired with a colleague who inputs data into Kradle for them. We are concerned about the increase in workload for staff (effectively doubling up), limiting time available to care for residents.**

During our visit, we observed interactions between staff and residents sitting together in the dining and lounge areas. Staff are helpful, friendly and respond to calls for assistance in a timely manner.

<sup>1</sup> <https://www.sanctuary-care.co.uk/enriching-lives/kradle-innovative-care-planning-app>

Most residents told us that they are happy with staff and how they are cared for. One resident told us who their favourite members of staff are, demonstrating positive, established, relationships between staff and residents.

*“Staff are very professional and pleasant. They treat me very well...I am generally impressed and satisfied”*

*“Staff are lovely, they treat us well”*

*“The staff are very good. They treat me very well”*

*“They are all very nice”*

One resident gave mixed views about the staff and the level of care received:

*“Not too bad really, some very nice, some a bit rough...some of them are patient others not so much...some could do better. Some don't help you to dress”*

We are concerned that not all residents report positive experiences and feel well cared for.

Staff told us that there have been issues with a minority of (white) resident's attitudes and behaviour towards some members of (non-white) staff. A small number of residents have not welcomed care given by non-white staff, solely based on staff ethnicity. To encourage better staff-resident relationships, the Deputy Manager is developing diversity training for both residents and staff. **We strongly suggest, in addition to diversity training, internal equality policies are reviewed to ensure they provide support to staff from minority groups and contain agreed procedures for managing incidents of discrimination or racism.**

### 3.7 Staff Relationships



During our visit, we observed tension between some members of staff. As we walked around the home, some staff members were impolite and unfriendly towards each other suggesting poor staff relationships. We were told, in the recent past, tensions have escalated into arguments between staff in communal areas, which must be distressing for residents. We are concerned that such is the lack of confidence in management, some staff shared information with

us only on the basis that they would not be identified. The information shared with us had already been raised internally, but not satisfactorily resolved. We were told the situation has improved with the introduction of informal staff/management sessions, giving staff an opportunity to express any concerns. However, our visit suggests there is further work to be done.

### 3.8 Relative and resident feedback

The home employs an open-door policy, allowing both residents and relatives to provide feedback as and when. This is in addition to scheduled relative and resident meetings, for which, dates of future meetings are displayed in communal areas. Additionally, since our last visit, the home has introduced a monthly newsletter to inform both residents and relatives of upcoming events and news.

The “Resident of the day” system, is also used to ask both residents and their families if there is anything they would like to add/amend to their care plans.

### 3.9 Addressing Healthwatch recommendations from 2018 enter and view

The table below demonstrates changes the home has made following our previous enter and view report:

Recommendation	Action
A newsletter could be introduced to notify resident’s and their visitors of upcoming events throughout the year	A monthly newsletter has been implemented.
Display the activity programme in each wing for all residents to see	There is an activity schedule displayed in the reception area, and all lounge areas across the home.

## 4. Recommendations

### Recommendation 1: Adopt a vigilant approach to health and safety practices

Many of our concerns are in relation to the risk of inappropriately placed and easily accessible items/equipment that could cause injury to residents or hinder/delay escape in the event of a building evacuation e.g. the unsupervised stepladder at the reception desk, the broken chair in the bathroom, and the clutter outside the laundry room.

We strongly recommend an immediate full safety audit, to rectify obvious problems, and subsequent regular checks on communal areas to remove anything that could put resident's safety at risk.

Safety includes staff ability to see and hear residents. With this, the Care Home Manager should ensure that staff keep their personal belongings in the staff room, coats do not obscure internal office windows, and that music is never played at such high volume that calls for help from residents would go unheard.

### Recommendation 2: Review processes to protect confidentiality

Finding unsupervised confidential files in the reception area suggests a lack of understanding of:

- Duty of confidentiality
- Residents legal right to privacy
- GDPR
- The Human Rights Act

We recommend management review policies, procedures and systems in place to ensure confidentiality rules are followed and residents legal right to privacy is respected.

### **Recommendation 3: Improve the general hygiene and maintenance of the home**

In some parts of the home, there are areas of general hygiene and maintenance that require attention. We recommend more frequent, and more thorough, cleaning, particularly in communal bathrooms and toilets.

### **Recommendation 4: Review care plan documentation**

The current system of electronically documenting care plans does not work for all members of staff, creating an additional administration burden, and reducing the time available to care for residents. We recommend the home considers how to resolve this.

### **Recommendation 5: Include more culturally diverse menu options for residents**

One resident's dissatisfaction with the food provided (and subsequent complaint to the CQC) may be a unique situation, however, it highlights an urgent need to implement a more diverse menu that extends to residents. This may help to increase a sense of belonging and inclusivity for all residents, complimenting the home's diversity training.

### **Recommendation 6: Increase the provision of personalised bedroom doors**

All external facing doors of bedrooms should be personalised to help residents recognise their own bedroom and enable staff to maintain awareness of residents who are at risk of falls.

### **Recommendation 7: Continue to improve staff dynamics**

Whilst we are impressed that management demonstrate awareness of the need for improved staff relationships, we strongly suggest this is addressed as a matter of urgency and does not have a negative impact on resident's quality and experience of care.



## 5. Service providers 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.

Comment from provider:

### Reception Area

*We were concerned to see confidential folders left unsupervised at the reception desk. Residents deserve to have their privacy and personal details respected. Confidential information about service users or patients should be treated confidentially and respectfully.*

The folders you refer to in your report were not related to resident's personal information. All residents' information is stored in folders which are then locked away in offices when not in use. The folders that you are referring to at the time of your visit contained the staff and visitors signing-in sheets and the maintenance records for the home. This information is not confidential and needs to be made easily available for when contractors and visitors enter the home.

*We were concerned to see a step ladder left unattended in the reception area. This is a safety issue for residents and visitors.*

During the time of your visit, lights were being replaced in the reception area. The ladder was being used by the maintenance person from Kier; the company responsible for maintaining the building. The contractor left the area for a moment but returned and continued to use the ladder. There will be occasions when work is required to be carried out in the home and the use of ladders is essential. Contractors are advised to put away any equipment if they will be leaving it for any length of time. On this occasion, the contractor left it for a short moment and returned promptly, posing no risk to residents or visitors

## Corridors

*We were concerned to see inappropriate storage/potential safety hazards. Directly outside of the lift and laundry room, in an openly accessible area, we found the corridor cluttered with unused equipment and hangers. This area is easily accessible to residents and, therefore, a safety issue.*

The area you are referring to is allocated to the laundry. It is not directly outside of the lift; it is to the side and is not visible to residents or visitors. There are no residents in the nearby units that are able to walk and access this area, therefore posing no risk.

*We were concerned to hear music at very high volume coming from the laundry room. Such was the volume; staff in the laundry room did not hear us knock (loudly) on the door during our visit. A resident's call for help or assistance would undoubtedly go unheard.*

This is a restricted area and is not to be entered by residents or visitors. The Laundry staff have no requirement to be alerted to residents, nor are they expected to assist residents with any personal tasks. As stated above, there are no residents in the nearby units that are able to walk to access this area. You cannot hear the music when the door is closed and staff are able to hear the fire alarm should it go off during their shift.

## Bathrooms

*Bathrooms were not consistently clean across the home. In some bathrooms and toilets, the waste bins had not been emptied. In some toilets, we observed a discernible odour.*

The Home has 73 bathrooms and toilets in total. Your visit started at 10.00am and ended by 12.00pm. Domestic staff work until 14.30pm which means that they were still in the process of cleaning the rooms and communal areas. All communal areas were cleaned by the end of their shift.

During the morning, bathrooms are used regularly by different people and can, as expected, become untidy and odours may occur. Staff continue to monitor and refer any immediate issues to the domestic team.

*We were concerned to find a broken chair in a bathroom, with a note to say that it was not in use, suggesting it had been in-situ for some time. This is a safety issue. All broken or unusable furniture or equipment should be removed or placed in areas not accessible to residents.*

This area is not currently in use by residents. The chair broke the evening before and staff took the appropriate course of action by removing the chair from its location and alerted other staff to the fact that it was not to be used by way of a notice. Staff had informed the maintenance staff that the chair had broken and he removed it at the earliest opportunity. There will be times when equipment or furniture breaks in the home. Staff acted appropriately and informed the correct person.

#### Lounge and dining areas

*During our visit, despite several staff on duty, we observed a large bag full of laundry, inappropriately left, beside the fridge in the dining room area. The Deputy Manager (showing us around the home) immediately rectified it.*

The bag of 'laundry' you found in the dining room was tablecloths that were used at breakfast service. This was the incorrect place to store them, but I understand that the Deputy Manager rectified this immediately. There is an allocated area for laundry underneath the counter which staff are fully aware of.

#### Other Observations

*During our visit, the quiet room was cluttered with tools and equipment, preventing appropriate room use. This is despite a sign on the door of the quiet room, expressly forbidding clutter. Further attention should be given to ongoing maintenance work and how this can be progressed without unduly restricting access or routine operational functioning of the home.*

During the feedback meeting, I explained that the contractors were packing up as they had completed their tasks for the day. The quiet room was the only room available that they could work in safely. We ensured the residents were notified that the room was going to be out of use and that it was closed at all times. Whilst there was a sign forbidding clutter, this was the only room that I could offer the contractors that would cause minimum disruption to our residents and was only for a short period of time. The room was fully cleaned once they had left. The work that was being carried out was essential for the home.

*The staff/nurse office is directly opposite the resident's lounge with good visibility from the office into the lounge. However, staff hang their personal belongings on the inside of the office door, restricting visibility through the window when the door is closed. This a safety issue. Staff cannot see the residents in the lounge area when the window area is covered.*

Staff have been instructed to use the staff room facilities for their personal belongings and not to hang them on the back of the care office door. However, I would like it noted that the door is not closed when staff are in the office, therefore there is no obstruction of the view of residents. The door is kept locked when no one is present.

### **Food and mealtimes**

*The weekly menu is rotated every 6 months and, we were told, this rarely changes*

The menu is changed according to the season which is twice a year. The Chef has the ability to change the recipe according to choice and preference, but not the commodity as these menus have been created to ensure that they are nutritionally balanced and varied.

*The Afro-Caribbean and Asian menu is offered. However, we are unsure how/why 'jacket potatoes, fillings and salads' are classed as part of the Asian menu.*

Alternative options such as Jacket potatoes and salads are offered on every menu for choice if they do not like the offering on the main menu. The alternative options are not just restricted to the type of menu being offered.

*The Afro-Caribbean and Asian menu is only for day centre attendees and is not available to residents.*

You refer to the Afro Caribbean and Asian meals only being available to the residents in the Day Centre, this is not the case as the menus are available to all. Residents in both the care home and Day Centre have a wide variety of meal options to choose from.

*One resident told us he is very unhappy with the food. Despite multiple requests, he is not receiving culturally appropriate meals. As a result, he refuses or throws away food served to him. His relationship with kitchen staff and home management appears to have completely broken down. Whilst the Care Home Manager is aware of the situation, and is investigating, we are concerned to find this issue has not been resolved and has escalated, (by way of formal complaint by the resident) to the CQC.*

We have been working with this particular resident and the kitchen team since he was admitted into the home. CQC agreed that we had followed all possible options and that we had assisted this gentleman to have his meals according to his choices.

Unfortunately, this gentleman had suffered a stroke and the impact of this was that it affected his taste buds and it's possible that the food did not taste the same as he knows it.

We have several different nationalities' in the home and it is understandable that not all meals are to everyone's personal tastes, however, we work closely with our residents and kitchen staff to meet everyone's needs where possible.

### Staff and resident relationship

*Ashgreen has a keyworker system and staff use an app called Kradle to update care plans. Both staff and the Care Home Manager report difficulties using the app for dyslexic staff. Staff who cannot use the app are paired with a colleague*

*who inputs data into Kradle for them. We are concerned about the increase in workload for staff (effectively doubling up), limiting time available to care for residents.*

We are working with our Kradle team to review what additional support can be provided to staff who are dyslexic. However, the same if not more support would be required if the care plans were paper based. Research demonstrates that computer based apps are more beneficial for people with dyslexia. The input from another carer was put in place in order to support those staff who had expressed concerns.

*We are concerned that not all residents report positive experiences and feel well cared for.*

*Staff told us that there have been issues with a minority of (white) resident's attitudes and behaviour towards some members of (non-white) staff. A small number of residents have not welcomed care given by non-white staff, solely based on staff ethnicity. To encourage better staff-resident relationships, the Deputy Manager is developing diversity training for both residents and staff. We strongly suggest, in addition to diversity training, internal equality policies are reviewed to ensure they provide support to staff from minority groups and contain agreed procedures for managing incidents of discrimination or racism.*

Sanctuary Care operates a zero tolerance to discrimination in the care homes. If staff report issues of in-equality, then these will be individually investigated and addressed. Staff are able to report under the whistleblowing policy any concerns they may have.

Resident's have a right to request their preferences and where possible we accommodate these. However, there will be times when we cannot always meet their preferences due to the demands of the home and other residents. In instances of inappropriate behaviour, the management team will address these concerns directly with the resident and/or with their next of kin in order to resolve them.

## Staff relationships

*During our visit, we observed tension between some members of staff. As we walked around the home, some staff members were impolite and unfriendly towards each other suggesting poor staff relationships. We were told, in the recent past, tensions have escalated into arguments between staff in communal areas, which must be distressing for residents. We are concerned that such is the lack of confidence in management; some staff shared information with us only on the basis that they would not be identified. The information shared with us had already been raised internally, but not satisfactorily resolved. We were told the situation has improved with the introduction of informal staff/management sessions, giving staff an opportunity to express any concerns. However, our visit suggests there is further work to be done.*

HR is aware of internal disputes and we are addressing these issues through mediation and facilitated conversations. We will also be holding listening sessions with the staff and HR to gain a greater understanding of staff relationships and will seek to find resolutions.

Recommended actions

Recommendation	Action
<p><b>1) Adopt a vigilant approach to health and safety practices</b></p>	<ul style="list-style-type: none"> <li>• Monthly Health and Safety meetings are held, with action taken when issues arise</li> <li>• Daily walk about by Manager, Team leader and Deputy Manager throughout the day</li> <li>• Health and safety audit will be carried out on 14/3/20</li> <li>• Personal belongings to be kept in staff room as arranged.</li> </ul>
<p><b>2) Review processes to protect confidentiality</b></p>	<ul style="list-style-type: none"> <li>• Continue to keep confidential documents locked in filing cabinets.</li> <li>• Supporting care planning documentation to remain kept in locked cupboards in the office</li> <li>• Door of each unit office to be locked when no one is present.</li> </ul>
<p><b>3) Improve the general hygiene and maintenance of the home</b></p>	<ul style="list-style-type: none"> <li>• Continue to clean the home to a high standard on a daily basis and as per schedule</li> <li>• Maintenance - Through daily walk rounds, identify any maintenance issues and action accordingly.</li> </ul>
<p><b>4) Review care plan documentation</b></p>	<ul style="list-style-type: none"> <li>• Sanctuary Care have built there own electronic care planning system; Kradle. This is managed centrally by a specialist team and the system continues o grow and be developed.</li> <li>• Staff who are Dyslexic have a risk assessment and action plan in place supporting their needs.</li> </ul>



	<ul style="list-style-type: none"> <li>• By sharing one Kradle phone whereby one of the Staff members working as a pair, will do documentation and the other do the running and arranging of the work.</li> <li>• There is evidence to show that the electronic care planning system is more time efficient compared to paper care planning.</li> <li>• Staff who are dyslexic agreed to the current arrangements and has been built into their risk assessment.</li> </ul>
<p><b>5) Include more Cultural diverse menu options for residents</b></p>	<ul style="list-style-type: none"> <li>• Food has been ordered specifically for cultural needs in Ashgreen to meet residents needs and preferences</li> <li>• The menu is changed twice a year; The Chef can change the recipe but not the commodity of the menu as these have been created to ensure that they are well balanced and nutritional.</li> <li>• Cultural meals are researched and advice has been sought from Dieticians to ensure that we meet Cultural choices.</li> </ul>
<p><b>6) Increase the provision of personalised bedroom doors</b></p>	<ul style="list-style-type: none"> <li>• External doors to the Resident rooms to be more personalised - this is currently in progress</li> <li>• Green finches are added for those who have high risk of falls.</li> </ul>
<p><b>7) Continue to improve staff dynamics</b></p>	<ul style="list-style-type: none"> <li>• Staff clinics and listening sessions to be arranged. HR business partner is involved in the Home regularly</li> </ul>

	<ul style="list-style-type: none"><li>• Monthly meeting where staff can express their concerns with a staff rep who has been newly appointed. First meeting will be held on 27 2 20 where the staff will have the opportunity to speak to her.</li><li>• Manager is also holding sessions with staff using a toolkit of emotional cards to express their feelings/concerns.</li></ul>
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*Louise Hulme, Care Home Manager*

## 6. What is an Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised 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 2012 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 good practice, from the perspective of people who experience the service first hand.



### 6.1 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.

### 6.2 Disclaimer

Please note that our reports relate to findings observed on the specified date of our visit. 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.

## 7. Contact us

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**Telephone:** 020 8301 8340

**Email:** [info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)

**Website:** [www.healthwatchgreenwich.co.uk](http://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.**

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