



**Enter and View Report**

**Ashgreen House**

**Residential and Nursing Home**

**Feb 2022**

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## About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them
- We gather service users experiences through surveys, focus groups and face to face discussions
- We act through carrying out Enter and View visits to talk to patients, services users, carers and staff
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same
- We influence those who have the power to change services so that they better meet people’s needs now and into the future.

## Executive Summary and Recommendations

Our last report in 2020 identified many concerns<sup>1</sup>. The CQC inspection in 2021 moved the rating of this home from 'good' to 'requires improvement'. In response, the senior management team at Ashgreen has been replaced and a clear plan for improvement is being implemented by a new dynamic and impressive care home management team.

The legacy of the past two years/COViD-19 has been difficult for staff and residents alike. We were impressed and confident in management's awareness of issues (highlighted in our previous report and by the CQC inspection) and progress to date. We saw considerable improvement. However, when we visited, the atmosphere was fairly glum – very few residents in communal areas, little social interaction between residents or between staff and residents beyond personal or medical care. No one looked unhappy, and all residents we saw looked settled and content, if not particularly happy. This may well be expected given the impact of the last two years.

The communal areas themselves/fixtures, fittings and furniture, while clean, looked a little tired – a little dated and fairly basic, but homely and functional.

Staffing issues and Internal culture has improved but is not yet where management would like it to be. While the interactions we observed between staff and residents were kind, helpful, and efficient – we did see an example of staff being rude to each other. If staff are comfortable being rude to colleagues, we wonder what impact, if any, this might have on their behaviour with residents.

### Recommendations

1. Refresh and update staff training on Cradle.
2. All residents to have a memory box outside their bedroom door.
3. Offer residents dementia-friendly activities.
4. Maintain good organisation of resources in activity room to allow greater access and use by residents.

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<sup>1</sup> [Ashgreen House Residential and Nursing Home 2020 report | Healthwatch Greenwich](#)

5. Offer residents regular opportunities to maintain or build balance and strength through gentle exercise.
6. Keep notice boards up to date, remove obsolete information and improve signage making clear what information is for staff to note and which is information for residents and relatives
7. Consider opportunities to introduce additional seating areas in the corridors.
8. Pictures or photos of foods to be used on menus to make it easier for residents with dementia to make choices.

## Acknowledgments and key details

We would like to thank the management, staff, residents, and relatives of residents of Ashgreen House for their time and hospitality on our visit.

Name and address of premises visited	Ashgreen House Residential and Nursing Home, Sandbach Place, Woolwich, London SE18 7EX
Provider	Sanctuary Care
Care Home Manager	Blessing Adamu
Date/Time of Visit/s	1 <sup>st</sup> February, 1:30 – 5:30pm, 2 <sup>nd</sup> Feb – 12:00–3:00 pm
Healthwatch Greenwich Authorised Representatives	Joy Beishon, Penny Grosett, Kiki Bourcha
Type of care offered	Residential, nursing, and respite care for adults within 5 units (3 residential units and 2 nursing units).
Occupancy	53 beds are available. 41 were occupied at the time of our visit (77% occupancy rate).
Staffing Levels	Per unit/per shift - 1 nurse or team leader + 2/3 health care assistants
At Our Visit	We spoke to 9 residents, 5 members of staff, and the Care Home Manager. Subsequently, we also spoke to 2 relatives.

	We observed the care and interaction between 6 residents and staff in 2 lounge/dining areas. In addition, we viewed all communal areas and a few residents' rooms

## CQC Inspection

The Care Quality Commission (CQC) carried out an inspection of Ashgreen House on the 21<sup>st</sup> January 2021. The home was rated as 'requires improvement' overall, and in two specific areas 'safe' and 'well-led'. The home was rated as 'good' for 'effective', 'caring', and 'responsive'. The CQC report can be seen here: <https://www.cqc.org.uk/location/1-135959879/inspection-summary>

Overview and CQC Inspections Click for key ✓ ✕ ✖ | ☆ ● ● ● ● ●

<b>Overall Requires improvement</b>  <small>Read overall summary</small>	Safe	Requires improvement ●	<p>Type of service</p> <p>Nursing homes</p> <hr/> <p>Specialisms/services</p> <p>Accommodation for persons who require nursing or personal care, Physical disabilities, Sensory impairments, Treatment of disease, disorder or injury, Caring for adults over 65 yrs</p>
	Effective	Good ●	
	Caring	Good ●	
	Responsive	Good ●	
	Well-led	Requires improvement ●	

## Introduction

### Enter and view visits

Healthwatch have a legal power to visit health and social care services and see them in action<sup>2</sup>.

<sup>2</sup> Enter and view is a statutory duty of Healthwatch, mandated by the Health and Social Care Act 2012.

Enter & View is not an inspection; we do not look at care plans, medicines management, or clinical issues. The [Care Quality Commission \(CQC\)](#) look at the clinical aspects of a service. We offer a lay perspective. We ask residents, families, and carers, what they think of the service they receive. Our focus is on whether a service works well for the people using it.

## **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, relatives, and carers.

## **Previous Visit**

In January 2020, we conducted an Enter and View visit to Ashgreen House Residential and Nursing Home and provided a number of recommendations. While the care home disputed some of our findings, it is interesting to note that some of these weaknesses were also highlighted by CQC inspectors in their report the following year.

We were pleased to report that – overall, in response to our recommendations management implemented a wide range of improvements/actions<sup>3</sup>.

## **Method**

The visit was unannounced.

We contacted the care home manager and let them know we would be visiting during a particular week, but not the specific date and time. A small team of three visited Ashgreen house. All members of the team received training on how to conduct an enter and view visit and had a DBS check. We spoke to residents and staff. No family members were present or available on the day, but we did speak to two relatives on a separate date. We also observed interactions between staff and residents.

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<sup>3</sup> See section 5 in [Ashgreen House Residential and Nursing Home 2020 report | Healthwatch Greenwich](#)

After the Enter and View visit, our report was shared with the care home manager and Sanctuary Care (provider). The care home manager/provider is given an opportunity to respond to the findings and recommendations. These responses are published as part of the final report.

The final report is shared with commissioners at the Royal Borough of Greenwich, south-east London Clinical Commissioning Group, and other stakeholders including Healthwatch England, and the regulator - CQC.

## Limitations

We were unable to visit one of the five units within Ashgreen House. This was closed due to a COVID-19 breakout.

Nearly all residents with capacity were in their room. As a result, most of the residents we saw and spoke to in communal areas were living with dementia and lacked full capacity. Our findings are supplemented with our observations of interactions between residents and between residents and staff.

## Findings

### Residents' wellbeing

The home operates a key worker system with designated staff members particularly responsible for certain residents. Staff use a software system called 'Cradle' to log updates on resident's care plans. We saw members of staff writing down information on pieces of paper first – to be loaded onto Cradle later. Some members of staff told us they are not completely confident using Cradle, transferring from paper to software, and are worried information might not be properly recorded or lost.

#### **1. Recommendation: Refresh and update staff training on Cradle.**

Residents appeared relaxed, content, and settled and staff were kind and considerate. However, our observation of interaction was limited (as most residents were in their room). We saw good rapport between one resident and a staff member who remembered the resident's personal preference of hot drink.



However, when asked, the resident was not aware of who their key worker was. Another resident was crying, and a staff member was very attentive in trying to comfort her. One resident had missed lunch and staff had kept back a good portion of food for when she was ready to eat. We noticed one resident did not have dentures in and another had unbrushed hair – but this may have been the choice of the two residents in question. The relatives we spoke to praised the staff and the residents we spoke to gave positive feedback, one said ***'the care workers are friendly and they keep us happy'***.

We were surprised to be told by staff that most residents preferred to be in their room and the communal areas were not well used. This contrasts with our pre-pandemic visit, and we wondered how this isolation affected residents' wellbeing. The new management team told us they are aware of this issue and are confident in their plans to try and encourage more residents back into communal areas and higher degrees of social interaction.

## **Residents' rooms**

All rooms have ensuite facilities containing a toilet, sink, and a shower. The rooms we saw had personalised memory boxes on the door containing mementos and personal items highlighting events, people, or places of importance. Memory boxes also help residents identify their room, reducing confusion with other bedrooms in the corridor. Memory boxes help to remind staff, on a daily basis, of the hobbies, interests and things of importance for each resident. We noticed that not all rooms had a memory box. This was also something we noted on our last visit two years ago. We were disappointed that not all residents had a memory box outside their bedroom door.





**2. Recommendation: All residents to have a memory box outside their bedroom door.**

**Activities**

Despite displaying dominos as the designated activity that day, we saw no dominos activity, on any unit, during our visit. We were told that the activity coordinator was away that day and residents are offered 121 activities with care staff instead. Staff told us activities were changed, depending on personal preferences of the residents in the communal area at the time. We did not see any 121 activities being carried out with residents. We did not see any residents being asked if they wanted to do any 121 activities. Of the few residents in the communal areas, most were watching TV. One resident told us that she had participated in a poetry session that day.

We did not see any activities (or any notices of any planned activities) to encourage physical wellbeing – such as chair exercise or gentle strength or mobility exercise.

We saw a selection of board games in one communal area, but no signs of any dementia-friendly activities. No examples or indication of any dementia-friendly activities were given. A relative told us that residents in the nursing unit are not offered the opportunity to be involved in group activities and stay mostly in their room. The relative noted that the activity coordinator and all staff are very polite and supportive.

**3. Recommendation: Offer residents dementia-friendly activities.**

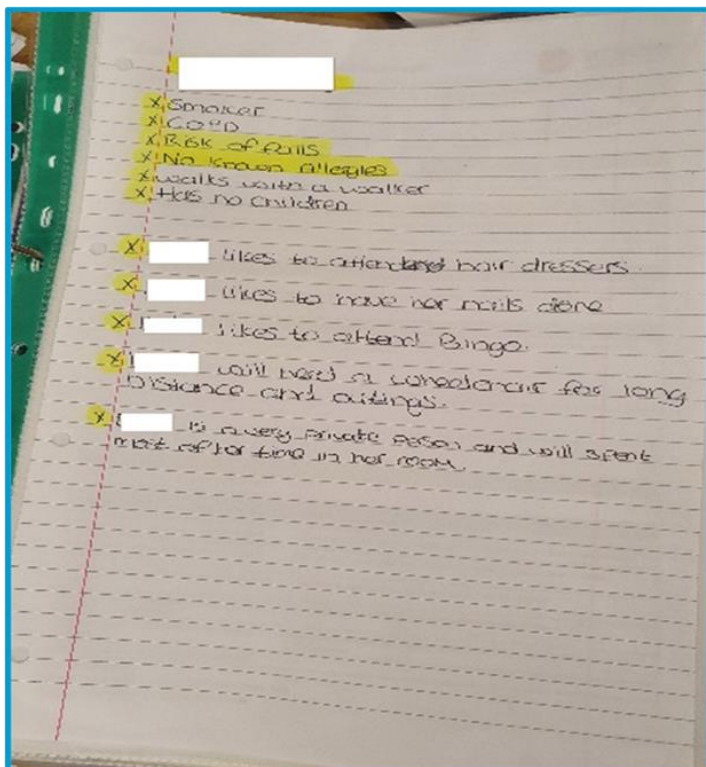
The activity room was crammed and untidy with boxes and containers full of arts/crafts/toys/papers/fabrics/beauty products/on every surface and covering much of the floor. We were told the room is kept locked, that few residents use the room, that they are always supervised when in the room, and the room is tidied before residents enter. After commenting on the room, we found it had been thoroughly tidied and much more accessible on our return visit the next day.

#### 4. Recommendation: Maintain good organisation of resources in activity room to allow greater access and use by residents.

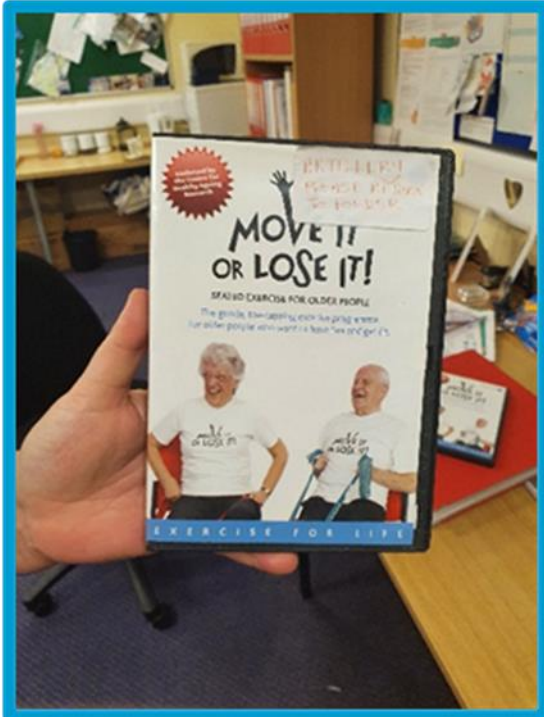
On our initial visit, amongst the disarray in the activity room, we also discovered an uncovered, unrefrigerated container with yesterday's (staff?) lunch sitting in it. Given the home is addressing a potential rodent problem (we saw discreet traps across the home) we were surprised to see this oversight. Yesterday's lunch was promptly removed when we pointed it out.

The Activity Coordinator told us she encourages team projects, and residents have the option to one-to-one activities in their room, based on individual needs and capabilities. Prior to the pandemic, we were told, weekly excursions outside the care home were offered. We did not verify this information. Due to COVID-19, there has been no contact with local community groups to enrich the lives of residents, and external trips have not been possible.

A remembrance folder is kept for every resident as well as information on their likes and dislikes.



When we asked about gentle stretching or light physical exercise, we were told a DVD is used with instructions for chair-based exercise. However, the activity coordinator could not tell us the last time this was used.



**5. Recommendation: Offer residents regular opportunities to maintain or build balance and strength through gentle exercise.**

A beauty parlour exists on the ground floor but is currently used as a covid testing office. A hairdresser used to visit the care home but it is not clear when this will resume.



**Medical and Dental Care of Residents**

Staff told us they have good working relationships with other health services to support residents. All residents receive GP services from a single provider. Staff spoke highly of this service, in particular - the rapid response time and

digital/video calls often enabled a fast turnaround from reporting a concern, to receiving a call, to a video-consultation, diagnosis, and treatment plan.

The home receives regular dental care visits (domiciliary dental care) – usually quarterly. For urgent dental care two staff members gave us two conflicting examples – one in which the family were contacted to pay for private dental treatment as domiciliary dental care '**don't deal with emergencies**' and were unable to help. This contrasts with what we were told by another staff member – that domiciliary dental care did offer urgent treatment when required.

## External Environment

### Location

The home sits at the edge of a quiet estate, on the end of a cul-de-sac, neighbouring a local primary school. One bus route is close to the home, with a bus stop nearby. Woolwich Arsenal DLR, the main line station, and a large selection of bus routes are within a 15 minute walk away. A small amount of car-parking is available within the grounds of the care home.

Small, tidy gardens surround the home, accessible from communal rooms on the ground floor. Given the timing of our visit (in the winter) the garden was quite bare and there were no features of interest to gaze out on.





## Internal Environment

### Reception

The reception area is bright, neat, and tidy. Front desk staff are welcoming and friendly. Our photographic IDs were not checked upon arrival but we had notified the home that we would be visiting sometime that week. We were invited to sign the visitors book, have our temperature taken and fill out a COVID-19 form.

Notice boards displayed a variety of information. Information regarding the complaint procedure is clear and in a prominent place. A large activity board is on display identifying two activities a day – one in the morning and one in the afternoon. At the time of our visit – dominoes was the designated activity.



## **Access and Mobility**

Two lifts offer access to each floor. Lifts are fully accessible to residents and staff alike, with no additional access codes for security. It was not clear how residents without full capacity are protected from unsupervised use of the lift.

All corridors are clean, and wide enough for walking frames and wheelchairs. Artwork enhanced corridors on each floor and within each unit on each floor. Themed and seasonal touches, such as small paper lanterns to celebrate Chinese New Year, brightened up some of the functional areas.

## **Information and Signage**

Fire exit signage is clear and visible from all points in the home.

Notice boards on each floor contain a range of information. Some were cluttered making it difficult to identify useful information. Information on the complaints process is displayed on the notice boards but is easily missed in the jumble of printed material.

Some of the notice boards appeared to be aimed solely at staff, despite being in residents/public areas, while others had a confusing mix of information – some for residents, outlining activities and updates, and key notices for staff. Some of the information for residents or visiting families was out of date. For example –the printed activities timetable was dated Sept/Oct at the time of our visit in February.

- 6. Recommendation: Keep notice boards up to date, remove obsolete information and improve signage making clear what information is for staff to note and which is information for residents and relatives**



## Hygiene

Communal bathrooms and toilets are clearly signed, clean, and well equipped.



Despite attempts to protect against a possible rodent problem (multiple traps are set discretely across the home) – we did see examples of uncovered food left unattended for extensive periods of time – overnight (see activity room).

## Dementia Friendly Environment

Signs for toilets and bathrooms were consistent, well situated/easily seen, and used pictures as well as words.

Floors were matt and a consistent colour. Floor colour, doors, and handrails contrasted with walls and furniture – making it easier to distinguish different parts of the room. Large clocks were available in each lounge/dining area and some also contained a large calendar.

We did not see many examples of places residents could sit in corridor areas. Most seating was contained in communal lounge/dining areas.

### **7. Recommendation: Consider opportunities to introduce additional seating areas in the corridors.**

## Lounge/Dining Areas

Each of the 5 units has a lounge/dining area for meals, activities, and general relaxation. Communal lounge/dining areas have a homely feel with window drapes, TV, and in some – books and games. These areas are comfortable, if a little sparse and basic. One or two small dining tables are available for residents to eat together. On our visit, one table looked particularly festive and enticing – laid out to celebrate Chinese New Year. However, we did not see any food choices (on the menu) that matched the table decorations or a range of diverse food choices that would meet the needs of residents from diverse cultural backgrounds.

Each dining table contained a menu with choices for the next meal. The menu used large fonts but did not use photos or pictures of food to communicate what was on offer. One resident told us they chose their meals for the following day and that the food **“wasn’t bad”**.



**8. Recommendation: Pictures or photos of foods to be used on menus to make it easier for residents with dementia to make choices.**

Each lounge/dining area has a small kitchen area containing a sink, fridge/freezer, kettle, and a selection of cups, crockery, and cutlery. Residents and visitors have access to this area to make drinks snacks whenever they want to.

The timing of our first visit, after lunch, meant that we did not see any meals being served or eaten, however, we did ask how often the menu changed. The kitchen confirmed the menu changes every quarter with a biweekly rotated menu. We returned the following day to see the kitchen and a lunch service.

The main kitchen facilities are located on the ground floor. The room is well equipped and very clean.



### **Meeting the dietary needs of residents from diverse backgrounds**

We asked how the cultural heritage of residents is met, including through providing appropriate food. We were told the home responds as and when required. For example, additional (non-menu) food choices are catered for with staff making special trips to buy particular foods. In addition, staff with a similar cultural background to residents use their knowledge to advise the kitchen.

The kitchen staff reported that they try to accommodate special requests. Currently, we were told only one resident requires a menu to meet her cultural needs.

There was some confusion over the degree to which residents reflect the population of Greenwich. One member of staff told us that over half of residents were from non-white ethnic minority groups while another told us it was much less than this – perhaps 3 or 4 in total. Our observation from visiting 4 of the 5 units is that very few residents were from non-white ethnic minority groups and the population of residents in the home does not reflect the population of Greenwich. This may reflect differing age profiles of communities within the borough or that some communities do not feel homes such as this meet their needs.

## Response from Provider

Our report and response form was sent to Ashgreen House management. No response was received.

