

Enter and View Report

Fairmount Residential Care Home, 23rd February 2022



A report by Healthwatch Bromley

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Visit Details	
Service Visited	Fairmount Residential Care Home, Mottingham Lane, London, SE9 4RT
Manager	Violeta Sullivan
Date & Time of Visit	23 rd February 2022, 10.00am - 1.00pm (Virtual Visit)
Status of Visit	Announced
Authorised Representatives	Julia Eke, Darren Morgan, Katie Manderson
Lead Representative	Julia Eke

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake ‘Enter & View’ visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and authorised representatives (AR) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter & 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.

During the visits we observe service delivery and talk with service users and their families. We also engage with management and staff. The aim is to reach an impartial view of how the service is operated and being experienced by users.

Following the visits, our official ‘Enter & View Report’, shared with the service provider, local commissioners and regulators, outlines what has worked well, and gives recommendations on what could work better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter & View visits are not intended to identify safeguarding issues specifically. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything that they feel uncomfortable about, they will inform their lead who will inform the service manager and end the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our 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.

1.3 Acknowledgements

Healthwatch Bromley (HWB) would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter & View visit to take place. We would also like to thank our ARs, who conducted the visit and helped with putting together this report.

Three Enter & View ARs conducted this visit, spoke to residents and staff, made suggestions on how to improve the service and highlighted good practice.

2. About this Visit

2.1 Fairmount Residential Care Home

On 23rd February 2022 we conducted a ‘virtual visit’ of Fairmount Residential Care Home, a nursing and residential care home in Bromley.

The home provides care and accommodation for older people living with physical frailty and Dementia, with specialist support for sensory impairments, learning and physical disabilities. There are 37 beds and 30 were occupied at the time of the visit

35 staff are employed, the vast majority of whom are full-time (33).

Fairmount Residential Care Home is owned by Chislehurst Care.

2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Fairmount Residential Care Home was last inspected by the CQC in January 2021. The [inspection report](#) gave an overall rating of ‘Requires Improvement’ - with specific ratings of ‘Good’ for being safe, responsive and well-led, and ‘Requires Improvement’ for being effective and caring.

In its report, the CQC acknowledges that since the previous inspection of August 2020, the home had made ‘considerable improvements’ in relation to assessing risk, medicines management, good governance and person-centered care. It does not detail what, in relation to being effective or caring, needs to improve (as indicated by the rating).

2.3 Online Feedback

The carehome.co.uk [review page](#) contains largely positive feedback - the average rating given is 8.6 out of 10.

2.4 Purpose of the Visit

Enter & View visits enable HWB to form an impartial view of how the home is operated and how it is experienced by residents, and to produce and publish a report.

3. Summary of Findings

During the virtual visit of 23rd February 2022, we received a tour of the home and later spoke with residents. We were able to view the outside of the building including entrances, gardens and grounds, residents’ rooms, communal areas such as day and dining rooms - and staff/utility spaces such as the kitchen, laundry room and hairdressing facility.

We were shown around by the manager, Violeta Sullivan, who was assisted throughout by Karen Bishop (assistant manager).

We made the following notes and observations:

- The manager was very punctual on the day, arriving at the virtual meeting ten minutes ahead of schedule. Throughout, all of our questions were answered in full, and we were able to gain access to all areas of the home.
- At the time of the visit (approx. 10:30am) we noticed that the majority of residents were out of their rooms, with the two main lounges filling up rapidly. Residents and staff appeared to be cheerful on the whole, with very good rapport and pleasant interaction observed.
- While the building itself is quite old, it is well-appointed, functional and aesthetically pleasing throughout. Interior & outside spaces appeared spotless.
- In conclusion, we find the living environment to be extremely good, with the residents, staff and their surroundings well cared for. This is reflected in the online ratings.

Entry and General Accessibility

Notes

- All entrances are locked and require keypad entry.
- We noted a signing-in book by the front entrance.
- On fire control, extinguishers, alarms and blankets were observed - placed at front and side entrances, on the stairs and in some corridors. Fire exits are clearly marked.
- The main noticeboard is directly inside the front entrance. Due to the nature of the virtual visit, we did not see what the notices were about.
- Certificates are prominently displayed.

What has worked well?

- We observed no visible obstructions and saw that wheelchairs are available.
- Doors are automatic (operated by push-button) and a lift connects the floors.
- Handrails are installed along the staircases and corridors.
- Doors to utility areas, such as the kitchen and laundry room are fitted with keypad locks, preventing unauthorised entry.
- Alarm buttons are sited in corridors.

What could be improved?

- The home appears to have a lack of dementia friendly signage. For example, the toilet signs are for general purpose (as used in schools, restaurants, parks, and the wider community). There is no special adaptation.
- One person finds the car park to be a 'bit small' - however, this is an observation, rather than a particular complaint.

COVID-19 and Visiting

Notes

- All staff have been vaccinated; some have also received a booster jab.
- During the pandemic, visits have been restricted to 10 per day across the home, with visitors going directly to residents' rooms.
- We were told that residents testing positive have been isolated for a period of two weeks.
- There appears to be adequate parking within the home's private driveway.

What has worked well?

- At our virtual visit, all staff were observed to be wearing masks - whenever outside the main office.
- Staff and families feel that infection control measures have been effective.
- During the pandemic, families regard staff to have been 'brilliant' in facilitating in-person and remote visits. Thanks to their efforts, it is commented that any delays or difficulties in visiting have been minimised.
- One family member, whose mum contracted COVID-19 was notified quickly and received regular updates.
- Whenever visiting, families say they are treated with courtesy by staff.

What could be improved?

- Visiting is 10:30am to 4:00pm, with mealtimes protected. This suggests there is no provision for visiting at midday, or in the evenings.

General Environment

Notes

- The home consists of two floors in one adapted building.
- The ground floor contains residents' bedrooms, the administrative office and special rooms for COVID-19 testing and storage. Communal areas include lounges, a dining room plus an entertainment suite suitable for dancing or exercise.
- Corridors have visual themes such as 'underwater' and 'the beach' and each is distinctly coloured and decorated, serving as reference points.
- In addition to bedrooms, the first floor contains the manager's office, a staff toilet, and the hairdressing facility - which doubles as a bathroom/toilet.
- The residents' bedrooms are moderate in size (neither spacious nor cramped). Each has an ensuite bathroom - some of which have been recently refitted.

What has worked well?

- Both lounges looked spacious, with substantial seating and buntings adding to appeal.
- They were well attended by mid-morning, with residents and staff cheerful. A popular pastime of 'passing the baby' was taking place during the visit.
- We viewed six of the residents' bedrooms - all appeared tidy and comfortable, and we noted that the beds were made. In one room we noted a large bouquet of flowers.
- All the rooms we observed have large windows and are therefore well lit.
- The first floor generally has a 'homely' feel - wallpaper is fitted throughout, and the stairwells, painted white, are flooded with natural light. The space around the hairdressing room looks inviting with stars and pictures on the wall.
- While we cannot be sure (due to the virtual nature of the visit) all areas, including floor surfaces, looked to be clean.

What could be improved?

- We found no potential areas for improvement.

Activities and Personal Involvement

Notes

- The home has a dedicated Activities Coordinator.
- Activities are planned and operated on a weekly basis. Popular activities are said to include reminiscing, singing, baking cakes, reading poetry and newspapers, bingo, quizzes, and dominoes. It is suggested that outside trips have been re-established.
- We hear that group and one-to-one activities are available.
- Activity lists are displayed in communal areas - we are not sure how often these are updated.

- A large garden area is available, accessible from the side entrance.
- We are told the hairdresser visits once a week.
- The manager says that residents may go to bed and get up as they choose.

What has worked well?

- A high degree of personalisation is facilitated in bedrooms - one resident had an extensive collection of dolls, with accompanying bespoke furniture, while another had large wall art installed. Families say that the rooms to be clean, tidy, and spacious.
- Each resident has a 'something about me' profile on their door - this contains their photo and a list of favourite activities. This is designed to encourage interaction.
- The ground floor entertainment suite has a piano, jukebox & bar, and seems inviting. We were told it is also utilised as a 'quiet space'.
- Families tell us residents who generally prefer their own company are encouraged by staff to participate in group sessions - such as sing-a-longs.
- Staff say they talk to the residents daily, acknowledge them and 'always listen'. Individual likes and dislikes are learned and recognised.
- The garden is spacious, consisting of a deck, grassed area and a pond. Plenty of seating is available including tables with parasols.
- Both garden and grounds appeared spotless - with hedges and grass nicely trimmed and no litter or clutter in sight.

What could be improved?

- We found no potential areas for improvement.

Diet and Cultural Practices

Notes

- The home says that residents have menu options, with alternatives to the set-meals provided as required. Menus rotate between a three- and six-week period and are planned seasonally.
- Vegetarian, allergen, and gluten free dishes are available, and we heard that the chef ensures all residents have suitable meals.
- During the pandemic, side kitchens have been 'off limits' to residents, therefore all meals and snacks are supervised.
- We understand that residents may choose where to eat.
- The initial assessment reportedly contains a section on religious and cultural backgrounds. We were told that likes, dislikes, preferences, wishes and choices 'must be respected'.

What has worked well?

- Menus are accessibly designed, with pictures, a large font, and plain wording. During the visit we observed them being updated.
- The kitchen appeared to be very clean and well organised. We were shown written records, detailing residents' preferences, and nutritional requirements.
- It is suggested that, on request, residents and their visitors have been able to enjoy meals together - prepared by the home and facilitated safely in a dining area.

- There is general flexibility on eating arrangements. We observed some residents taking breakfast in the lounge while watching television.
- Within the staffing multiple languages are represented. These include English, French, Filipino, Italian, Nigerian, Spanish, and Yoruba.

What could be improved?

- Due to dementia, residents are not directly involved in menu planning.
- Regarding diversity, the manager feels that a broad range of ethnicities is represented, while two thirds of staff (66%) are from Afro-Caribbean backgrounds.
- So we conclude that there is little scope for further improvement here

Feedback and Complaints

What has worked well?

- It is suggested that residents know how to feedback, and we hear that monthly 'quality assurance' questionnaires are completed - with assistance from activities staff. We are unsure if there are separate forms for residents and families.
- Families contact staff by email or phone, and it is felt that any wishes or concerns are respected and accommodated.
- Staff are complimented by families for being both informative and responsive.

What could be improved?

- We understand that family and friend meetings took place before the pandemic and have not yet been reinstated.

Staff and Training

Notes

- A staff induction is reportedly for one week, consisting of shadowing, training and information material.
- Mandatory training is completed. An 'e-learning' platform alerts staff to outstanding courses and sessions.
- Shift handover involves debriefing with senior carers - this is conducted verbally and evidenced 'online'.
- Staff indicate they know how to raise a safeguarding alert. We also hear that information on safeguarding procedures is available.

What has worked well?

- Staff feel supported through their induction, and say they are given 'all the relevant information' regarding their roles.
- Breaks are commented upon to be sufficient.
- Staff say that management and office staff generally are supportive. There is confidence in being able to raise any issues or concerns and an 'open door' policy is referenced.
- A good relationship is considered to exist between staff and management.

- The staff we spoke with comment on feeling ‘happy and content’ at work.

What could be improved?

- We understand that staffing levels, due to sickness, have been an issue.
- Team meetings are said by one staff member to be monthly, and by another quarterly - this suggests that intervals between meetings are inconsistent.

Based on findings, we have made several recommendations (see section 6).

4. Residents and Families

At the time of the visit, 30 people were in residence. We were told that most are female and of a White British background. Eight are male and two are from other ethnicities.

4.1 Residents

With the assistance of care staff, we were able to interact with five residents during our virtual visit. All appeared to be in their 80s or 90s with advanced dementia, therefore our interactions were brief and of a basic nature.

Activities and Personal Involvement

The residents appeared to be cheerful, and entirely comfortable in the presence of the staff member, who referred to them informally (such as Maddie for Madeline*). The general environment, and the body language of both residents and staff, seemed to be positive and of a good nature - there was much laughter during our brief encounters.

We hear that the residents particularly enjoy musical activities - singing and dancing especially, with the ‘Elvis Impersonator’ a fond topic. Bingo, quizzes, and bridge are apparently popular, as is general socialising or reminiscing in the lounges. One resident likes to make cakes.

The staff member says that the residents are ‘all friends’ and they all ‘try to get on with each other’. We observed the lounges to be well-attended.

*To uphold confidentiality, any names used in this report have been changed.

Selected Comments

“The staff are all so lovely and kind.”

"I like all the staff; they are all very nice to me. They all know me - they usually know exactly what I want beforehand."

"I know all the people, they're charming and kind and the whole place is lovely."

"I like everything about the home."

"Yes, the staff are helpful, and I enjoy being here."

"I use my head a lot and join in as best as I can. I like bingo, quizzes and the 'names beginning with...' game."

COVID-19 and Visiting

Most of the residents we chatted with are visited by family or friends - either remotely or in person, with siblings and older children including a 'very handsome son' referenced. It is suggested that with the easing of restrictions, in-person visiting is becoming more frequent.

On COVID-19, the staff member said that it 'was tough' but added 'it's part of life and we got through it'. We were told that the residents have received a double vaccine plus a booster.

Selected Comments

"I see my family - thank goodness."

"Family and friends come to see me, depending on what they've got to do."

"I have a friend who visits occasionally, now and again."

"I don't see my family too often as they live in West London."

"Covid? It's alright here, I feel quite safe."

4.2 Families

Following our visit, three family members completed a questionnaire.

Activities and Personal Involvement

Families say that staff have been friendly, kind, and helpful towards residents, with dignity and respect demonstrated.

Activity provision is regarded as adequate, with residents who generally prefer their own company encouraged to participate in group sessions - such as sing-a-longs.

Accommodation is praised, with resident's rooms considered tidy, clean and spacious.

Selected Comments

"Helpful and friendly staff - my mother is well cared for."

"Staff are always calm and kind when dealing with my mum - respecting her wishes."

"To the best of my knowledge mum has been treated with dignity and respect. She has not complained about anything when we are alone with her."

"Every day is planned; mum was playing dominoes today when we arrived. She has never been one to join group activities, but they have got her joining in with the sing-a-longs."

Diet and Nutrition

Families have been able to input into dietary preferences. While nobody comments specifically on the food itself, loved ones are observed to look 'much better' following admission, with food playing a perceived role in improving health.

Selected Comments

"We have sat down with them to go through mum's food likes and dislikes."

"Mum looks much better now than when she first arrived at the home so she must be enjoying the food."

"Mum has dementia so does not remember what she has eaten - however I am told she eats well."

COVID-19 and Visiting

During the pandemic, staff are said to have been 'brilliant' in facilitating in-person and remote visits. Thanks to their efforts, any delays or difficulties in visiting have been minimised.

COVID-19 precautions are regarded as effective and there is appreciation of the secure visiting arrangements. One family member, whose mum contracted COVID-19, was notified 'immediately' and received regular updates.

One person finds the car park to be a 'bit small'. However, this is an observation, rather than a particular complaint.

Whenever visiting, families say they are treated with courtesy by staff.

Selected Comments

“Over the past two years the staff have been brilliant - there has only been a matter of weeks when I was unable to see my mum - they made arrangement for secure visits, for window visits and phone calls to keep me in touch with my mum - for what they do and have done they deserve a much higher rate of pay.”

“Staff always say hello when I visit and ask how I am.”

Feedback and Complaints

Families contact staff by email or phone and it is felt that any wishes or concerns are respected and accommodated. It is suggested that family and friend meetings took place before the pandemic and have not yet been reinstated.

Staff are complimented for being both informative and responsive.

Selected Comments

“Yes, very happy always kept nice and staff very obliging. They always listen and respond in a timely manner.”

“Whoever I ask for help they always go out of their way to do what I request.”

5. Staff Feedback

Following the visit, we received questionnaires from four staff members. This includes care workers, an administrator, and the manager. The average length of service is around three years.

Referral

Notes

- The home receives at least four new referrals a month. Social services, and those acting on (word-of-mouth) recommendations are common sources.

COVID-19 Protocol

Notes

- All staff have been vaccinated; some have also received a booster jab.
- Residents testing positive have been isolated for a period of two weeks.
- Staff have completed online training.
- Not being able to facilitate in-person visits was a previous challenge.
- During the pandemic, hairdressing and chiropody have been restricted.

What, according to staff has worked well?

- It is felt that infection control measures have been effective.
- Staff say they feel safe and that supplies of Personal Protective Equipment (PPE) are, and have been, adequate.

What could be improved?

- One staff member did not always feel safe during the early stages of the pandemic, and the staffing level has been an issue.

Visiting

Notes

- In-person visits are facilitated, with remote visiting (phone calls and online) also supported.

What, according to staff has worked well?

- Staff say they encourage frequent visits and engage with families in-person and by email.
- Getting to know the family members is seen as beneficial.

What could be improved?

- Visiting is 10:30am to 4:00pm, with mealtimes protected. This suggests there is no provision for visiting at midday, or in the evenings.

Clinical Needs

Notes

- Staff say there are no issues around community health and care access.
- It is suggested that vital statistics, such as body temperature, are taken daily.

What, according to staff has worked well?

- It is suggested that staff update families on any hospital or GP visits.

Cultural/Religious Needs

Notes

- The initial assessment reportedly contains a section on religious and cultural backgrounds.
- We are told that likes, dislikes, preferences, wishes and choices 'must be respected'.

What, according to staff has worked well?

- Within the staffing compliment multiple languages are represented, including French, Italian, Filipino, Spanish, Nigerian, Yoruba and English.

What could be improved?

- On diversity, the manager feels that a broad range of ethnicities is represented while two thirds of staff (66%) are from Afro-Caribbean backgrounds so there is little scope for development here.

Meals

Notes

- The manager says that nutritional needs and preferences are assessed on admission, including by talking to residents and families.
- We were told that cultural and dietary requirements are accommodated.
- Menus rotate between a three- and six-week period. A level of choice is suggested.
- Normally, menus are changed once or twice a year to take advantage of seasonal foods with 'heartier meals' in the winter and 'lighter foods, seasonal fruits and vegetables' during the local growing season.
- We understand that residents may choose where to eat

What, according to staff has worked well?

- We were told that meals are placed within easy reach, residents have suitable cutlery and support is given at mealtimes, this includes cutting food.

What could be improved?

- Due to dementia, residents are not involved in menu planning.

Activities and Personal Involvement

Notes

- The home has a dedicated Activities Coordinator.
- Activities are planned and operated on a weekly basis. Popular activities are said to include reminiscing, singing, baking cakes, reading poetry and newspapers, bingo, quizzes and dominoes.
- We hear that group and one-to-one activities are available.
- It is suggested that outside trips have been re-established.
- The manager says that residents may go to bed and get up as they choose.
- Reportedly, families are able to input into care plans.

What, according to staff has worked well?

- Staff say they talk to the residents on a daily basis, acknowledge them and ‘always listen’.
- Individual likes and dislikes are learned and recognised.
- Staff say they support and encourage the residents to engage with activities. As part of this, wider health and wellbeing may be monitored and gauged.

Feedback and Complaints

Notes

- Monthly residents’ meetings are reportedly held.

What, according to staff has worked well?

- It is suggested that residents know how to feedback, and we hear that monthly ‘quality assurance’ questionnaires are completed - with assistance from activities staff. We are unsure if there are separate forms for residents and families.

What could be improved?

- Families and friends do not currently attend staff meetings.

Staffing

Notes

- Induction is reportedly for one week, consisting of shadowing, training, and handouts. As part of the process, individual care plans are observed.
- One staff member has been promoted to a more senior position.
- Mandatory training is completed. An ‘e-learning’ platform alerts staff to outstanding courses and sessions.
- Shift handover involves debriefing with senior carers - this is conducted verbally and also evidenced ‘online’.

What, according to staff has worked well?

- Staff feel supported through their induction, and say they are given ‘all the relevant information’ regarding their roles.
- The induction process is said to have increased confidence.
- Breaks are commented to be sufficient.
- Staff say they feel happy and content.

What could be improved?

- Staffing levels are said to be an issue. However, they are ‘getting better’.

Management and Safeguarding

Notes

- Staff indicated to us that they know how to raise a safeguarding alert. We also heard that information on safeguarding procedures is available.
- We heard that in the last six months, one safeguarding concern has been raised.

What, according to staff has worked well?

- Staff say that management, and office staff generally are supportive.
- There is confidence in being able to raise any issues or concerns and an ‘open door’ policy is referenced.
- A good relationship is considered to exist between staff and management.
- Incentives include a festive hamper.

What could be improved?

- Team meetings are said by one staff member to be monthly, and by another quarterly - this suggests that intervals between meetings are inconsistent.

6. Recommendations

We would like to express thanks for the arrangements to visit the service.

Based on the analysis of all feedback obtained, Healthwatch Bromley would like to make the following recommendations.

6.1 General Accessibility

The home appears to have a lack of dementia friendly signage. For example, the toilet signs are for general purpose (as used in schools, restaurants, parks, and the wider community). There is no special adaptation.

6.1.1 The themed areas, such as ‘underwater’ and ‘the beach’ are innovative and will serve well as reference points. That said, specific signage such as for toilets should not be overlooked and need dementia friendly consideration. Given that a significant proportion of residents will have dementia, at varying stages and levels, we recommend the home reviews allocation and placement of nationally recognised signs.

6.2 Visiting

Visiting is 10:30am to 4:00pm, with mealtimes protected. This suggests there is no provision for visiting at midday, or in the evenings.

6.2.1 Restricted visiting will disproportionately affect families and friends with working or caring commitments, and those who need to travel. Given that visiting is essential, for many reasons, and that all residents and visitors should be

treated fairly and equally, we urge the home to implement flexible visiting during lunch times and evenings. If necessary, care plans should be updated to flag and facilitate individual visiting needs.

6.3 Diet and Cultural Practices

Due to Dementia, residents are not involved in menu planning.

6.3.1 While recognising this is for practical reasons, mealtimes are something that most residents look forward to, regardless of their conditions. We hope that the home gives continuous opportunity for residents and their visitors to feedback, to whatever extent and capability, to help shape menu options. This could be built into activities, containing pictures and/or dishes.

On diversity, the manager feels that a broad range of ethnicities is represented, while two thirds of staff (66%) are from Afro-Caribbean backgrounds.

6.3.2 While not commenting on individual recruitment, we trust that the home aspires to have a more diverse staffing compliment, as should all services and institutions which provide general health or care services. We suggest that, if not already the case, the recruitment policy has a section on diversity and inclusion, with measures outlining aims and any potential actions.

6.4 Feedback and Complaints

We understand that family and friend meetings took place before the pandemic and have not yet been reinstated.

6.4.1 We recognise that COVID-19 is still very much with us - however, there is a general expectation that functions such as meetings, which were formerly routine and commonplace, will now be re-established - either gradually or more fully. If meetings cannot be conducted safely in-person, remote, or hybrid formats remain an option.

6.5 Staff

Team meetings are said by one staff member to be monthly, and by another quarterly - this suggests that intervals between meetings are inconsistent.

6.5.1 If team meetings are irregular, staff may be dissuaded from taking notes, raising issues, and making a full contribution to the operation and management of the home. If possible or practical, we recommend that a set date for staff meetings is arranged, advertised widely, and to the home's best ability - conducted as arranged. It remains the case that group meetings are the best possible way to obtain staff feedback, thoughts, and suggestions.

7. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
HWB	Healthwatch Bromley
PPE	Personal Protective Equipment

8. Distribution and Comment

This report is available to the general public and shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

All

Report & Recommendation Response Form

Report sent to	Fairmount
Date sent	23/5/22
Report title	Enter and View Report Fairmount Residential Care Home

Response

(If there is a nil response, please provide an explanation for this within the statutory 20 days)

Date of response provided 15/06/22

Response:

We thought that the report was generally positive and had some wonderful things to share about our care home. We also thought that the issues raised and recommendations given were insightful and helpful.

1. Please outline your general response to the report and what you are currently doing to address some of the issues identified.
2. Please outline what actions you will undertake as a result of the report's findings and recommendations

6.1: we have implemented signage on all doors leading to key areas for the residents, these are dementia friendly picture and word based signs clearly labelling the doors that lead to places such as communal toilets, lounges and the dining room.
 6.2: Visiting times are protected during lunch due to the disruptive affect this has on the residents mealtimes, we do make special allowances for spouses and also birthdays/special occasions. Prior to the pandemic there were no restrictions to visiting hours apart from protected mealtimes, the pandemic required us to restrict visiting times as we were government guidelines. Now that the pandemic is relatively over, we are starting to open up a bit more. However we are still required to limit visitors to 10 people a day. This requires us to limit visiting times to ensure we don't overbook. The plan is to open up evening visits when were allowed to.
 6.3.1: Before a new resident comes into the care home we assess them for dietary requirements and their likes and dislikes, preferences including any food allergens. This allows us to build a

menu that incorporates as many of our resident's preferred meals as possible. We appreciate that the meal's are not directly planned with the residents and will be implementing the suggestion to incorporate some level of meal planning into regular activities.

6.3.2: There is a section in our Staff Recruitment and Selection policy titled Equality, Diversity and Inclusion where it sets out our aims in this regard. We will continue to aspire to be a diverse and inclusive workplace and we have an equality, diversity and inclusion policy. Our policy states "It (the principle of equality, diversity and inclusion) should be instrumental in many aspects of the homes practice including in its capacity to provide a responsive service to meet diverse needs and corresponding staff recruitment and selection"

6.4: Since the pandemic has eased off, we have been planning to reimplement our "coffee mornings" which are group meetings between staff and residents families/friends. We appreciate Healthwatch reminding us of this and have now booked the next coffee morning for the 4th of July.

6.5: We do have handover and takeover meetings every morning and evening where all staff discuss changing health needs, admissions/discharges, dietary requirements etc. General staff meetings have been inconsistent over the last few years due to restrictions placed on us because of the pandemic. We have been having regular meetings since we're opening up, however they have not been at regular intervals. We've taken on board your suggestion to schedule regular general meetings and to clearly signpost them in communal areas. We have booked in the next staff meeting for the 11th of August, roughly three months since our last one.

3. Please outline what actions you will undertake as a result of the report's findings and recommendations

n/a


4. Please outline what actions you will undertake as a result of the report's findings and recommendations

See above for actions in relation to recommendations

Signed

Name

Position



Violeta Sullivan

Manager

15/6/22