

Enter and View Report

Leah Lodge Care Home, November 2022



A report by Healthwatch Lewisham

“Key for me is, not only is care safe and good but it’s a pleasant and friendly place to be.

I look forward to going to see mum. It’s a happy community.

If we weren’t there I think other family members would support mum. It’s everyone’s home.”

Relative

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Visit Details	
Service Visited	Leah Lodge Care Home Blessington Road, Blackheath, London, SE13 5EB
Manager	Sue Hill
Date of Visit	1 st November 2022
Status of Visit	Announced
Authorised Representatives	Gabriella Van Beek, Julia Eke, Carolyn Denne
Lead Representative	Gabriella Van Beek

1. Visit Background

1.1. What is Enter & View?

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

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

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

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

1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead who will inform the service manager, ending 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 this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About the Visit

2.1 Leah Lodge

On 1st November 2022 we visited Leah Lodge, a residential care home in Blackheath.

Operated by Cinnamon Care, the home specialises in residential care for older people with dementia. It also provides specialist care for mental health conditions, and physical and sensory disabilities, or impairments.

The home may accommodate up to 48 residents and 38 were in residence at the time of the visit.

The home has a staffing complement of 61

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.

Leah Lodge was last inspected by the CQC in February 2021. The inspection [report](#) gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Effective, Caring, Responsive and well-led.

2.3 Online Feedback

The [reviews](#) posted on carehome.co.uk give an average rating of 9.4 (out of 10).

2.4 Purpose of the Visit

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

3. Summary of Findings

During the visit we engaged with 3 staff members and 2 managers/senior staff representatives. Following the visit we spoke with 8 family members by phone.

13 people were engaged with in total.

This report is based on their collective feedback, plus notes and observations made at the visit.

Entry and General Accessibility

Notes

- The reception area is small but functional.

What has worked well?

- The main entrance is easy to access, with clear external signage.

- It is easy to enter or leave rooms, and to move between the floors. Corridors and toilets are wide enough to accommodate walking frames and wheelchairs, and during our visit we saw no obvious trip hazards.
- Hand rails are fitted along corridors and stairs.
- The toilets are suitably adapted for residents' use.
- The home was found to be dementia-friendly, with varying colours and contrasts, clear pictorial signage, use of bold lettering and personal touches to identity resident's rooms.
- Doors beep when opened.
- External doors are locked.
- Fire exits are clearly designated, fire extinguishers and blankets clearly visible and located logically - along corridors and stairs. The fire emergency procedure is on display.
- Noticeboards are generally uncluttered.

What could be improved?

- We found no areas for potential improvement.

General Environment

Notes

- The home is advertised as a 'refurbished, boutique care home' and this was reflected at our visit – amenities appeared luxurious.
- Resident's rooms are of a good size, with ample space for wardrobes and dressing tables. All have ensuite facilities.
- Rooms are fitted with call bells.
- A tea and coffee machine are available in one of the lounge/dining areas.
- The garden is small, but tidy and uncluttered, with solid decking, brick paving and impressive planting.

What has worked well?

- During the visit all areas were observed to be clean, and tidy.
- Display boxes are situated alongside resident's doors, showcasing personal items such as photos and trinkets. Other personal, and dementia-friendly touches include the resident's biography, and photos of their key carers.
- The lounges and dining areas are well-lit, with access to plenty of natural light, and appear homely.

What could be improved?

- We found no areas for potential improvement.

Safety, COVID-19 and Visiting

Notes

- We are told that all residents received a vaccine and that quarantine was introduced when necessary.

What has worked well?

- Covid-19 information and guidance is displayed, and hand sanitiser is available.
- During our visit, all staff were observed to be wearing masks.
- It is widely commented that the home has been informative and reassuring during the pandemic, with a range of safe visiting methods available – and good support when visiting was not always possible.
- Staff have been supported throughout the pandemic, with more flexible working arrangements (such as eating meals at home) and counselling.
- For general safety, residents may be identified through a 'labelling system'.
- Residents are risk assessed for security support, this includes for placement of sensor mats alongside beds.
- According to staff, if residents touch a bedside sensor mat, the 'response is quick'.

What could be improved?

- Mask wearing has been difficult for some residents – especially those with hearing difficulties, or accustomed to facial expressions when conversing.

Personal and Clinical Care

Notes

- We are told that special diets, such as pureed food are catered for.
- Some DNAR (Do Not Attempt Resuscitation) orders are in place and the home has been proactive in raising this as a topic.
- Staff say they routinely voice concerns and feedback to families.

What has worked well?

- During the visit, staff were observed to be kind and attentive in their general manner, and this is affirmed by relatives – who describe a 'warm, community feel'.
- Residents were relaxing in the lounge. They appeared alert and interested, properly dressed and well-groomed.

- Relationships are at a personalised level – staff referred to residents by name, and appeared familiar with their backgrounds (personal and working life).
- Those new to the home have cited good levels of support while settling-in.
- Staff give several examples of meeting cultural needs, these include making special meals, playing traditional ethnic music, and using translation services and techniques to assist with meals, bathing and other support.
- The relatives we spoke with feel involved in their loved-one's care and health needs. We receive many, and varied accounts of good, timely communication with relatives in the event of illness or health concerns, plus routine updates.
- The GP, who visits weekly is also highly commended by relatives.
- The home has acted quickly in emergencies and has also accommodated wider health needs – such as dentistry.
- Hospital nurses praise the level of detail with resident's medical notes.
- On nutrition, meal options/menus are clearly displayed.

What could be improved?

- One relative complains that the family member has sometimes been found without undergarments (socks, vests or shirts) resulting in discomfort.
- Staff say that residents downstairs 'are most likely' to complain about their meals, however 'do not offer suggestions' when asked about preferences.

Activities

Notes

- Activities mentioned include arts and crafts, cooking, music including sing-a-longs, yoga and exercise, nail and hair cutting (pampering), themed days such as 'Greek Day' or 'Irish Day' and trips to the local park or supermarket.
- There is also sensory stimulation with textures, sounds and lights.
- Staff say that bedbound relatives receive one-to-one company, and all staff carry a pouch containing snacks, cards, feathers and small gadgets – to aide if distractions are needed.

What has worked well?

- Relatives receive a weekly 'activity planner' and this has enabled them to take part – such as being able to join outside trips.
- A visiting 'Dementia Bus', utilised largely for staff training is also accessible to relatives – augmenting their understanding and perception of the condition.

What could be improved?

- It is suggested that the range of activities on offer is not always sufficient, especially for male residents. Wider use of the garden, and more music related sessions are desired by some.
- On encouragement to participate, we are told that staff have engaged with residents to be active – and equally that they have not.

Feedback and Complaints

Notes

- Various opportunities for feedback are mentioned, including surveys, monthly relative's meetings and an 'open door' for discussion with management.
- Managers indicate that formal complaints are processed within 28 days, 'handled politely', and that new families are issued with the procedure.

What has worked well?

- We hear that relatives have enjoyed 'informal chats' in the café area, and resulting ideas – such as having a 'key care worker' have been adopted.

What could be improved?

- While the relative's meetings are valued, it is noted that those attending are more likely to have issues – resulting in an 'overly negative' tone and direction.
- The set times are also not always suitable for working relatives in particular.

Staffing and Management

Notes

- Training undertaken includes dementia awareness, falls, nutrition, moving and handling, and fire procedure, with a mix of in-person and remote sessions cited.
- The staff members we spoke with are aware of the procedures on reporting accidents and safeguarding.

What has worked well?

- Staff tell us that colleagues are welcoming and supportive on the whole, with good levels of teamwork, and additional support for newer staff members – enabling them to settle quickly.
- Incentives include free meals and use of the laundry facilities, plus vouchers.
- According to staff, management are supportive and approachable, willing to listen and have an 'open door policy'.

What could be improved?

- Relatives say that staff morale, and with it retention appears to have deteriorated in recent weeks. It is suggested that cancellation of a Halloween Party – a regular event in previous years, has caused some friction between management and staff.
- Staff highlight occasional staffing shortages, and this ‘particularly affects’ mealtime supervision and cleaning.
- It is noted that retention of younger staff, who are more likely to leave sooner, can be a challenge.

4. Relative Feedback

Following the visit we spoke with 8 family members by phone.

Length of residency of loved ones ranges from 5 months to 3 years. All have dementia and some have associated or other conditions, such as diabetes, stroke, limited mobility (risk of falling).

4.1 Personal Care and Involvement

On the whole, family members are very positive about the care their loved ones receive at Leah Lodge. According to feedback, care is generally delivered with ‘love and affection’ and privacy – such as knocking before entering is respected.

One relative complains that the family member has sometimes been found without undergarments (socks, vests or shirts) resulting in discomfort.

Selected Comments

“The staff treat mum with love and affection. She really smiles at some of them. There is a sense of fun.”

“Under the circumstances they do their best to give mum dignity and privacy. They always knock at the door before entering her room.”

“Our family member has lashed out in the past when given personal care. Has no language so will respond in physical ways. I may sometimes find her dressed

in the wrong clothes or without socks, or with a jumper but no shirt underneath – which can be rough on the skin. Not sure whether it's laziness or fear."

4.2 Medical Care and Involvement

We receive many, and varied accounts of good, timely communication with relatives in the event of illness or health concerns. As well as getting in touch on immediate concerns, routine weekly updates are sent, detailing the outcomes of any GP visits. The local visiting GP, who comes weekly, is widely praised by relatives for also being communicative and responsive.

The home is demonstrated to have been effective in emergency situations and on wider health – calling for an ambulance without hesitation (which potentially did save a life), respecting a relative's request for dentistry, and seeking assistance from relatives to encourage attendance of hospital visits. One hospital nurse says the home's medical records contain 'a good level of detail'.

Some DNAR (Do Not Attempt Resuscitation) orders are in place and the home has been proactive in raising this as a topic.

Selected Comments

"They are managing mum's medication well. If mum is distressed I think we would be told."

"If mum has health problems the lead carer lets us know straight away."

"I got an email today to let me know she had a skin tear. Previous experience with non-administration of eye drops which they were very transparent about. They do keep in touch."

"I receive an email every week following the GP visit to let me know the outcome. My sister and I visit at least a couple of times each a week and can always talk to the care team."

"There's a very good relationship with [GP] who visits from Lee Road. She liaises as well and is very responsive."

"Mum went into Lewisham Hospital last weekend. The care home called an ambulance as they were concerned about her being unwell. Blood tests done and it turned out she's had a minor heart attack. The home did an excellent job – very observant and good response. The experience has been really very good."

"I thought she had a dental issue and they arranged for her to see a dentist."

"I went to A&E with mum a few weeks ago. The care home called us as they knew she'd respond better to us. Afterwards we agreed that in similar circumstances in future we'd prefer to take her to Blackheath Hospital. We would decide things collaboratively. Don't think I've disagreed with their advice as it's always in her best interests."

"The care home gave me an info pack to take to the hospital with mum. The nurse commented on how good the detail recorded was. "

"They asked about resuscitation."

"We have agreed that if it looks like end of life she will remain in the home. If there's something that can be treated in hospital she will go in and return. A DNAR (Do Not Attempt Resuscitation) is in place."

4.3 Family Involvement

A pleasant environment is described, with 'teamwork' by staff and relatives resulting in a positive, 'community spirit' around the home. Staff are commented to be intuitive and keen to involve relatives, with more formal 'hand-hold' meetings also available.

Those new to the home have cited good levels of support while settling-in. In a minority of comments, we hear that staff have not always been supportive.

Selected Comments

"We're all a team."

"There's a lovely atmosphere. People are smiley and happy. We feel part of the community."

"They seem to be one step ahead."

"I feel involved in decisions."

"They keep very good records – staff have 'hand-holds' and are always happy to have a chat."

"Mum had difficulty settling in at first, she was anxious and sometimes manic, couldn't verbalise how she felt and shouted a lot. It was difficult for everyone at the start, but the staff were caring and gave us a lot of support."

"I'd been used to the other home which was working well and had to build up new relationships. The home is well managed."

"I'm aware relationships with some relatives may not be so good."

"Sometimes it takes some nudging."

4.4 Activities

Activities mentioned include nail and hair cutting, music including sing-a-longs, yoga and exercise, themed days such as 'Greek Day' or 'Irish Day' and trips to the local park or supermarket. A visiting 'Dementia Bus', utilised for activities and also for staff training is particularly popular. Relatives receive a weekly 'activity planner' and this has enabled them to take part – such as being able to join outside trips.

It is suggested that the range of activities on offer is not always sufficient, especially for male residents. Wider use of the garden, and more music related sessions are desired by some.

On encouragement to participate, we are told that staff have engaged with residents to be active – and equally that they have not.

Selected Comments

"Mum doesn't really engage. We get sent the weekly activity planner so we know what's on offer. She enjoys the pampering – nails and hairdresser."

"They had a Greek day and an Irish day. Relatives are invited too."

"A good example of something about the home – they had the dementia bus on site recently and invited relatives as well as staff to visit. It was really good to understand the experience from the perspective of a person with dementia."

"Sometimes there are impromptu things she enjoys – karaoke, and a musician visits. We get a list sent through of regular activities. I met up with mum at one of the visits to Greenwich Park."

"There are lots of pampering activities particularly for women but little for men."

"Organised activities are only for about an hour a day so there's lots of time where they're not engaged. Would love more music related activities and the opportunity to get out in the garden more."

"They used to have more entertainment. They've had difficulty getting back to normal I think."

"They do try to involve her."

"I would like staff to encourage mum to walk more and not to be put-off by her saying 'in a minute'. She needs more physical activity. They do send a weekly activities sheet and there's a range of things such as cake decorating, chair yoga, visiting the supermarket but mum needs encouragement. "

"Feels very positive and intentions are good but would like to see more engagement and activities that are of more personal interest to them. "

"There is a sense of inactivity and lack of engagement. I'd like to see more engagement."

4.5 General Environment

The home is considered to be 'well appointed with good facilities', and the garden 'small but pleasant'. One relative suggests that exit signs on the rear of doors would be helpful.

Selected Comments

"It's very well appointed and has good facilities."

"I think it's as good as it can be. I miss the lovely big garden at Rectory Court although the small garden is pleasant."

"Signs on the back of the door which say 'this is an exit' can help. Although people on the second floor are mostly in the lounge and carers or families are usually around to help, some practical measures like this might help some people. "

4.6 Covid-19

It is widely commented that the home has been informative and reassuring during the pandemic, with a range of safe visiting methods available – and good support when visiting was not always possible. We are told that all residents received a vaccine and that quarantine was introduced when necessary.

Mask wearing has been difficult for some residents – especially those with hearing difficulties, or accustomed to facial expressions when conversing.

Selected Comments

"We were briefed about measures and the testing regime."

"We could wave at them through the window or Facetime whenever we wanted to. Paid garden visits as soon as we could. You could book a slot. There was a room with a screen and then a beach hut set up with heating."

"There was a period when we couldn't see mum while she settled in. But they were good at keeping us informed about how she was."

"Everyone was jabbed and mum just had mild symptoms."

"They put quarantine measures in place when necessary and kept us informed."

"They handled things pretty well. If we were told people were unwell we didn't go in."

"She found mask wearing – herself and others – difficult."

"Wearing of masks not too much of an issue for them, except difficulty hearing."

"Likes to see people smiling so doesn't respond well to masks. The girls remove masks and smile at a distance which reassures. Likes to be cuddly. It tends to put off friends from visiting as they feel uncomfortable about it."

4.7 Opportunities for Feedback

Various opportunities for feedback are mentioned, including surveys, monthly relative's meetings and an 'open door' for discussion with management. While the

relative's meetings are valued, it is noted that those attending are more likely to have issues – resulting in an 'overly negative' tone and direction. The set times are also not always suitable for working relatives in particular.

We hear that relatives have enjoyed 'informal chats' in the café area, and resulting ideas – such as having a 'key care worker' have been adopted.

Selected Comments

"There have been surveys as well as meetings."

"The door is always open."

"Once a month video call. Usually about 10 people signed in but those speaking most tended to be negative and say 'this is not how it used to be'. I'd like a more general conversation where everyone could contribute about positive as well as negative points. I should tell them really."

"The work role I have is not regular so I can miss meetings. I would like to see a few more."

"We see families in the cafe area and chat. An example of improvement based on suggestions was for each person to have a key care person with pictures in their room."

4.8 Staffing

It is observed that staff morale, and with it retention appears to have declined in recent weeks. We are told that cancellation of a Halloween Party – a regular event in previous years has caused some friction between management and staff.

Selected Comments

"They have had some staffing problems - there are quite a few new starters. They have increased fees mid-year recently so that they can increase pay and attract good quality staff. You get what you pay for."

"Over the last 3 weeks or so staff morale hasn't seemed so good. The receptionist left recently and care staff tend to open up to us about their concerns. Some were unhappy that they couldn't have a Halloween Party as

they have done before. Managers need to take care of their frontline staff. I think some demoralisation is creeping in."

4.9 Other Comments

Other comments underscore the dedication and commitment of staff.

Selected Comments

"We're absolutely chuffed with Leah Lodge. It's a wonderful place. I enjoy visiting and am really happy. It's the perfect place for mum."

"The staffing is the most impressive thing. People do care and try to keep residents occupied."

5. Staff Interviews

During the visit we interviewed 3 staff members, with roles including a care assistant, carer and admissions adviser. Length of service ranges from 4 months to 9 years.

5.1 Working Environment and Staffing

Staff tell us that colleagues are welcoming and supportive on the whole, with good levels of teamwork, and additional support for newer staff members – enabling them to settle quickly. A 'warm atmosphere' is described, with staff frequently going 'above and beyond' the typical expectations of their role.

Staff incentives include free meals and use of the laundry facilities, plus vouchers.

Training undertaken includes dementia awareness, falls, nutrition, moving and handling and fire procedure, with a mix of in-person and remote sessions cited. The staff members we spoke with are aware of the procedures on reporting accidents and safeguarding.

Occasional staff shortages are mentioned, and this particularly affects mealtime supervision and cleaning, feedback suggests. It is noted that retention of younger staff, who are more likely to leave sooner, can be a challenge.

Selected Comments

"I am thrilled with the management and staff, they are very welcoming. They have helped me to know the residents. There is good teamwork and a warm atmosphere in this home."

"There are no problems with my colleagues. Everyone is so welcoming. I don't even feel new here - it is the opposite."

"I used to be a senior assistant in a different home before working here, and compared to the other home, the staff here really care about their job and the residents. Sometimes they go beyond and above."

"Before, you had to pay for your meal. Now it's free, which is good. In my previous care home, I had to bring food from home."

"I enjoy my job most of the time, but it can be challenging when there is a lack of staff. We have a lot of staff turnover. I think staff that quit are not prepared for what's expect of them - this is mainly with younger staff."

"Staffing levels on paper are excellent, however we often have staff absent due to sickness, so it would be nice to have extra support during these occasions. However, I understand that this cannot happen in a realist world."

5.2 Management

Management are found to be supportive and approachable, willing to listen and with an 'open door policy'. It is also commented that the perspective of frontline care workers may differ than that of 'office based' management.

Selected Comments

"Really well run, management are good - supportive and approachable."

"If I have a problem, I can always speak to management, and they always listen to me."

"Overall, [Managers] are helpful, and there is an open-door policy. I like working here. When I started, I was shocked at the level of luxury and how lovely this home was."

"I can see that everyone is trying to do their best but being on the floor is different from sitting in the office., However, I do understand that there are areas that the management can't always keep under control."

5.3 Residents and Relatives

To establish personal preferences, staff initially engage with families on history, likes and dislikes. We receive several examples of meeting cultural needs, these include making special meals, playing traditional ethnic music, and using translation services and techniques to assist with meals, bathing and other support. Residents who are religious are supported to attend church.

On nutrition, we understand there is a choice of two meals. It is commented that residents downstairs 'are most likely' to complain about their meals, however 'do not offer suggestions' when asked about preferences.

General activities include arts and crafts, drawing, exercise, cooking, light entertainers and trips out. There is also sensory stimulation with textures, sounds and lights. We are told that bedbound relatives receive one-to-one company, and all staff carry a pouch containing snacks, cards, feathers and small gadgets – to aide if distractions are needed.

Staff say they routinely voice concerns and feedback to families, and in the event of complaints there is a protocol to follow. For more regular contact, work mobiles have a reminder of when to next contact relatives, with preferred time of day indicated.

Selected Comments

"We have a gentleman from Barbados, and we like to make meals from his country for him."

"If someone is bedbound, we go to them and read the newspaper, help them with painting their nails, and listen to music."

"Every staff member, even the cleaning or kitchen staff, has a bag (fanny bag) with snacks, cards, feathers, and small gadgets to distract them. Initially, I thought this was childish, but it works."

"We had so much going on Christmas that everyone wanted to work on that day."

"If someone had a bad night, we let them have a rest..."

"Residents are able to make decisions – such as what to wear and we ask them what they like. We prompt with music and pictures."

"I like the fact that this floor (first floor) is very accessible and that it has a homely feeling. People here do not just sit in the lounge, they feel safe and can go to the garden whenever they want to. It is a pleasant working environment."

"On the ground floor, they complain about meals (I think a lady is in charge, and the rest follow along). They complain a lot, but when the chef asks them how they can improve, they don't know what to say."

5.4 Covid-19

At the beginning of the pandemic uncertainty was prevalent, however the home is considered to have managed well, for example never running out of PPE (Personal Protective Equipment). During the most difficult periods, staff have 'bonded' to get through situations together.

Management have been supportive of staff, for example enabling the taking of meals at home.

Selected Comments

"A few of us have been here for a while, and I think we managed to bond even more during the lockdown because of the stress we went through together."

"I felt supported during Covid. We were allowed to take meals at home, we were given badges so people wouldn't question why we were on the street or on public transport. Plus, a lot of training around infection control and PPE (Personal Protective Equipment)."

5.5 Any Other Comments

When asking about potential improvements, staff would like sick pay, plus better levels of staffing and retention.

Improvements underway include a 'Namaste' room to support residents with anxiety.

6. Management Interviews

We also spoke with the deputy manager and a senior nurse.

6.1 Working Environment and Staffing

Management are praising of staff for their passion, and appreciate the freedom and support given by the management company – 'Cinnamon'.

Selected Comments

"Both homes feel like a family."

"Cinnamon (the managing company) empower you to be what you want to be. A brilliant company, very supportive, allowing freedom to run the home how you would like. We're able to access records and see what's been done in the past."

"Staff love their jobs, they're passionate about making the environment the best for staff and residents."

"Every day you can find ways to improve. I always reflect on the service daily, get input from staff members on ways that things can improve."

6.2 Residents and Relatives

Management tell us that support is tailored for individual residents and their families. No issues with accessing healthcare are reported and we are told that the visiting GP may make referrals.

Families can visit 'at any time' without the need to book, with remote 'facetime' sessions supported. At end of life, families may stay overnight.

A RAG (Red, Amber, Green) system is used to monitor nutrition, with special dietary requirements – such as pureed food catered for. Dieticians are consulted on menus, which are changed seasonally. We are told that the dietary shakes are made in-house, not shop bought.

On feeding back, there are regular meetings for both residents and relatives. There is also an 'open door policy' and often things are handled 'on the spot'. The importance of being 'visible' is underscored. It is commented that formal complaints are processed within 28 days, handled politely, and that new families are issued with the procedure. Complaints may be escalated to the managing company and this is supported.

Selected Comments

"Care is tailored, we look at each person – what they used to do, and find ways to interact, incorporate things and support development of new interests. Also supporting the family through change."

6.3 Covid-19

Precautions to limit infections include cleaning schedules, wearing of masks, taking temperature and the banning of outside food and drink. During the pandemic, the managing company provided staff with food vouchers and parcels, plus professional counselling including one-to-one support. Supervision also addressed pandemic related issues.

6.4 Any Other Comments

Currently, the home is working with St Christophers Hospice on end of life care. There is also new leadership training available for senior carers.

There is again appreciation of the managing company, for being approachable and supportive, and flexible and holistic in their approach.

7. Recommendations

Healthwatch Lewisham would like to thank the service for the support in arranging our E&V visit.

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

Recommendations

Personal Care

One relative complains that the family member has sometimes been found without undergarments (socks, vests or shirts) resulting in discomfort.

7.1. In this particular case, the relative says that the family member may be difficult to dress, even aggressive. Whatever the circumstances, all residents should be dressed appropriately – to uphold not only comfort but dignity. We therefore suggest that any issues are built into care planning, with family members fully encouraged to get involved.

Activities

7.2 We suggest wider use of garden, and increasing music activities and those targeted towards male residents.

7.3 We suggest giving residents and families opportunities to suggest activities to meet their needs. Ideally, this needs to be evidenced – either in meeting minutes or personal records.

7.4 Some homes utilise a ‘participation register’ which records when residents were encouraged to participate – and the outcome. At the very least, this helps to ensure that residents are engaged on a regular basis, clearly identifies the least active, and can reassure families of efforts made. We encourage this kind of methodical approach, where appropriate.

7.5 We hope there is maximum opportunity for ‘Butterfly Moments’, for example engaging with residents for a song, or a short walk.

Relative Feedback

7.6 Feedback suggests that meetings could be more structured and less 'free flowing'. Perhaps an agenda with a positive/negative balance could be introduced, with families 'with issues' able to resolve them in other ways.

7.7 Where possible, we suggest offering a varied time for the family meetings including evenings to make them more inclusive for those with daytime commitments.

Staffing

Relatives say that staff morale, and with it retention appears to have deteriorated in recent weeks. It is suggested that cancellation of a Halloween Party – a regular event in previous years has caused some friction between management and staff.

It is noted that retention of younger staff, who are more likely to leave sooner, can be a challenge.

7.8 We suggest to offer a structured forum for staff to voice their concerns - and in a way that is supportive, non-judgemental and transparent.

7.9 With younger staff most likely to leave early, we would encourage promotion of role models, more tailored incentives, and maximum opportunity for career progression.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
DNAR	Do Not Attempt Resuscitation
Enter & View	E&V
PPE	Personal Protective Equipment
RAG	Red, Amber, Green

9. Distribution and Comment

This report is available to the public and is 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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“I’m very happy with the care home.

When I reflect I think we were so lucky she went to live there when she did.”

Relative