healthwatch

Reflective Analysis: Insights from re-evaluating Enter and View Visits of Greenwich Care Homes.

May 2023

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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 by 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.

Enter and View Visits

Healthwatch have a legal power to visit health and social care services and see them in action[1]. We carry out Enter and View visits as a way of gathering first-hand information about the quality of health and social care services. We speak to staff, service users, carers, and family members to get a full picture of the care being provided, to identify good practice or areas of concern and we report our findings back to providers, commissioners and regulators. Enter and View visits are an important tool in helping to bring about real and lasting improvements to health and social care services for Greenwich residents.

Purpose of this Review

In 2022 we visited 11 elderly/nursing care homes in the borough and made a series of recommendations for improvements[2]. In 2023, we revisited them to review action taken in response to our recommendations. The volume of information, observations, and reports collated across the 21 visits offered the opportunity to carry out a reflective re-evaluation as a way of gaining deeper insights into the quality of care provided, highlighting good practice, and identifying areas for improvement.

Taking a step back to reflect on our observations and information gathered is a useful process that can provide deeper insights into the quality of care provided in Greenwich care homes. By analysing the information collected during visits as a whole and examining it from a more holistic perspective, we can offer more nuanced understanding of the challenges and opportunities for improvement in Greenwich care homes.

During our Enter and View visits, we noticed common themes and patterns across care homes. While we highlighted some of these in our individual reports, there were some themes that we did not initially recognise as significant. Only after visiting multiple care homes and seeing the same themes repeatedly we realised their importance. In some cases, we reflected on certain observations later and recognised the potential implications for the quality of care provided.

[1] https://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/1/crossheading/local-healthwatch-organisations/enacted
[2] All enter and view reports and follow-ups can be found on our website https://healthwatchgreenwich.co.uk/

Limitations

The comments presented in this report are based on the re-evaluation and reflection of our 21 Enter and View visits/re-visits to Greenwich care homes. Our report is not designed to be an exhaustive or definitive assessment of the quality of care provided in the care homes visited. Instead, it provides a thematic analysis of the experiences and feedback gathered by the Healthwatch Greenwich team during their 21 visits.

Themes described in this report were identified through reflecting on the careful observation and extensive conversations with management, staff, residents, and relatives across 21 visits. While some themes, such as dentistry, were observed across all the care homes visited, other themes were not consistently present, although most care homes will be able to identify with much of what we have presented in this report.

The subjective nature of the comments presented in this report does not detract from their value or significance. Considered and reflected on in their entirety, our observations, information gathered, and feedback provided by service users and their families, provides valuable insights into the quality of care provided in the care homes we visited.

As a reflective re-evaluation, while we have made suggestions, we have abstained from providing recommendations, but we trust that this insightful and considered report will be beneficial to care home providers, care home management, Royal Borough of Greenwich commissioners, and national regulators.

Acknowledgements

We are grateful to the residents, staff, and management of the 11 Greenwich care homes who welcomed us and shared their views and experiences with us so openly. We also thank the friends and relatives of residents who took the time to share their thoughts and experiences, providing valuable insights that helped to shape our Enter and View reports.

We express our appreciation to the Quality Assurance Team at the Royal Borough of Greenwich, in particular Maxine Bruniges for her encouragement, collaboration, and for following up on our recommendations with care homes.

Without our dedicated volunteers, none of this would have been possible, and we are thankful for their commitment to Healthwatch Greenwich. Our "approved

representatives" deserve special mention for their added responsibility in supporting our Enter and View program.

Method

We used the following process in our reflective re-evaluation:

1. Reviewed our Enter and View reports: We conducted a review of the reports generated during the initial and follow-up Enter and View visits. This review was conducted with the aim of refreshing our memory of the findings recorded during the visits.
2. Reviewed our observations: We engaged in a critical examination of the observations made during our Enter and View visits. We actively pondered the salient features of the care settings visited, and considered details that may have been overlooked during our initial observations.
3. Reviewed feedback from staff and service users: We carefully considered feedback received across all care homes visited, with the aim of identifying themes or issues shared with us that may not have been fully explored in individual Enter and View reports.

Themes

Through our critical reflection the following themes emerged.

- Ethnic diversity of care home residents
- Lack of access to NHS dentistry
- Relationship with the local community
- Activities and the role of activity coordinators
- Communication with relatives

The selection of themes included in this report is based on our assessment of their potential impact on the quality of care provided in care homes. It is important to note that these themes are not an exhaustive representation of all the insights gleaned from our reflective re-evaluation.

Ethnic diversity of care home residents

The population of Greenwich is predominantly white (55.7%), with non-white groups representing 44.3% of the population. Black people are the largest racially minoritised group in Greenwich accounting for 21% of the population with Asian, Mixed and Other racially minoritised groups representing 13%, 6%, and 4% of the population respectively[3].

Based on what we have seen, it seems that there are fewer people from racially minoritised groups in care homes in Greenwich compared to the overall proportion of racially minoritised groups in the borough. The difference in age profiles between groups might explain part of the reason why there are fewer people from racially minoritised groups in care homes. Racially minoritised groups tend to have younger age profiles, which means they are less likely to be in care homes. However, national data indicates that even when considering their proportion within older age groups, racially minoritised groups are still under-represented in care homes compared to their representation in the general population[4] [5].

To understand why there are fewer racially minoritised people in care homes in Greenwich, we need to consider a wide variety of factors. Adopting a critical and intersectional perspective provides a deeper understanding of the systemic barriers and challenges that may contribute to a lack of representation and how racism impacts on access to care. Even though there have been attempts to promote diversity and inclusion in care homes, outdated beliefs and racist stereotypes still exist. One common misconception (shared with us on multiple occasions) is that the under-representation of racially minoritised groups in care homes is solely because of their preference, rather than considering access or suitability challenges. This assumption fails to acknowledge the systemic barriers that hinder people from racially minoritised groups from accessing care homes.

For example, language barriers can be a significant issue for some minority groups, preventing them from accessing care homes as communication with staff and other residents is essential. Additionally, lack of recognition of cultural differences in dietary preferences, religious practices, or lifestyle choices may make some care homes feel unsuitable or unwelcoming to certain groups.

[3] https://www.ons.gov.uk/visualisations/censusareachanges/E09000011/

[4] https://www.ethnicity-facts-figures.service.gov.uk/health/social-care/adult-social-care-long-term-support/latest

[5] https://www.primescholars.com/articles/the-role-of-ethnicity-in-endoflife-care-in-care-homes-for-older-people-in-the-uk-a-literature-review-94678.html

The issue of implicit biases[6] within care homes, as a reflection of wider society, cannot be overlooked. These biases can affect the quality of care provided to care home residents. For example, while some care homes offer inclusive menus, most gave assurance that culturally appropriate food could be provided on request, describing it as the provision of 'special' food. We were intrigued by this innocent label, used almost universally, and suggest describing ethnically appropriate food as 'special' on menus or dietary requests is unhelpful. It may reinforce the idea that these food options are exotic or unusual, rather than a normal and expected part of the dietary needs and preferences of care home residents from diverse backgrounds. This assumption can further marginalise certain groups and reinforce stereotypes. This approach also risks perpetuating the idea that residents from ethnic minority backgrounds are different or "other" and need special treatment, rather than being valued members of the care home community with diverse needs that should be met as a matter of course. Instead, we suggest that care homes should aim to offer diverse and inclusive menus that cater to the dietary needs and preferences of all residents, without singling out any specific group or type of food as "special." Ensuring that everyone's dietary requirements are respected and accommodated, promotes inclusion and respect for residents from diverse backgrounds and helps to create a welcoming and supportive environment for all.

Another observation we made is the expectation for care home residents living with dementia to advocate for or request "special" meals that align with their cultural food preferences. This practice, although seemingly harmless, unfairly places the burden on residents with dementia to effectively communicate their needs. As individuals with dementia may face challenges in articulating their preferences, it is the responsibility of care homes to proactively address and accommodate cultural food preferences without solely relying on residents (or their families) to initiate the request.

We did not find that all care homes had signed up to Greenwich's Equality Charter. This could be an important way to demonstrate their commitment to promoting equality, diversity, and inclusion within their care home and send a clear message to their staff, residents, and the wider community.

[6] Implicit biases are unconscious attitudes or stereotypes that people hold about particular groups of people, based on characteristics such as race, gender, age, religion, or sexual orientation. These biases can influence a person's thoughts, feelings, and behaviours, often without their awareness. Implicit biases are formed through personal experiences, cultural and societal messages, and exposure to media. They can be harmful and can lead to discriminatory behaviour, even among people who do not consciously endorse prejudiced attitudes.

The under-representation of racially minoritised groups in care homes in Greenwich is a multi-faceted issue that requires thorough investigation. To gain a comprehensive understanding, further enquiry and engagement are necessary. This includes exploring various factors such as structural social, economic, cultural, and linguistic barriers that may hinder some communities from accessing care homes. Additional investigation would provide valuable insights into the challenges faced by racially minoritised groups when seeking appropriate care and support in later life. It would also help identify effective strategies to address these issues and ensure that care is provided in a manner that respects the values and practices of diverse communities in Greenwich.

Summary

Our observations suggest that racially minoritised groups are under-represented in care homes in Greenwich, as compared to their representation in the general population of Greenwich. Differences in age profiles may explain part of the difference, but research suggests that systemic racism is also a contributing factor.

Lack of access to NHS dentistry

The NHS dental contract for England in 2006[7] brought about significant changes in the provision of dental care, particularly in relation to domiciliary care for care home residents. Under this contract, general dental practitioners (GDPs) were no longer permitted to offer and claim reimbursement for domiciliary care as part of their routine dental contract. With the removal of domiciliary care from the routine dental contract, on-site dental services in care homes was curtailed. As a result, access to dental treatment for care home residents became more limited and complex. This compounded oral health challenges in care homes, evidenced through a variety of policy and guidance documents[8].

The desire for people to remain in their own homes for as long as possible has resulted in a shift in the demographics of care home residents. As a result, many of those who enter care homes often have a high level of care needs. Often, by the time they transition into a care home, their ability to independently care for themselves has significantly declined, requiring comprehensive attention and care in various aspects of their lives. Alongside their general care needs, it is not unusual for these individuals to also have dental needs. Poor dental care for elderly people, particularly those living with dementia can impact a person's ability to eat, speak, and socialise. Pain and discomfort caused by dental problems can exacerbate dementia symptoms, leading to increased agitation, restlessness, and confusion. While care home staff provide an exemplary service supporting and encouraging daily oral hygiene, it is important for care home residents to receive regular dental check-ups and treatment from qualified dental professionals.

Nationally, 25% of care home providers say their residents can 'never' access NHS dental care[9]. This is particularly concerning given more than half of older adults who live in care homes have tooth decay[10]. While these challenges are not new, they have been exacerbated by the COVID-19 pandemic, resulting in further reduced access to dental services and an increased backlog of care home patients in need of treatment.

Greenwich care home staff told us that getting a dentist to visit was exceptionally hard or just not possible. While care home residents with families who can afford to do so

[7] https://www.legislation.gov.uk/uksi/2006/632/pdfs/uksi_20060632_en.pdf
[8] The National Institute of Clinical Excellence (NICE), the Care Quality Commission (CQC), and Public Health England (PHE) have all contributed to this growing body of evidence.
[9] https://dentistry.co.uk/2023/03/20/care-home-residents-facing-worst-of-nhs-dentistry-access-crisis/
[10] https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes

will seek, be transported, and receive private dental care, residents without family or with families that cannot afford to pay, do not always receive the treatment they need in a timely way. The cost of dental care and transportation present significant barriers for care homes, their residents, and families. The mixed economy[11] of care home funding results in inequalities among care home residents in access to dental services. For care home residents who are mobile and have the financial means, timely dental care is available. Transportation to dental appointments is accessible and they can afford the associated costs. These individuals (or their families) have the opportunity to choose (private) dentists based on their preferences and can pay for the treatments or procedures they need. On the other hand, care home residents without financial resources, or family financial support, face additional challenges in accessing dental care.

Recognising and addressing the dental needs of care home residents is crucial for their overall quality of life. While all the care homes we visited provided, supported, or encouraged daily oral hygiene very few (despite care home management making multiple requests and trying a variety of avenues) were able to offer access to appropriate dental services or access to geriatric dentistry within the care home setting.

While we recognise the deficit of NHS dentistry is a national issue, the transfer of responsibility for NHS dental services from NHS England to integrated care boards (ICBs)[12] offers a significant opportunity to improve access to NHS dental services for care home residents in Greenwich. Collaboration between care homes, dental professionals, and commissioners is essential to ensure that comprehensive dental care is an integral part of the overall care provided to care home residents.

Summary

Accessing NHS dental services for care home residents in Greenwich has become increasingly challenging with a significant percentage unable to access the dental treatment they need in a timely way. The transfer of responsibility for NHS dental services to integrated care boards (ICBs) offers an opportunity to improve access to NHS dental services in Greenwich care homes.

[11] The mixed economy of care home funding refers to the various sources of financial support available for care home residents. While some individuals have the means to cover their care expenses, including dental services, through private funding, others rely on government assistance or a combination of private and public funding. This creates disparities in the financial resources available to different residents and impacts their ability to access dental care.

[12] https://www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-letter-roadmap-for-all-direct-commissioning-functions-may-2022.pdf

Activities and the role of activity coordinators

Participating in meaningful activities plays a key role in the well-being of residents in care homes. Taking part in meaningful activities can help them stay connected and engaged with their surroundings, build new relationships with fellow residents and care home staff, and maintain a sense of belonging. Activities that are individualised and person-centred help residents maintain a sense of identity and self-esteem, improve their cognitive function, and increase their overall well-being.

Activity coordinators in care homes have a vital role in enhancing the quality of life for residents. Their primary responsibility is to plan and deliver activities designed to meet the needs and interests of the residents under their care. All of the activity co-ordinators in the care homes we visited did their best to understand the unique preferences, abilities, and limitations of each resident. It was clear through our observations, the value of social engagement is recognised, and activity co-ordinators work to create a friendly and supportive environment where residents can connect with one another. Through group activities, such as games, discussions, or shared experiences, they encourage residents to interact, form friendships, and develop a sense of community.

Consistently, throughout our visits, the commitment and enthusiasm demonstrated by activity coordinators in care homes was outstanding. Many going above and beyond to provide residents with stimulation and engagement. Activity coordinators demonstrated a deep sense of commitment, approaching their work with passion and genuine care. They understand the importance of their role in enhancing the residents' quality of life and work hard to create an environment that promotes social connection, and fulfilment. Their enthusiasm is contagious. We observed many instances of activity coordinators bringing a positive and vibrant energy to their work, creating a welcoming and uplifting atmosphere within the care home.

While encouraging appropriate physical activity is acknowledged as important for maintaining residents' physical health and mobility we did not see a wide range of activities (on activities timetables and notice boards) that promoted movement or engaged residents in exercises suitable for their abilities. Through our Enter and View visits we observed variations in activity provision for residents. For example, some care homes had regular exercise classes such walking trips around local parks and gentle chair aerobics, which were well attended by residents, but other care home offers were more limited.

A range of activities are provided for residents living with dementia, for example, we saw staff using reminiscence therapy, music therapy, and sensory stimulation activities.

While activity coordinators strived to provide individualised and person-centred activities that were tailored to the needs and abilities of residents, we observed variations in their quality and effectiveness. Generic activities did not always appear to be adapted to the needs and abilities of residents living with dementia. For example, we saw activities such as puzzles or board games, which were too complex for some residents, while other activities such as colouring books, were simplistic and did not appear to provide enough stimulation for other residents.

Despite the commitment and enthusiasm of activity coordinators there are wide variations in activity provision. For example, some homes had limited activity options or did not have enough activity coordinator hours or a sufficient budget to provide a broad range of activities. Moreover, many activity coordinators suggested they would welcome access to ongoing specialised training and support to deliver their responsibilities to the highest standards. While access to training for activity coordinators is important to enhance the overall quality of life for residents in care homes, it's even more pronounced when supporting care home residents living with dementia, engaging in meaningful activities becomes particularly challenging. They may experience difficulties in initiating or sustaining involvement in activities due to cognitive impairments or confusion. Moreover, the progression of dementia can lead to a loss of interest in previously enjoyed activities or difficulty in following instructions. This poses a unique set of challenges for activity coordinators. Access to training offers a comprehensive understanding of dementia and its impact on individuals providing a solid basis on which to create appropriate, engaging, and supportive activities for care home residents living with dementia.

We note that a minority of care homes are moving away from dedicated activity coordinator roles to on-line resources that can be accessed by all staff, with all staff having some responsibility to deliver activities. While this approach is undoubtedly cost-effective and can provide consistency and flexibility in activity provision it may be more complex to adapt activities to the specific needs and interests of individual residents. Online resources may also lack support and guidance making them more time-consuming to set up or create technical difficulties. For staff who are not familiar with using technology, this approach may be less appealing. In contrast, dedicated activity coordinators are able to draw on their expertise in creating engaging activities and personalising them to to residents' needs and interests. Moreover, unlike

technology, they are able to gather feedback and use this to continually improve activity provision.

Summary

Activity coordinators are essential in promoting the well-being of care home residents by providing tailored and engaging activities that foster social, physical, and mental health. Although variations in activity provision exist due to limited resources and (in some cases) expertise, ongoing training for activity coordinators should be considered in order to provide consistent, high-quality, personalised activities to all care home residents, regardless of care home.

Communication with Families

Family members play a vital and ongoing role in the care of their loved ones, even when they are no longer able to provide physical care. While the responsibility of direct caregiving may shift to care homes, family members continue to make significant contributions by offering emotional support, participating in care planning meetings, and advocating for their loved one's needs. The emotional support provided by family members is important in maintaining the overall well-being of their loved ones in care homes. Their presence and involvement offer comfort, reassurance, and familiarity, which can have a significant impact on the resident's emotional state and sense of security. By visiting, calling, or engaging in meaningful interactions, family members provide a source of companionship and love that significantly enhances the resident's quality of life.

Relatives value open communication and involvement with care home management and staff. However, establishing and maintaining relationships can be challenging due to the social and physical environment of care homes. Additionally, the complexity of care decisions and the limited time and resources available to staff can make it difficult for relatives to be fully involved in the decision-making process. Moreover, high staff turnover further exacerbates the situation by causing frequent disruptions in staff/family relationships that have been established.

All the care homes we visited operate an ‘open door’ policy making themselves available to answer queries or have discussions with relatives at any time. In addition, staff make efforts to involve relatives in any changes to care plans as well as periodic reviews. Further, all care homes have some level of regular generic care home update communication with relatives, usually this consists of a regular newsletter. We saw good examples of newsletters and Facebook pages with photos of residents enjoying themselves, and information about future events, and how relatives can get involved.

All care homes hold episodic meetings, forums at which family members of all/any relatives can attend. While care homes are very positive about regular relatives meetings, they are often poorly attended. Often, little effort is made to understand why engagement is low. Through our conversations with relatives, we have identified two potential reasons for a lack of engagement: accessibility and trust.

Not all relatives live near their loved one's care home, making it difficult for them to attend in-person meetings. The logistics and costs associated with travel can be prohibitive, preventing them from being physically present for important discussions. While online meetings can offer an alternative method, not all relatives are

comfortable or familiar with digital participation. Some lack technological skills or have concerns about privacy and security, making them hesitant to engage virtually.

Other relatives shared their feelings of a lack of trust with us. These relatives' worried about potential repercussions for their loved one, or a decrease in the quality of care, if they made criticisms of the care provided. This lack of trust created a sense of apprehension and prevented them from sharing honest opinions or actively participating in care-related conversations. For others, the lack of trust was expressed in a feeling that their input is undervalued or concerns won't be addressed. Past experiences left them feeling unheard or disregarded, leading to a sense of helplessness and frustration. This lack of responsiveness had reduced their willingness to engage in discussions about their loved one's care. To a lesser extent, the authority and expertise of care home staff can be intimidating for some relatives, creating a power dynamic that inhibits open communication. Some suggested they felt uncomfortable expressing their opinions or questioning decisions made by professionals and experts, leading to a reluctance to actively participate.

Summary

Family members play a crucial role in the care of their loved ones in care homes, offering ongoing emotional support and advocating for their needs. While all care homes operate an open-door policy and make efforts to involve relatives, maintaining relationships with family members can be challenging. Lack of accessibility and trust hinder engagement. Addressing these challenges requires creating accessible communication channels and fostering trust through open dialogue, responsiveness to concerns, and a culture of inclusivity and collaboration.

Relationship with Local Community

All the care homes we visited, to varying degrees, have links with the wider community. All have religious leaders come in or take residents to places of worship. Some care homes have links with local schools, with children occasionally visiting to perform carol services or similar. Other care homes encourage performance groups to provide live music to residents. All care homes encourage relatives and friends of residents to come in to participate in activities and escort residents (with staff) on outings and trips, few operate and encourage broader links and opportunities with the local community.

Taking a wider view of opportunities to enhance the lives of residents by identifying and cultivating relationships with the wider community could be beneficial. Giving care home residents the chance to engage in conversations, participate in community events, or collaborate on projects with organisations and individuals from outside the care home setting could enrich their social experiences and contribute to positive emotional and mental well-being. These interactions could also provide opportunities for care home residents to share their life experiences and stories.

The benefits of engagement with the local community extend beyond care home residents to the wider community itself. Care homes actively participating in community life, fosters a sense of inclusivity and shared responsibility. Integrating care home residents into community events, inviting them to local gatherings, or creating opportunities for intergenerational activities, the wider community becomes more aware of the presence, needs, and contributions of care home residents, combating ageism and challenging stereotypes surrounding aging and care homes.

Stronger connections between care homes and the local community builds trust and understanding. By engaging with care homes, community members are more likely to reduce or abandon misconceptions or stigmas associated with care homes, leading to a sense of shared responsibility, fostering a community that cares for all its members. It also opens doors for reciprocal learning and knowledge-sharing, as community members can gain insights into the experiences and needs of care home residents while care home staff and residents benefit from the resources, expertise, and services that the community offers.

Greater community connection opens up valuable opportunities to involve volunteers who can contribute their time and skills to benefit care home residents. Volunteers can bring fresh perspectives, new ideas, and diverse experiences, invigorating the care home environment and providing residents with unique opportunities for fulfilment

and enjoyment. In addition, providing volunteering opportunities in care homes provides a chance for individuals to gain exposure and experience in a care home setting, increasing awareness and understanding of care homes and the care sector. To assist this process, commissioners might consider creating a 'toolkit' for care homes, sharing links to the Community Directory[13] and providing guidance on how care homes can set up a volunteering programme, and carry out a community asset mapping exercise.

Summary

Care homes have varying degrees of connections with the wider community. Engagement with the wider community provides opportunities to promote emotional and mental well-being. It also combats ageism and stereotypes while fostering inclusivity and shared responsibility. Greater community connection allows for volunteer involvement, bringing fresh perspectives and skills. Commissioners can support this process by providing guidance and resources.

[13] https://greenwichcommunitydirectory.org.uk/kb5/greenwich/directory/home.page
https://www.scie.org.uk/future-of-care/asset-based-places/model/map-assets

Conclusion

Our reflective review highlights:

- Under-representation of racially minoritised groups in Greenwich care homes compared to their population representation. Age differences and systemic racism contribute to this disparity.
- Access to NHS dental services for care home residents in Greenwich is challenging, but the transfer of responsibility to integrated care boards presents an opportunity for improvement.
- Activity coordinators are crucial in promoting residents' well-being, and ongoing training is essential for consistent and personalised activities.
- Family engagement faces challenges of accessibility and trust, necessitating the creation of inclusive communication channels.
- Care homes vary in their connections with the wider community, greater connectivity with the wider community can enhance residents' well-being and combat ageism.

This reflective re-evaluation of our 21 Enter and View visits/re-visits to care homes in Greenwich offers an opportunity to gain a deeper understanding of the quality of care provided and identify areas for improvement. By analysing information and observations collected during our visits as a whole, we have provided further insights that we hope will contribute to enhancing the overall quality of life for Greenwich care home residents.

Appendix

List of care homes visited in 2022-23

Ashgreen House Residential and Nursing Home, Sandbach Pl, London SE18 7EX

Charlton Park Care Home, 21 Cemetery Lane, London SE7 8DZ

The Oaks, 904 Sidcup Rd, London SE9 3PW

Cullum Welch Court Care Home, 19 St. Germans Place, London SE3 0PW

Brook House Care Centre, 20 Meadowford Close, London SE28 8GA

Westcombe Park Care Home, 112a Westcombe Park Rd, London SE3 7RZ

Time Court Residential and Nursing Home, Woodland Terrace, London SE7 8EX

Meadows House Residential and Nursing Home, 95 Tudway Rd, London SE3 9YG

Puddingstone Grange, 82 Plumstead Common Rd, London SE18 3RD

Riverlee Residential and Nursing Home, Franklin Pl, London SE13 7NJ

Weybourne, 1 Finchale Rd, London SE2 9AH

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We know that you want local services that work for you, your friends and your family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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