

Enter & View Report

Park Avenue Care Home, 24th September 2025



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Visit Details	
Service Visited	Park Avenue Care Home
Registered Manager	Charlotte Goodfellow-Fernandez
Date & Time of Visit	Wednesday 24 th September 2025, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Daniyah Kaukab, Tina Fatcher-Smith, Orla Penruddocke
Lead Representative	Reedinah Johnson

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on '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 care homes, hospitals, 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 is working 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 to identify specific 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 about which they feel uncomfortable they 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 during 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 the day.

1.3 Acknowledgements

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

2. Information About the Service

2.1 Park Avenue Care Home

Owned by Excel Care, Park Avenue Care Home is situated in a residential area of Bromley. With a capacity of 51 beds, the home is split across three floors: Lavender, Peony and Rose. The home provides a range of respite and long-term residential care, frail nursing, dementia nursing and end of life care.

2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

An inspection was announced and carried out in January 2021. The service was rated Good by the CQC. As part of CQC's response to the COVID-19 pandemic, this was a

targeted inspection looking at the preparedness of the care home in relation to infection prevention and control.

2.3 Residents

During our visit, Park Avenue had 48 residents: 16 men and 32 women. All residents are aged 65 and over. 36 are living with dementia, while 15 have an additional long-term condition.

2.4 Staff

The home has 73 staff, 56 full-time and 17 part-time: a Registered Manager, Deputy Manager, Senior Supervisors, Supervisors, Team Leader, Care Assistants, Chefs, Kitchen Assistants and Activities Co-Ordinators. The home does not employ agency staff.

3. Summary of Findings

The E&V visit was carried out on Wednesday 24th September; four E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail and seeking feedback.

3.1 Entry and General Accessibility

Notes

The building is set back from the main road, providing a quiet environment away from traffic noise. There is limited parking available at the front and rear of the property, and additional, free, off-street parking nearby.

What works well?

- Easily accessible by public transport
- Off street parking
- Camera doorbell at entrance
- Digital sign in
- Wheelchair friendly and lifts available
- Designated ambulance parking.

What could be improved?

- The doorbell is slightly obscured by a plant.

3.2 General Environment

Notes

The home has a designated reception area where visitors are required to sign in and out electronically. Posters and certificates displayed at the reception desk included the Healthwatch Bromley Enter and View poster. An 'Employee of the Month' display was visible on the wall.

The reception featured a comfortable seating area with sofas and armchairs, along with a coffee machine and a selection of biscuits. The space is decorated with flowers and plants, creating a welcoming atmosphere. The walls are painted in neutral tones, complemented by distinctive handrails and brown flooring.

An employee clock-in and -out machine is mounted on the wall near the reception area. A comment box is situated in the main reception, providing residents and visitors with the chance to submit feedback or suggestions.

The home is split across three suites: Lavender, Peony and Rose. Rose is on the ground floor and has 15 bedrooms; Lavender is on the first floor with 18, Peony is on the second also with 18. Each suite has its own lounge area and kitchen. The lounge is furnished with dining tables and chairs, comfortable armchairs and a television.

There is a wellbeing suite in the basement, which is designed to resemble a high street. It features an ice cream parlour, vintage tearoom, hairdressing salon, laundry room and an activities room filled with arts and crafts materials, as well as a range of games.

Each floor has sensory boards installed along the corridors, and there is one leading to the garden, decorated with metal butterfly and dragonfly ornaments.

The garden is leafy, spacious and well maintained, equipped with tables, chairs, umbrellas, and benches. A large pavilion offers sheltered seating, providing

residents with a comfortable space to relax and socialise. Additionally, residents can enjoy gardening activities using dedicated planter boxes. During our visit, access to the garden was restricted for residents due to scaffolding work on the building.

Residents' rooms vary in size and all feature an en-suite wet room. Each door is numbered and displays the resident's name. Some also have a photo along with brief information about the resident and care cues (e.g. favourite thing to talk about, "if you are passing by, please stop in to have a chat with me"). Residents and family are encouraged to personalise bedrooms with furniture to suit individual tastes.

The bathrooms are clean and well maintained, with toilet seats and light switches in contrasting colours for improved visibility. The home also features a spa bath, and emergency alarm buttons are conveniently positioned near the toilets to enhance safety.

What works well?

- Easily accessible, suitably adapted toilets equipped with emergency buttons
- Clear, well positioned signage throughout the home
- Dementia friendly calendars
- Comment box clearly visible with "Your Voice Matters" and a poster with Home Manager's contact inviting feedback
- Corridors and lifts wide enough for wheelchair access.

What could be improved?

- Lack of dementia friendly clocks throughout the home.

3.3 Safety and visiting

Notes

At the time of our visit, there were no restrictions on visiting. Fire exit signs were clearly displayed, and fire extinguishers were easily visible. Emergency evacuation sledges were positioned at the top of all staircases.

Visiting times are not restricted. The home does not require visitors to call beforehand.

What works well?

- Fire alarms tested weekly
- Security latches on all windows
- Emergency alarm buttons reachable from beds
- Access doors are secured with keypad entry systems
- Kitchen staff wear gloves and hats
- Clean and well organised kitchen
- Hand sanitiser available throughout the home.

What could be improved?

- We found no areas for improvement.

3.4 Activities and Personal Involvement

Notes

Management highlighted the team's dedication to offering person-centred activities that reflect each resident's individual needs. They recognise that certain activities may not suit everyone, especially those living with dementia or long-term health conditions (LTC).

The weekly and monthly activity schedule is clearly displayed on notice boards around the home and residents' rooms. Activities vary daily and include:

- Arts and crafts
- Live entertainment
- Flower arranging
- Puzzles
- Virtual Reality glasses
- Zumba
- Bingo
- Hairdressing
- Church services
- Sing along
- Yoga / Chair Yoga

The home arranges transport for residents to local attractions such as parks, coffee shops, and garden centres. They also organise frequent visits by local

schoolchildren, therapy dogs, farm animals, entertainers and other members of the community.

What works well?

- A range of activities to engage residents and keep them active
- Activities clearly written on a white board in the dining room
- Range of books and magazines available in communal areas
- Weekly activity displayed in each room, with clear dates and times

What could be improved?

- We found no areas for improvement.

3.5 Diet and Cultural Practices

Notes

Food is cooked fresh in the home's kitchen. The catering team works to meet specific dietary needs and cultural preferences. On birthdays, cakes are provided, and the tearoom can be booked for those who wish to celebrate privately with family and friends.

A weekly menu is displayed on the main notice board, while the daily menu is placed at the entrance to the dining room. Mealtimes are scheduled as follows: breakfast between 08:00–09:30 mid-morning snack at 11:00, lunch between 13:00 – 14:30, afternoon tea at 15:30, and dinner between 17:00 – 18:30. Residents who miss a scheduled mealtime can still be provided for, and there is an alternative menu for residents who prefer something different from the daily menu.

Mid-morning snacks consist of fresh fruits, and fortified milkshakes for those that require them. Tea, coffee, crisps, and fruit are available throughout the day. In the evening, residents can choose from meat or vegetable dinner options, as well as a selection of sandwiches and fruit yoghurts.

What works well?

- Residents can choose what they would like to eat every day
- Weekly menu is displayed in the main corridor
- Daily menu is displayed by entrance of dining area
- Variety of food on offer (e.g. honey and garlic salmon, vegetable noodles, lamb curry, pork and apple casserole, Quorn sausages in gravy, pesto and vegetable gnocchi)
- Snacks (fruit and crisps) available in the communal area.

What could be improved?

- We found no areas for improvement.

3.6 Feedback and Complaints

Notes

Management highlighted their open-door policy, encouraging residents, relatives and staff to raise any concerns or suggestions directly with them before they escalate into formal complaints.

The home holds residents' meetings monthly, covering various topics including activities, meal options, and care provision.

What works well?

- Comment box by main reception
- Poster with Home Manager's contact inviting feedback
- The Regional Manager visits twice a month to speak to residents and family
- Residents' monthly meeting
- Resident survey yearly
- The Home Manager does a daily round to speak to residents.

What could be improved?

- We found no areas for improvement.

4. Residents' and Families' Feedback

We received feedback from 10 residents and nine family members. We asked about various aspects of their experience, including satisfaction with care, dietary options, activities and personal development, access to healthcare, opportunities for social interaction, safety, and communication with the home.

Overall, feedback was positive, with both residents and family members expressing contentment with the care provided at Park Avenue Care Home. Residents shared that they feel safe, receive satisfactory personal care and feel supported and given

an active role in making their own decisions (e.g. mealtimes, social activities). Assistance is available for residents who need help with eating or drinking.

Family members provided positive feedback regarding the support their loved ones receive from local health and care services, including GPs, dentists, and pharmacies. They expressed confidence that residents receive high quality personal care, including assistance with washing, hairdressing, and chiropody.

All family members reported that they are kept informed about any issues concerning their relatives, such as falls, health changes or planned adjustments to care. When asked if they felt residents were safe in the home—for instance, whether visitors are required to show identification and if clear evacuation procedures are in place—all respondents answered “yes” on the questionnaire.

Family and Friends’ Selected Comments

“The team are wonderful, my relative loves Park Avenue.”

“Very loving staff, very good at personal care.”

“Since mum moved in Park Avenue, she seems much happier, team is wonderful.”

“They (staff) do what they can”

Residents’ Selected Comments

“I loved coming back (from hospital) I had a big welcome, it was nice to see everybody.”

“I was happy to come back to the home after being in hospital.”

5. Staff & Management Feedback

We received feedback forms from 12 staff members and two from management. During our observation, we noted that all staff were interacting with the residents in a kind and respectful manner.

5.1 Staffing

Notes

Of the 12 staff members we spoke to, five have been working at the home more than four years, six between one and three years, and one for less than 12 months.

The staff room is equipped with comfortable chairs, a table, microwave, and fridge.

Training

All staff complete a full induction programme lasting 12 weeks, including shadowing. The number of shadowing shifts varies according to staff needs and preferences.

Training is provided through a blend of in-person sessions and online learning modules. Staff are required to complete annual refresher courses, such as manual handling and first aid, to maintain essential skills. Further training is also made available based on staff interests and requests, encouraging ongoing professional development.

All staff completing the questionnaire were asked about their interest in additional training opportunities; two would like to receive additional training but did not specify what area, two said they were unsure about further training, the rest said no.

Breaks

Most of the staff we heard from said that they are given sufficient breaks during their shifts. They expressed satisfaction with the way handovers are managed and felt that they have the necessary opportunities and resources to support residents effectively. One staff member said they were not satisfied with the way handover between shifts is organised.

Management

Staff appear to have a positive relationship with the manager; all those we spoke to during our visit stated that they feel heard and supported when raising concerns or asking questions.

What works well?

- Name of on call manager on duty, nurse on duty is displayed in all suites
- Regular supervision
- Managers on floors every day
- Daily check ins.

What could be improved?

- Two staff members said they would like to receive more training.
- One staff member said they were not satisfied with the way handover between shifts is organised.

5.2 Selected Comments from Staff

"Residents are well looked after; they are treated with dignity and respect."

"It is a wonderful and supportive service with great team."

"This place is very good."

5.3 Management

Notes

The registered manager expressed confidence in the level of care and support residents receive.

Diet

All residents undergo a needs assessment upon admission, with adjustments made individually as required. The home accommodates specific dietary needs, such as gluten-free diets.

Menus are reviewed and discussed during residents' meetings. Residents are encouraged to eat in the communal dining room but those who wish to stay in the comfort of their own bedroom are also supported.

Overall consumption of liquids is monitored and reviewed for every resident.

Quality of care

Management regularly checks on residents during their daily rounds.

The home is kept at a comfortable temperature; some residents have a fan in their bedroom. Extra blankets can be provided if needed.

Laundry services are done within the home. In the laundry room, each resident has a box labelled with their name, for clothes.

Mobile hairdressing and chiropody are arranged by the Activity Co-Ordinator. The home has an in-house hairdressing salon.

Safety

The manager stated that staff, residents, and visitors have the necessary knowledge and skills to address safeguarding concerns, and all are aware of the procedures for raising a complaint.

The manager confirmed that all staff wear uniforms and ID badges and are fully familiar with evacuation procedures, including assistance required for residents who may need support during an emergency.

Activities

Residents are encouraged to socialise. There are no residents with English as Additional Language (EAL) at the home, but if there were, communication would be facilitated with Google translate and picture cards.

The home supports residents of diverse cultural and sexual identities by treating each individual with respect and recognising their individuality. It also observes celebrations such as Pride Month.

Residents can contact faith groups if they wish. A local vicar and a priest visit weekly for communion and a multi-faith service is streamed every Sunday.

Community Services

The manager said they are satisfied with the level of support residents receive from other local health and care services. A GP from Sundridge Medical Practice comes every week and when needed. Chiropody visits are scheduled every six weeks or when needed.

COVID-19 infection prevention measures

The manager stated that general infection prevention protocols are still in place. On signing in, visitors are asked if they have any cold/ flu symptoms before entering the home. Hand sanitiser bottles and wipes are available throughout.

Staff

All new staff have an induction programme averaging three months. All staff have supervision meetings where they can request additional training.

The manager indicated that they are currently satisfied with the staffing levels. They also noted that agency staff have not been needed for over three years, as their nearby sister home can provide additional support if required.

6. Recommendations

Healthwatch Bromley would like to thank Park Avenue Care Home for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we have made recommendations which prioritise safety and wellbeing.

6.1 Entry and General Accessibility

6.1.1. The doorbell by the main entrance is slightly obscured by a plant.

We recommend relocating or trimming the plant near the main entrance to make the doorbell clearly visible and more easily accessible.

6.2 General Environment

6.2.1. Lack of dementia friendly clocks.

We recommend installing dementia-friendly calendars and clocks in communal spaces to support orientation and independence for residents living with dementia.

6.3 Staffing

6.3.1. Two staff members said they would like to receive more training.

We advise the management team to assess the current training programme and identify opportunities for staff to take courses that will help with their career progression and further enhance the quality of care provided at the home.

6.3.2. One staff member said they were not satisfied with the way handover between shifts is organised.

We recommend reviewing and improving the handover process between shifts to ensure it is organised effectively and meets staff needs.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
ID	Identification
LA	Local Authority
LTC	Long-term condition
PPE	Personal Protective Equipment

Cover photo by Mikhail-Nilov

9. Distribution and Comment

This report is available to the 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 of health and care services, please contact us.

Healthwatch Bromley, The Albany, Douglas Way, SE8 4AG

Telephone: 020 388 60752

Email: info@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk



Report & Recommendation Response Form

Report sent to	Charlotte Goodfellow-Fernandez
Date sent	27 th October 2025
Report title	Enter & View Report: Park Avenue Care Home
	<p>Response (If there is a nil response please provide an explanation for this within the statutory 20 days)</p>
Date of response provided	25/11/2025
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	<p>Thank you so much for visiting Park Avenue to complete your Enter and View report. We truly appreciate the time and care you devoted to the process.</p> <p>As a team, we are thrilled with the report and the positive reflection it provides of the home. Your feedback means a great deal to us, and it reinforces our commitment to providing a supportive and welcoming environment for residents.</p> <p>We are also happy to address the minor recommendations you have highlighted and are already taking steps to implement these improvements. Your constructive suggestions help us continue to enhance the quality of care and the overall experience for residents at Park Avenue.</p> <p>Thank you again for your valuable work and for recognising the efforts of the Park Avenue team.</p>
	Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations</u> . If not applicable, please state this and provide a brief explanation of the reasons.
Recommendation 1	We have reviewed the placement of the plant and agree that improved visibility will support ease of access for visitors.

Recommendation 2	We appreciate the importance of supporting orientation and independence for residents living with dementia. We have dementia clocks in the communal kitchenette area however will look at these for bedrooms as required.
Recommendation 3	We value the commitment of our team to continually develop their skills and knowledge and are paired with St Christopher's Hospice and Oxleas for additional training. We have reviewed the current training programme and are exploring additional opportunities to support staff in their professional development however team members do have access to complete apprenticeships with support of the company and home.
Signed	
Name	Charlotte Goodfellow-Fernandez
Position	Home Manager