

Healthwatch Greenwich

Enter and View:



Charlton Park Care Home

January 2020

1. Details of the visit

1.1 Purpose of our visit

Healthwatch Greenwich is carrying out a series of visits to Residential Care Homes in Greenwich to ascertain the quality of life, experience and views of residents.

Name and address of premises visited	Charlton Park Care Home Park Farm, 21 Cemetery Lane, Charlton, Greenwich, London SE7 8DZ
Service Provider	Four Seasons Health Care
Care Home Manager	Harriet Kobusingye
Date/time of visit	24 th 10AM - 11AM and 28 th January 1PM -3PM
Healthwatch Greenwich Authorised Representatives	Sam Greaves, and Nnamdi Onwura Jummy Alabi, Pooja Tewari and Vanessa Carollo,
Admission Information	Care home for adults 65+ living with dementia or with nursing needs
Number of beds	66, 59 residents in-house during visit
Staffing levels	2 nurses, 5 carers on nursing unit 2 nurses, 6 carers dementia unit
At our visit	During our visit on the 24 th we did not speak to residents, however we observed approximately 40 residents in the lounge areas. During our visit on the 28 th , we spoke to one resident, and observed nine residents taking part in an exercise activity.

1.2 CQC inspection

The Care Quality Commission (CQC) carried out an unannounced visit to Charlton Park Care Home on the 25th and 26th April 2018. The home was rated as ‘good’

across all areas (https://www.cqc.org.uk/sites/default/files/new_reports/INS2-3749613846.pdf)

Ratings	
Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

1.3 Other ratings

Charlton Park Care Home has a rating of 8.3 from Carehome.co.uk (<https://www.carehome.co.uk/carehome.cfm/searchazref/20001005CHAA>)

1.4 Healthwatch Greenwich Enter and View 2018

In November 2017, we conducted an enter and view visit to Charlton Park Care Home, in which we provided the following recommendations:

- Display photographs and names of key staff members in communal areas
- Create a community newsletter to share information with residents and their families
- Modernise some of the home's décor
- Look at installing more dementia friendly signage throughout the home, including toilets and kitchens in communal areas

1.5 How our visit was conducted

The visit was unannounced.

We notified the registered manager that we would be attending at some point in January, without specifying the date or time. During our visit, we provided the home with leaflets and letters (to share with residents, relatives, carers and visiting healthcare professionals) giving an opportunity for further feedback.

1.6 Healthwatch Greenwich Escalation report

On the 24th January 2020, we attempted an enter and view visit, which we proceeded to follow up four days later. During our visit, we had been concerned with security issues upon entrance at the home. Consequently, we escalated this issue to Greenwich CCG (see appendix). The service provider has since responded (see appendix).

1.7 Acknowledgements

Healthwatch Greenwich would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

2. Summary

We found a major security issue with the main entrance. During our first visit, we were able to enter the home without staff checking who we were or why we were visiting. We were then able to freely walk around the home unchallenged. We escalated this issue to Greenwich Clinical Commissioning Group, and Charlton Park has since responded with actions.

Overall, Charlton Park Care Home provides a pleasant environment for residents. The home is clean and tidy, however in some areas the interior decor is very dated and does not feel comfortable or homely. Modernisation of the home's decor was recommended in our 2018 enter and view, however, this has not been conducted in more than a few small areas. Staff areas also need to be refurbished, as they do not feel comfortable, or encourage rest and relaxation, which could affect staff morale.

3. Our Findings

3.1 Communal spaces

External space

The front of the home is clean and spacious and positioned in a quiet location. External areas are peaceful, well-maintained and there is plenty of space for transport and parking.

The home has communal patio areas around the sides of the home, which are well-furnished with chairs and tables. The view is stimulating, surrounded by trees and grass and wildlife. The garden is frequently used in the summer, to hold activities, parties and occasional fireworks.



Reception area

The reception area is warm and welcoming, with the latest certifications clearly displayed, as well as other information about local services and organisations.

During our visit on the 24th, we were allowed through the locked door without any staff checking who we were, or why we were visiting. We escalated this issue and it is now in the process of being resolved. The visitors' book was available, however during our visit we were not asked to sign in upon entry. When we returned on the 28th, we were asked to sign in, and to show our identification.

Bathrooms



All resident rooms include a toilet and basin. Bathrooms and showers are communal. There are two bathrooms and one shower room on each floor, for 30 residents per floor. Additionally, the ground floor bathroom provides

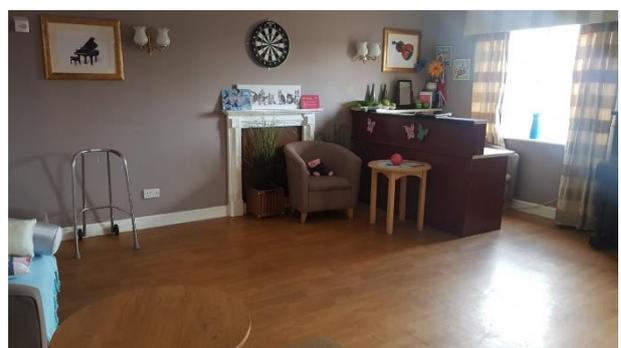
specialised facilities for residents with mobility issues. Dementia friendly signs are in use.

Some bathrooms are not well-maintained with exposed pipework, inactive lights, and chipped tiles and handrails. This is both a safety and hygiene risk.



Lounge and dining areas

The lounge areas across all floors are open plan with comfortable armchairs, board games, a television, and a clearly displayed activities board. The layout of tables and chairs enabled easy communication between residents and staff.



Dining areas are warm and comfortable, with the atmosphere of a restaurant. Dining tables and chairs are arranged to encourage small groups to eat together and promote social interaction.

A “snack” kitchen for visitors are also available on each floor, providing tea and coffee facilities.

A sensory room, filled with lights and other visual aids, is available for residents. When not in use, this room also provides a quiet space for residents to spend time in.

3.2 Personal spaces

Resident rooms are personalised with photos of family, friends, and other personal possessions. Residents can choose wallpaper or preferred paint colour. Carpet or laminate flooring is provided, depending on risk assessment.

Residents have a TV in their room, as well other smaller items on request, such as radios.

We are pleased to see the name of the nurse and keyworker displayed inside each resident’s room.

Safety gates are available upon request to stop residents



mistakenly going into the wrong room, enabling more privacy.

One resident told us, due to their limited capacity, they spend most of their time in their room, which they like:

*“It’s what I chose, they’re my pictures on the wall. It’s exactly how I want it.
It’s very cosy”*

3.3 Activities

A weekly activity timetable is displayed on each floor. However, the design is not dementia friendly and does not illustrate, with pictures, which activities are happening on which day.

Charlton Park employs three activity coordinators. Activities take place daily at 10am and 2pm. A wide range of activities are on offer, including Toddler days where children from the local school come to visit, live music, and a zoo lab - where pets are brought to the home.

Activity co-ordinators have good relationships with residents. We observed a number of activities taking place, which residents visibly enjoyed. Photos of residents taking part in a wide range of activities are displayed in the lift and corridors.

The home provides a hairdressing facility available twice a week.

The home receives monthly visits from the Church of England, Catholic and Pentecostal churches.

3.4 Food and mealtimes

Food is prepared by the in-house chef. Residents can have food served in their room, and visitors can assist with mealtimes. If residents do not want the food offered, alternatives are available. For residents with dementia, staff use pictorial representation to show what food is available, and provide residents with a choice. The kitchen can cater for a wide range of cultural tastes or preferences. Relatives provide ideas of what food their loved ones enjoy during pre-assessment. Personal preferences are recorded in a booklet called My Choice.

One resident reported mixed reviews on the food:

“It’s not bad. I’m not a big eater. They look after me well though”



3.5 Staff and resident relationships

Charlton Park utilises a keyworker system and an “At a glance” scheme to show all staff the needs of all the residents. Quality of care is also maintained through regular observations on staff activity and reviews or discussions with staff to make sure they feel supported.

Staff are attentive to residents. We saw a resident wandering around the corridor looking for their room, and a staff member immediately assisted and took them to their room. During our visit, we noticed that the Care Home Manager had particularly good relationships with residents.

One resident told us they are very happy with the staff and care they receive:

“They treat me very well. They look after me because I can’t look after myself. They’re very kind. I like it here... They’re [staff] very kind, which is important to me”

3.6 Relative and resident feedback

The home operates an open-door policy, enabling residents and relatives, to feedback to the care manager whenever they need to. This is in addition to monthly care plan reviews with staff and relatives.



Additionally, the home organises quarterly resident and relative meetings (together) and relatives receive regular updates following GP or hospital appointments.

3.7 Addressing Healthwatch recommendations from 2018 enter and view

The table below demonstrates what changes the home has made following our previous 2018 Enter and View report:

Recommendation	Action
<p>Display photographs and names of key staff members in communal areas to assist both residents and visitors.</p>	<p>There were no visible photographs of key staff members in communal areas.</p> <p>The Care Home Manager told us that they have started taking photos and have bought a board. They are planning to display it somewhere visible to both residents and relatives.</p> <p>We are disappointed this has not been actioned and completed since our 2018 visit.</p>
<p>Modernise some of the home's decor. Simple and effective improvements could be made to increase the appearance of some of the communal areas and bathrooms.</p>	<p>The Care Home Manager told us that in the upstairs lounge, flooring has been refurbished, and communal areas repainted.</p> <p>Plans are underway for bedroom refurbishments, including furniture changes. However, room decoration is based on resident's personal preferences.</p> <p>In a number of places, the home is still not of an acceptable standard. The ground floor bathroom, staff room, and staff changing rooms are in immediate need of refurbishment.</p>
<p>Provide a community newsletter. This would enable the home to share key information with residents and their families and build a sense of community.</p>	<p>Upcoming news and events are displayed in the communal areas. The Care Home Manager told us that this has been working effectively.</p>

<p>Install dementia-friendly signage throughout the home, including toilets and kitchens in communal areas.</p>	<p>Dementia-friendly signage is now in use.</p>
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4. Recommendations

Recommendation 1: Resolve security issues within the home immediately

Security issues on the front door represent a danger to residents and should be resolved immediately.

Recommendation 2: Modernise décor in older areas of the home

The ground floor bathroom, staff room and staff changing rooms are very dated and in poor shape. Modernising these areas will enhance the quality of the home for both residents and staff.

Recommendation 3: Use dementia-friendly pictorial representation on the activities schedule.

Currently some residents with dementia may not be able to understand the activities schedule, limiting their freedom of choice. The activities schedule should be updated with dementia-friendly pictures.

Recommendation 4: Display photographs and names of key staff members in communal areas to assist both residents and visitors.

This is important for both residents with dementia, as well as friends and family who are visiting.

5. Service providers response

All providers are given the opportunity to review our Enter and View reports prior to publication, check for factual accuracy and provide a formal response.

The provider did not comment at time of publication.

6. Appendix

Healthwatch Greenwich Escalation Report:



Statement regarding:	Charlton Park Care Home
In response to:	Healthwatch Greenwich Enter and View Visit
Statement date:	24/1/20
Statement circulation: For action	Royal Borough of Greenwich, Adult Safeguarding, CQC.
Statement circulation: For information	Greenwich Health and Wellbeing Board; Healthwatch England.

Why is Healthwatch Greenwich bringing this to your attention?

A member of HWG staff and an approved representative visited Charlton Park Care Home this morning.

On ringing the bell, despite speaker facilities, we were not asked who we were or the purpose of our visit. The door was simply opened remotely.

On entering the care home no staff were visible or approached us.

Despite waiting for at least 10 minutes, no care home staff appeared or challenged us. It is worth noting that once through the front door we had access to the entire ground floor containing a number of residents.

We then went looking for a member of care home staff. We were unchallenged during this time.

We found an administrative member for staff in a side office and introduced ourselves. We were told us that no management/deputy/senior staff were in the building today and she could not confirm if/when any management would be arriving.

How is this affecting residents?

- Residents are at risk of harm as a result of inadequate front door security
- Residents are at risk of harm as a result of lack of challenge to unknown visitors
- Residents are at risk of poor care as a result of lack of risk assessment/contingency plans in the absence of senior members of staff.



Next steps and questions raised

This paper will be circulated to RBG, Adult Safeguarding and the CQC for consideration and response.

On behalf of residents we would like to raise the following questions:

1. What risk assessment checks are carried out at Charlton Park Care Home to pick up on security issues?
2. How do commissioners ensure risk assessment checks are carried out at Charlton Park Care Home to pick up on security issues?
3. How often are risk assessment checks to pick up on security issues carried out?
4. How do commissioners verify that risk assessment checks to pick up on security issues carried out on a regular basis?
5. How is access to Charlton Park Care Home controlled?
6. What policies and procedures are in place to verify visitors before entry into Charlton Park Care Home?
7. What is the escalation policy for a breach of security at Charlton Park Care Home and in the absence of management/senior staff, how is this policy actioned?
8. What staff training and guidance is given on security systems and procedures?
9. How do commissioners verify adequate staff training, and refresher training, on security systems and procedures is carried out at Charlton Park Care Home?

This statement has been prepared by:

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Service provider response to our escalation report:

Escalation of Security Issues at Charlton Park Care Home

During our annual enter and view visit to Charlton Park Care Home, we submitted an escalation report due to a number of concerns we had.

The security of the building was inadequate and a potential threat to the safety of residents.

Four Seasons, the provider running the care home, have since sent us a response, detailing what has been learned:

- A Meeting was held with colleagues 28.01.20, at which the concerns were shared and expectations with regard to visitor's was reiterated
- Security of the home is to be included as a discussion topic in colleague supervisions
- Management will check awareness of security procedures by questioning colleagues on an ad-hoc basis
- A memorandum has been placed at the front entrance door signposting visitors to report to the administration office upon arrival
- A Security mirror is to be installed within reception, which will enable the administrator to be able to see who is entering the home from her desk.
- The code to the keypad will be changed three-monthly, or sooner if required.

Comment from Royal Borough of Greenwich:

1. This is usually monitored by the home manager through the regular checks and audits and by the Regional manager during the monthly monitoring visits.
2. Access to the home is one of the areas I check during my visits, and I expect that I am asked to sign in, my identification and am questioned the reason of my visit.
3. The provider should be able to provide details on this, there is also a daily walk around completed by the home manager that should capture this.
4. We check during our visits that the provider completes regular risk assessments, not necessarily in regards to security. However, we expect that their own assessments cover access to the home and we might check more in depth during our visits, if concerns arise in this area.
5. Access to the home is through a keypad, a code is required to get in and out of the home.

6. All visitors are required to sign in at entrance, with identification to be provided. A member of staff should direct visitors as appropriate. Visitors should be escorted out and requested to sign out.

7. The escalation process should be displayed at the entrance to the home. This usually is the Regional manager, with his contact information included, or the Regional director. There is always a person in charge, in the unlikely absence of both the home manager and the deputy, this is usually the Lead nurse and staff should be aware of this.

8. This should be covered during induction.

9. Training is one of the areas we check during our visit, by ensuring that all staff were subject to induction before starting and that they receive relevant training.

7. What is an Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation - so we can learn about and share examples of good practice, from the perspective of people who experience the service first hand.



7.1 Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible, we also speak to residents, service users, patients and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.

7.2 Disclaimer

Please note that our reports relate to findings observed on the specified date of our visit. Our report is not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.

8. Contact us

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If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and 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.

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