healthwatch Lewisham

Enter and View Report

Ashleigh House Care Home, 31st March 2026

Contents

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Visit Details	
Service Visited	Ashleigh House Care home - 133 Bromley Road, Catford, London, SE6 2NZ
Manager	Melany Baird
Date & Time of Visit	31st March 2026, 12.30am – 14.30pm
Status of Visit	Announced
Authorised Representatives	Daniyah Kaukab, Francis Ogbe, Lila Bull
Lead Representative	Daniyah Kaukab

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

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

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 get an impartial view of how the service is operated and being experienced.

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

1.1.2 Safeguarding

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

In addition, 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 reflects observations, feedback, and experiences shared during this particular visit. It provides a snapshot of the service at the time of the visit and may not represent the views or experiences of all service users or staff.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, residents 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 this Visit

2.1 Ashleigh House

On Tuesday 31st March 2026 we visited Ashleigh House, a care home located in Catford that provides care and support for up to 10 residents with mental health conditions. Support is provided by contracted care staff who assist residents with their day-to-day needs. The home has a registered manager and seven support workers. At the time of visit we met the manager and three support workers. Ashleigh House is run by Ashley Healthcare Limited.

The care home is spread across three floors. The ground floor comprises the reception area, two bedrooms, a shared bathroom, a boiler cupboard, kitchen, lounge, dining room, conservatory, and office. The first floor consists of six bedrooms, including one with an en-suite bathroom, a separate bathroom with toilet, a separate toilet, a tea and coffee room, and an emergency exit. The second floor contains two bedrooms, one of which has an en-suite bathroom, a staff room, a bathroom with toilet, and an emergency exit.

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.
Ashleigh House was last inspected by the CQC in January 2022. The inspection report gave a rating of 'requires improvement' overall, with individual ratings of 'Good' for being Effective, Caring, and Responsive, with individual ratings of 'Requires improvement' for 'Safe' and 'Well-led', as CQC felt the service could improve by strengthening fire assessment procedures for residents who smoked. Resident's care plans also lacked detail regarding how they would like to be supported with personal care.

2.3 Online Feedback

A single Google review gave 4 out of 5 stars.

2.4 Focus of the Visit

Every year, Healthwatch Lewisham carries out a statutory programme of Enter & View visits across health and social care services in the borough.

As part of this programme, 50% of Enter & View visits are identified using intelligence and insight from external partners, including the NHS, Local Authority colleagues and the Care Quality Commission (CQC). The remaining 50% are informed by Healthwatch Lewisham's own engagement and insight, including data collected through the Lewisham Independent Advocacy Service, which forms part of the Healthwatch Lewisham contract.

Ashleigh House was selected from the CQC list of care homes under the Lewisham authority. The visit focused on understanding patient experience in relation to access, communication, the care environment, and awareness of feedback and complaints processes, with the aim of highlighting areas of good practice as well as opportunities for service improvement.

3. Executive Summary of Findings

Our analysis is based on the feedback of 2 residents and 3 staff members. This is a summary of key findings – see sections 4 – 6 for findings in full.

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

Care and Resident Experience

What has worked well:

- Residents reported generally positive experiences of care. Staff were described as supportive, respectful, and communicative. Residents felt able to access support with daily activities and attend health appointments when needed. Staff interactions observed during the visit were person-centred and respectful.

Environment and Facilities

What has worked well:

- The home was generally clean and functional. Residents had access to communal areas and outdoor space, which was viewed positively. Rooms could be personalised according to resident preference.

What could be improved:

- Some areas of the home would benefit from more consistent cleaning and maintenance. An unclean toilet was observed during the visit, with visible excrement and limescale build-up, suggesting a need for more regular cleaning checks. Furniture and decor in the communal areas would benefit from being updated. Noticeboards contained outdated and worn materials. There were a few areas which needed attention including a rusting

emergency exit staircase and sand buckets in rooms upstairs to put out cigarettes.

Safety and Accessibility

What has worked well:

- Security measures were in place, including coded entry at the main entrance. Fire safety procedures were communicated, with visible signage and regular drills reported. Management also provided examples of how identified risks had been addressed, including additional monitoring and control measures introduced following a smoking-related safeguarding concern and for residents who smoke in their rooms. Hallways were free from obstructions.

What could be improved:

- Accessibility could be improved as wheelchair access relies on a ramp that is not permanently in place. The external fire exit, as discussed prior, showed signs of deterioration, and a secondary entrance appeared to have lower security than the main access point. Residents being allowed to smoke upstairs could be a potential fire hazard.

Communication and Inclusivity

What has worked well:

- Staff were described as approachable and communicative. Some signage was available in multiple languages, demonstrating awareness of inclusivity.

What could be improved:

- It was unclear whether multilingual materials reflected the specific needs of current residents. There was limited evidence of communication tools to

support varying communication needs, for example NHS communication cards for care homes. We also found that information on noticeboards was out of date.

- During the visit, staff members were not wearing visible name badges. Having name badges may help residents, visitors and professionals identify staff more easily.

Engagement and Feedback

What has worked well:

- Residents felt comfortable interacting with staff and accessing support. Staff likewise felt comfortable expressing the need for help. Outdoor access and some activities were available.

What could be improved:

- Resident feedback indicated moderate satisfaction with activities and engagement. Opportunities could be expanded, tailoring activities to better meet individual preferences.

Staffing and Workforce

What has worked well:

- Staff feedback was positive, with high reported job satisfaction and strong relationships with residents. Staff expressed confidence in carrying out their duties and adapting to different situations.

What could be improved:

- Staff expressed interest in further training and development opportunities. No formal wellbeing support system was identified.

4. General Observations

During the visit, the Authorised Representatives made the following general observations about the care home environment and how people experience the service through watching and listening:

Accessibility and Signage

Observations

- The care home is located on a main road with easy bus access.
- There was external signage located above the main door.
- Two doors were present, one mainly used for entry and exiting by all and the other mainly used by residents for exiting.
- There was a manual registration process by the manager's office.
- If anyone has accessibility issues (wheelchair) they have a portable sledge that can be fitted when required.
- There is availability of off-street parking for up to five cars and the driveway next to the care home can also be used if needed.
- A garden and smoking area is present on the ground floor.

- Inside the service there are visible easy to read signs but there was a lack of internal signage using pictures/photos for identification. This is important as it helps support residents with reduced capacity to identify the purpose of rooms and navigate the environment more easily.

- There are metal stairs on the outside of the building used by everyone to go out from the top floor to the garden place or in case of fire. These metal stairs were rusted and wearing away in many areas as could be considered not safe (photo on the right).
- Residents with mobility issues are provided rooms on the ground floor.

Security and Fire Safety

Observations

- There were visible easy to read fire instructions on all floors.
- The side front door was left open at the time we visited (residents could have left without notice) and required individuals to ring the bell for access.
- The last fire drill happened on 7 March 2026, with regular fire alarm tests/fire drill happening every six weeks, announced and unannounced but residents need to be prompted. Call points are tested every week.
- All staff members are trained in fire safety.
- In case of a fire, the evacuation process involves the top floor residents moving down to the first floor which has two exits. The ground floor has a main door and a second door used for evacuation.
- When the fire alarm goes off, the doors are released automatically.
- Fire extinguishers and their instructions were present.
- CCTV camera screens are in the manager's office.

- Rooms of residents who smoke are checked 4 times a day for safety and also availability of fire buckets (sand) in their rooms, as they are allowed to smoke. (photo on the right)
- A fire blanket was present in the kitchen.

Resident Care and Accommodation

Observations

- The resident's laundry is collected from the rooms by the staff.
- Residents are able to go for walks around the area.
- The residents were buzzed out and staff were informed that they are leaving.
- There is an opportunity for a visit to the home prior to a resident being accepted.
- The residents are addressed by their names.
- There are only 2 rooms with en-suite facilities while the rest have a shared bathroom on the same floor. The shared washroom/bathroom on the ground floor had a toilet, small sink and shower but the whole space was tight.
- The top floor has only one room with an ensuite and shared bathroom for the whole floor.
- The doors on the top floor require some renovation as they looked chipped and worn out.
- Residents are able to personalise their rooms according to preference.
- There was no resident information on the room doors.
- Personal electrical items are tested for safety (portable appliance testing PAT). They had one scheduled for next week from the date we visited. The manager mentioned the 5 year electrical testing is also conducted.
- Residents are asked every day for breakfast choices, usually between cereal and porridge.
- Residents can prepare their own food with staff supervision.
- Staff were not wearing visible name badges.

General Environment

Observations

- The environment was generally clean and no overcrowding of items/furniture.
- There was a distinct smell of urine in the dining room area (ground floor) and the smell of cigarette smoke upstairs.
- The communal area had a dining table, chairs, sofas and TV. Within the space were activities like board games, colouring and a pool table.
- Activities are carried out regularly which include board and pool games but residents also have the option to spend their time as they choose.
- There is an allocated smoking area outside by the garden.
- A large garden behind the house is managed by a gardener and is utilised for outdoor activities.
- There is a storeroom located at the top floor for appliances and wheelchairs, but is not kept locked.
- It was noticed that the washrooms were in need of deep cleaning which is essential with it being a shared facility
- Rooms have very old furniture that are chipped and dirty.
- Every resident has a personal locker in their rooms.
- Windows seem easily accessible and could be unsafe however, the manager mentioned the windows have restrictors preventing them from opening wider.
- Staff accompany residents when they need to shower.
- Radiators are covered.
- There is hot water cautionary signage in the washroom.
- On the first floor there is a mini kitchen available to residents to make their own tea/coffee, etc, unsupervised.
- The fire exit on the first floor through the kitchen was left open and not strictly monitored (metal stairs wearing away due to rust need to be repaired as it is unsafe).

Noticeboard

Observations

- The noticeboard displayed various information including resident's tea and coffee break times, illness instructions in all languages, safeguarding information, a complaints procedure and CQC rating.
- The resident activity schedule was not on display.
- A suggestion box was also present.
- The board in the kitchen displayed the daily food menu and resident choices.
- It was noted that some notices (e.g. NHS health) were outdated and wearing out therefore it would be beneficial if they were updated and laminated.

Medication

We would like to note that this section of the observation checklist was completed with the help of information provided by the manager.

- The medication is stored in locked cabinets located in the manager's office.
- If medication needs to be cooled, it is stored in the refrigerator with a thermometer to ensure the temperature is correct (The refrigerator is not locked, but the door to the manager's office, where the medication is located, is).
- All staff are trained in distribution of the resident's medication, completing medication competency every six months.
- The master key for medication information is kept near the cabinet and updated weekly.
- There have been no accidents thus far with medication.
- All medication is recorded in the resident's care plan, and family members are updated via phone and email if there are any changes.
- In the case of injury, visible wounds, or pressure sores, the care home is equipped with a body map, which is used to document the location of injuries on the body.

5. Resident Feedback

During the visit of Tuesday 31st March 2026, two residents engaged with our service. This report is based on their collective feedback. The residents we interviewed had varying capacities to communicate with us, resulting in brief answers. We used easy read, follow-up questions and emojis on the survey to make it easier for them to respond.

Our engagement focused on residents' background, staff, activities, the care home, and feedback/complaints procedures.

General Questions and Background

Residents were asked to rate aspects of the care home on a scale from 'Very Satisfied' to 'Very Dissatisfied'.

Cleanliness – Both responses indicated high satisfaction. One resident reported being very satisfied, and the other also described the home as clean.

Helpfulness of management – One response indicated moderate satisfaction ("okay"), while the second response rated this as satisfied.

Gardens/Outside Space – Both responses were positive. One resident was very satisfied, while the other described outdoor access positively and noted that it is *"nice to go out at times."*

Activities/Engagement – Both responses indicated satisfaction with activities and engagement.

Staff attitude/support – Both responses were positive, with residents describing staff as supportive and helpful.

Both responses indicated that residents feel safe and supported within the home. Both responses reflected overall satisfaction, with one resident stating they like living at the home.

Staff

Residents noted that staff are helpful and approachable. One resident described staff as *"ever so helpful,"* and both responses indicated that staff provide appropriate support, including assistance with healthcare needs such as attending GP appointments.

Activities and Outdoor Access

Both residents have access to outdoor space and are supported to leave the home where appropriate. With one stating *"Yeah, it is nice to go out at times."*

Activities were rated as satisfactory overall and no specific additional activities were suggested.

Care Home

Responses regarding the care home environment were mixed. One described the care home as "good" and "nice", whilst the other expressed a feeling of monotony.

The home was described as generally clean and acceptable. Food was reported as "good enough," with some variety.

When asked about improvements, one response indicated that improvements may be possible but did not provide further details.

Feedback and Complaints Procedure

Both residents told us that they feel comfortable communicating with 'approachable' staff and had no issues asking questions or making requests and complaints.

The residents agreed that their questions, requests and needs are responded to appropriately.

6. Staff Feedback

During the visit, we interviewed the Care Home Manager and three support workers.

6.1 Manager Interview

Overview and Structure of Service

The staffing structure at the home includes a Registered Manager who oversees the service, supported by senior staff who provide supervision and guidance. The care team is made up of contracted support workers covering a range of shifts to ensure consistent support. There are typically two support workers to ten residents across morning, afternoon and evening shifts, and two staff members present at night. Staffing levels are reviewed and adjusted where required to ensure residents receive safe and consistent care.

Residents follow a structured but flexible daily routine. Staff offer support with personal care, meals, medication, and appointments, while encouraging independence by allowing residents to engage in activities and community involvement according to their preferences. Evenings are generally quieter, helping residents settle for the night.

Adjustments and Support for Residents

Staff ensure that residents' cultural, dietary, and individual preferences are understood and respected. Information about residents' preferences is gathered through conversations and recorded on the system. The service asks about preferences when a resident joins the care home.

For residents whose first language is not English, staff use a range of communication methods to support understanding and inclusion. These include simple language, visual aids, Google Translate and translated materials. The staff team includes members who speak languages such as French, Bengali, Malayalam, and Tamil, supporting communication with residents from diverse backgrounds.

Where possible, staff who speak the resident's preferred language are involved in their care.

Residents who require support with eating are assisted in a way that maintains dignity and independence. This often includes prompts or adapted approaches (cutting up food, helping with positioning, or offering adaptive utensils), and staff can sit with them to ensure a safe eating environment.

Activities and Resident Engagement

Residents' hobbies, interests, likes, and dislikes are continuously discussed during key working sessions and Care Plan Approach (CPA) reviews to ensure their involvement in their care.

This information is recorded in their care plans and used to guide activity planning and personalised support, ensuring routines and activities reflect each resident's preferences.

Residents are also involved in decisions about their daily activities and routines. Preferences are gathered through regular conversations and formal meetings, and the feedback is used to plan activities for the week and month ahead. Staff meetings are also used to review suggestions, plan suitable activities, and ensure they are safe and achievable.

Residents are also asked to share their preferences, likes, and dislikes and suggest meals during resident meetings that happen every six weeks. Staff use this feedback to shape the weekly menu. Residents who want to take part in cooking are supported with simple, safe tasks such as preparing ingredients or assisting with meal preparation.

The activity programme is tailored to residents' mental health needs by offering flexible, person-centred activities that can be adapted to each person's feelings on the day.

If a resident has learning disabilities or autism, activities would be further adapted using clear communication, visual prompts, and additional one-to-one support to ensure they remain accessible and meaningful.

Residents' participation in activities is encouraged by staff talking with them about what they enjoy and what they feel comfortable trying. Staff offer gentle encouragement, explain the benefits for wellbeing, and support residents at a pace that suits them. Residents are personally invited to participate in the planned activities and activities are adapted to make them more appealing or accessible. This approach helps residents feel supported and able to take part in a way that works for them.

For residents who often say 'no' to activities, the staff offer gentle stimulation by keeping their approach flexible and low-pressure. Staff check in with residents regularly, offer simple options, and encourage small steps such as short walks, listening to music, or having a chat. Even when residents decline, the staff continue to provide opportunities, encouragement, and meaningful interaction throughout the day.

Barriers such as physical access are overcome by staff visiting residents in their rooms, conducting regular check-ins and conversations and providing small, manageable activities that can be done in their room. Staff make sure information about activities is shared with them, and offer support if they want to try something outside their room. By keeping options simple, accessible, and flexible, residents can still stay engaged and connected even if they prefer to remain in their room.

Feedback and Family/Friend Involvement

Family and friends are encouraged to provide feedback on the service. Feedback is gathered through surveys and informal discussions during visits or reviews, often

over the phone. Some family members attend care staff meetings where they can provide feedback.

Information collected is shared with the staff team and used to inform improvements where appropriate. General feedback outcomes also shared with residents and families.

Staff and Safeguarding

Management reported having built good relationships with care staff by being approachable, supportive, and present in the service. To create a positive working environment, the management makes time for regular check-ins, offers guidance when needed and encourages open communication so staff feel comfortable raising ideas or concerns. Staff are recognised for good work, given constructive feedback, and involved in discussions and decisions that affect the team, making them feel valued and respected.

When possible, management also organises small team moments such as shared lunches or informal get-togethers to maintain morale and strengthen relationships. The management told us they continue to look at ways to develop more structured rewards or social activities in the future.

All staff are aware of how to raise safeguarding alerts, and safeguarding training is available.

Safeguarding concerns are not often raised in their service. The most recent concern occurred in December 2025 and related to a resident smoking in their room. In response, measures were introduced including the provision of a fire bucket in the rooms, smoking guidance posters, and room checks four times a day using a monitoring checklist.

Prior to this incident, the manager reported that it had been several years since a safeguarding concern had been raised. When concerns do arise, they are dealt

with promptly, recorded correctly, and followed through in line with their safeguarding procedures.

The management told us about several health and safety measures in place to ensure staff are safe during their shifts. Staff receive regular training in areas such as safeguarding, de-escalation, lone working, and emergency procedures. The building is kept secure with controlled access, CCTV in communal areas, and clear protocols for visitors. Staff complete incident reports when needed, and any risks are reviewed and discussed in team meetings. Open communication is encouraged so staff can raise concerns quickly, and management remains available for support throughout the shift.

To maintain staff wellbeing, managers support their physical and mental health in several practical ways. The service maintains an open-door approach so staff can speak to management at any time if they feel stressed or overwhelmed. Regular check-ins and supervision sessions give staff space to talk about their wellbeing and any pressures they're experiencing. Additionally, staff are encouraged to take breaks, manage their workload safely, and access external support services if needed. Management also promotes a positive team environment where staff look out for one another and feel supported during challenging shifts.

6.2 Support Workers Interview

Experience, Culture and Dynamics

Feedback was gathered from three support workers with varying lengths of experience and had worked at the home for three, nine and sixteen years.

Overall, staff described their experience of working at the home positively. All three support workers rated their experience as either '*good*' or '*very good*'. Reasons for this included supportive team dynamics, positive relationships with management, and the opportunity to work closely with and support residents.

Staff highlighted that they have developed strong connections with residents, with one noting that they "get on well with residents."

In terms of job satisfaction, staff reported enjoying their roles, particularly the opportunity to support vulnerable individuals and make a difference in residents' lives. One staff member noted that they enjoy all aspects of their role, and the tasks allocated to them.

Training, Development and Support

Staff reported that training provision within the service is strong. All support workers described the training they had received as 'good' or 'very good'. Examples of training completed included:

- Fire safety
- Food hygiene
- Medication handling
- Health and safety

Staff felt supported by both their colleagues and management, with all respondents indicating that they receive sufficient guidance in their roles.

In terms of development, staff expressed interest in further training opportunities. One staff member indicated that additional training is always beneficial, while another highlighted a desire for clearer pathways to gain formal qualifications such as higher 'care diplomas'.

Staff also reported feeling safe in their roles, attributing this to good team support and positive relationships with residents. All staff demonstrated awareness of safeguarding procedures and confirmed that they know how to raise a safeguarding alert.

Communication with Residents

Staff reported generally positive communication with residents and felt able to build relationships effectively.

However, some barriers to communication were identified. Staff noted that communication can become more challenging when residents display behaviours like racism/name calling that are difficult to manage. Training provided by management, including support on handling incidents was viewed as helpful in addressing these challenges.

Overall, staff expressed satisfaction with their ability to communicate with residents, while recognising that additional support and training can further strengthen this area.

7. Recommendations

Based on the analysis of all feedback obtained, Healthwatch Lewisham has made a list of recommendations. Below each recommendation we have included the response from Ashleigh House.

1. Improve Cleaning processes and Hygiene Monitoring

An unclean toilet was observed during the visit, with visible excrement and limescale build-up.

The service should review current cleaning arrangements and monitoring processes to help maintain consistent hygiene standards throughout the home.

Actions currently being taken: Current cleaning schedules and hygiene monitoring processes have been reviewed to ensure communal bathrooms, toilets and shared areas continue to be maintained to a high standard. Staff have been reminded of the importance of carrying out routine cleaning checks, responding promptly to any cleanliness concerns, and accurately completing cleaning records. Additional spot checks by the management team have been introduced to monitor standards and ensure cleaning procedures are being followed consistently. General comments: The service understands the importance of maintaining a clean, safe and hygienic environment for all residents. Regular cleaning and hygiene checks are already carried out throughout the day and these arrangements have been reviewed with staff following the inspection. We remain committed to monitoring standards and making improvements where needed to ensure residents continue to live in a clean, comfortable and well-maintained home.

2. Upgrade Environment and Facilities

Communal areas and furnishings around the home, including some bedroom furniture, appeared worn and may benefit from updating.

Refurbishment of décor and furnishings where appropriate will help enhance comfort and the overall living environment for residents.

Actions currently being taken: The service has reviewed the condition of communal areas, décor and furnishings. Items identified as requiring improvement are being considered for repair, replacement or refurbishment as part of the home's ongoing maintenance and improvement plan. General comments: The service recognises the importance of providing a welcoming,

homely environment that promotes residents' comfort, dignity and wellbeing. Environmental improvements will continue to be prioritised where required.

3. Review and Maintain Safety Features

The external metal fire exit staircase showed signs of rust and deterioration at the time of the visit, although the manager advised that refurbishment was planned.

A secondary entrance was also observed to be open on arrival. Regular review and maintenance of fire exits and access points can help support safety and security across the premises.

Actions currently being taken: The external fire exit staircase has been reviewed and refurbishment works have been planned to address the deterioration identified. The service will continue to monitor progress and ensure the area remains safe while works are being arranged. Staff have been reminded of the importance of ensuring all external doors and access points are appropriately secured when not in use. Regular checks of fire exits and security arrangements are being completed. General comments: The service remains committed to maintaining a safe environment for residents, visitors and staff. Health and safety checks will continue as part of routine monitoring arrangements.

4. Improving Accessibility

Wheelchair access is supported at the care home through the use of a removable ramp.

The service should consider whether introducing a permanent measure could help make access easier for residents and visitors.

Actions currently being taken: The service currently provides wheelchair access through the use of a removable ramp, which supports residents and visitors with mobility needs. The option of introducing a more permanent accessibility solution will be reviewed. General comments: The service recognises the importance of ensuring the environment remains accessible and inclusive. Any improvements will be considered in line with the needs of residents and building requirements.

5. Staff identification

Staff members were not seen wearing visible name badges during the visit.

The service should ensure all staff wear visible name badges to support easier identification by residents, visitors and professionals.

Actions currently being taken: Staff have been reminded of the requirement to wear visible identification badges while working in the home. The management team will continue to monitor compliance through routine checks and staff supervision. General comments: The service understands the importance of residents, relatives and professionals being able to easily identify staff members and will continue to reinforce this expectation.

6. Refresh Signage and Noticeboards

Noticeboards contained some outdated and worn materials, the resident activity schedule was also not displayed at the time of the visit. Additionally, it is unclear whether the multilingual materials reflected the specific needs of current residents.

Regular review and maintenance of displayed information, including updating, reprinting and laminating materials where appropriate, can improve clarity, accessibility and the availability of up-to-date information for residents and visitors.

Action being taken Notice boards have been reviewed and updated. Outdated and worn materials have been removed and replaced with current, laminated copies where appropriate. The resident activity schedule has been displayed, and multilingual information has been reviewed to ensure it meets the needs of current residents. General comment: This recommendation has been addressed. A regular review of all notice boards will be incorporated into the home's quality assurance processes to ensure information remains current, accessible, and relevant for residents and visitors.

8. Glossary of Terms

CQC	Care Quality Commission
AR	Authorised Representative
COSHH	Control of Substances Hazardous to Health

9. Distribution and Comment

This report is available to the general 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.

Healthwatch Lewisham, The Albany, Douglas Way, London, SE8 4AG

Telephone: 020 3886 0196

Email: info@healthwatchlewisham.co.uk

Website: www.healthwatchlewisham.co.uk