



Jennifer's Lodge Enter & View Report

March 2022

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Introduction

What is Healthwatch Lewisham?

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Lewisham as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective, and designed to meet the needs of patients, social care users and carers.

Healthwatch Lewisham gives children, young people, and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Our Key Functions

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing Board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

Our role is to support the voices and views of the local community and to ensure their opinions are taken into account when services are commissioned. The Health and Social Care Act 2012 gives local Healthwatch the statutory power to carry out Enter & View visits to publicly funded health and social care services to hear the views of service users, their families and carers.

Our reports are published on our website and shared with the NHS South East London Clinical Commissioning Group (CCG), the Care Quality Commission (CQC) and Lewisham Health and Wellbeing Board (HWB).

This report presents the findings from an in-person Enter & View (E&V) visit to Jennifer's Lodge, 105 Wellmeadow Road, Catford, London, SE6 1HN. The care home is owned by Mr & Mrs E Blackwood, and managed by Jennifer Blackwood. The service provides accommodation for persons that require nursing or personal care, caring for adults over 65 years, and those with dementia.

At the time of our visit, 8 people were living in the care home, which is maximum capacity. The care home is a detached house within a terrace. It is located in a residential street, that is a 5 minute walk from Hither Green railway station.

The purpose of our visit to Jennifer's Lodge was multifaceted. The strategic drivers were to help us understand the experiences of care home residents and the staff. We also wanted to carry out a visit due to the previous 'Requires Improvement' rating from the March 2021 CQC inspection report.

Methodology

At the height of the COVID-19 pandemic, local care home providers stopped allowing visitors into care homes as an infection prevention measure. In response, we introduced a new digital approach and carried out virtual visits over Zoom. As the pandemic progressed, lockdown restrictions would go through a cycle of being eased and then re-established following the discovery of a new wave of the virus.

We were able to deliver an in-person E&V visit to Jennifer's Lodge following the return of face-to-face engagement in line with government guidance in February 2022. A key element of our E&V is to be able to visually observe the daily activity within a service as well as interview staff, residents and family members. Jennifer's Lodge was notified of the visit and gave their consent. Pre-visit, we provided posters and further information to distribute to residents, staff and family members.

Our visit to Jennifer's Lodge was themed around the following aspects of care provision:

- Impact of COVID-19
- Provision of care for residents with Dementia
- Infection control measures
- Communication between residents and family members
- Activities

Limitations

The pandemic created increased pressures on local health and care services. However, we would like to thank the Manager and their team for being accommodating when facilitating the visit. They promptly responded to all our queries and kept us updated about any changes to internal COVID-19 regulations.

We were unable to speak to family members at the time of our E&V visit. However, the Manager collated a list of contact details for people that were happy to speak to us over the telephone about their experience with the care home. We engaged with them within a week of the visit to ensure the findings remained timely.

Disclaimer: This report relates only to the service viewed on the date of the visit, as well as the follow up telephone calls and is representative of the views of the family, residents and staff who contributed to the report.

Key findings

The following information has been gathered through observations whilst carrying out an in-person visit and conversations our team had with the owner plus manager. Following the visit, we conducted telephone interviews with family members and staff.

Entrance

Jennifer's Lodge is located on a quiet residential street in Hither Green, Lewisham. We found it without difficulty, however note there is no external signage of any description to differentiate it from nearby homes. The building itself is a large detached house with a single main entrance (front door) and a side gate – leading to the back garden. On arrival a buzzer press was required to gain entry and we were asked to sign in.

Inside, the hallway serves as a small reception area. Although the space is relatively small we noticed no obstacles or potential hazards. The décor, akin with much of the home is somewhat dated, yet homely and functional.

The many notices displayed include staff qualifications and operating licences. It was reassuring to see emergency contact numbers for the manager and other staff posted. While the notices are of definite value and logically situated, there was a sense of clutter (due to the small area) and the text-heavy content was not easy to digest.

Security was observed to be good – external doors were locked and we saw that a staff member was quick to close an open key safe.

The Enter and View visit poster was displayed on the front door.

Infection Control (COVID-19)

After signing in we were asked to show proof of a negative lateral flow test – we were not instructed to evidence vaccination status or to wash our hands, although we did use sanitiser.

COVID-19 guidance was clearly posted on the door, detailing general safe practice (hand washing, social distancing and mask wearing). We saw two specific sanitation stations, however they did seem to be difficult to access – perhaps placing them in more visible locations and adding signage to draw attention would be helpful for visitors and staff.

All staff wore face masks. However, they weren't always being worn correctly with the masks not covering noses or mouths.

Communal Space

The home is on two habited floors, the ground floor containing the only bathroom, the lounge, dining room/conservatory, kitchen and three bedrooms.

The lounge, which may comfortably accommodate all the residents has the appearance and feel of a traditional front room – it is carpeted, wallpapered, has a glass chandelier and a piano. A large television is prominent, there is also an interesting trophy cabinet to further add character. The general atmosphere was homely, welcoming and vibrant.

Adjacent to the lounge is the home's only bathroom, which is suitably equipped with mobility aids for the toilet and bath, and fitted with red emergency pull-chords. There are signs to encourage cleanliness.

The main hallway has a laminate floor. While clinically suitable, the tiled pattern is very 'busy' and not appropriate for residents with dementia. We note a section of the flooring directly outside the bathroom is missing.

At the end of the hallway is a 'second hallway', slightly wider and leading to the kitchen and dining room, plus a bedroom. The home's main noticeboard is in this area, with the most recent CQC inspection report among the useful items on display.

The kitchen, although small is functional and appeared to be well-equipped and clean. Several different types of meal were being prepared. The adjacent dining room, located in the conservatory is relatively spacious and overlooks the expansive garden. With houseplants, flowers and fruit in abundance, this space is particularly pleasant – with almost a tropical feel.

The entire home interior, downstairs and upstairs is bathed in natural light and this gives a warm, cosy feel throughout. Flowers were present in all communal rooms and the resident's personal projects are on display. The windows are double glazed.

Bedrooms

Upstairs there are five bedrooms of varying size, layout and décor (some are much larger than others). All contain a separate toilet and sink. There is a single bathroom facility, with a bathtub, downstairs for washing. We understand that all the residents need personal support to bathe or shower.

Emergency call buzzers, plus a 'service user guide' are present in all bedrooms.

The manager says that residents may personalise their rooms and this was evident – one room had an impressive toy car display and another was adorned with many paintings.

Resident's photos, and a brief biography are on their doors, we are told this is to help prevent them wandering into other's rooms. As an additional precaution, the doors of empty rooms are often locked by staff.

We note that 'do not disturb' or 'please knock before entry' signs are available. During our visit, none of the residents were in bed.

Garden

The back garden is very large, nicely secluded by trees and the lawn is substantial. It is a very quiet, pleasant space and we believe one of the home's best assets. We were told that the residents often enjoy using the garden in the summer, for picnics and exercise.

While the lawn is nicely maintained, the general upkeep has been somewhat neglected – there is a lack of outside furniture such as chairs, tables and benches and what exists is visibly old and worn – potentially unsafe. We hear that one resident likes to help with the gardening, however on the whole we did not see many pots, raised beds or designated areas for planting and growing. There is much unrealised potential.

Health, Safety and Accessibility

The home appeared clean, tidy and presentable; however several safety concerns are apparent, both inside and out.

Inside, mobility is a challenge. We clearly noticed that many of the ground floor doors present a trip-hazard – due to 'sills' protruding from the bottom of the frames. Exiting the dining room can be a particular trip risk as the fixed mobility ramp to get in (Appendix, Photo 4) is sloped on just the entry side and notably raised on the other.

The kitchen and dining room are directly opposite to each other, but separated by the second hallway which is frequently used by the residents and staff. While stepping out of either room it is easy to envisage collisions, which at mealtimes would involve hot plates of food and other dangerous items.

The stairs are equipped with a handrail, plus a separate mobility rail at the bottom which looks to be substantial and solid. We observed residents navigating the stairs without difficulty, however one (non-verbal) resident, while descending stopped to show us a chip in the handrail woodwork – any distractions on the staircase are potentially dangerous, so this should be addressed. There is no lift, so those accommodated upstairs must be relatively mobile.

There are call buttons in each bedroom, usually by the residents' beds, that have a maroon button indicating which one they need to press to get help. However, some rooms have call buttons that are not in accessible places, including one that is behind a television and dresser that is then blocked by the open door when you come in.

We note several potential hazards in the garden. The steps leading down from the dining room have a handrail that appears to be loosening. We understand there is a portable ramp for the less mobile, we were also shown an alternative side entrance (it is not clear whether this is fitted with a lock). Some of the furniture such as benches looked damaged and unsafe to use, while at the far end we observed what appears to be debris, such as construction materials, an old mattress and an abandoned scooter (Appendix, Photo 5) – this is a potential risk should the residents wander unsupervised.

Other possible risks – against the wall in between a resident's room and the lounge, there was an item that almost looks like a decorative side table that's missing its glass topper that would make it a table. It could be a hazard if someone were to trip or fall near it. Doors are locked, but there is a stairwell down to the basement that only has a small latch gate that could potentially be a hazard.

All hallways and upper landings are quite narrow, fortunately there were no visible obstructions during our visit. Door handles and wall railing are sited logically and generally easy to identify, while light switches and power outlets are harder to differentiate from the walls and fittings.

Signage positioning varied throughout the home with some being at eye-level, some higher and some lower.

On fire safety, we observed designated fire exits and extinguishers sited in suitable places, such as the top of the stairs. We observed that an extinguisher in reception was blocked by other objects. The evacuation procedure was clearly posted on the main noticeboard. Any smokers will use the garden.

We understand that appliances have been PAT tested.

Food

The owner says that whenever new residents arrive, a priority is to learn which food they particularly like and dislike. Staff suggest, and residents confirm that meals are based usually on individual preferences – we saw that lists of preferred meals and snacks were posted in the kitchen. A set menu is also available that rotates ‘every three weeks’. Between meals, snacks are available and we noticed plenty of fruit in the dining room.

We observed the serving of dinner at around 1:00pm. Three residents had traditional cottage pie, served typically with carrots and cabbage, and plated in slightly different ways (some with gravy, others with sauce). One resident had scrambled egg and chips and another opted for a substantial looking curry, with side salad. Water was brought on request. The dessert of Ice cream and jelly was a popular choice and we note brought some smiles.

All dishes appeared to be home-made using fresh, wholesome ingredients. The meals were of generous portions, looked appetising and all were finished. Following dinner, dishes were immediately washed and put away.

Many of the residents need to be supported, this includes hand feeding, constant checking for choking, and encouragement to use cutlery in the proper manner. Two staff members were present during our visit to help with the food service.

We are told that when the weather is nice, meals may be taken in the garden.

“The roast potato suppers are my absolute favourite!” (Resident)

“The food is excellent” (Resident)

Activities

For group activities, the lounge is generally suitable as the chairs are arranged along walls, leaving ample floor space. When we arrived a music and dance session was taking place, with almost all the residents present – visibly engaged and actively participating. Instruments including a tambourine were provided, allowing residents to play along to the music as they danced. Staff appeared to have a very good understanding of, and rapport with the residents.

An extensive offering of regular activities includes board games, dominos, bingo, reading, painting, knitting, singing, dancing and yoga. One resident, who is particularly competitive 'boasts' about the number of games won.

Clearly the most popular pastime is watching the television – largely 1970s and 1980s sitcoms which offer the opportunity to reminisce, while having fun. Residents also watch in their rooms while one is currently working on a 3,000 piece puzzle. During our visit 'Smooth Radio' was playing in the dining room.

We understand that a volunteer is available at the weekends to assist with arts, crafts and other activities.

After dinner some residents watched television in the lounge, while others took part in solo activities in the dining room, such as drawing or maths puzzles (pencils and magazines are widely available). Most of the residents have their favourite 'spot' or pastime. We were told that the residents may go to bed, and get up as they wish. The house cat is a welcome distraction.

Families and Visiting

Most of the residents have in-person or remote contact with their wider family and varied examples are given.

We hear that families have the owner's personal phone number and are welcome to call – this is useful, and well utilised by relatives living further away. Those living closer like to 'pop in and have a cup of tea or sit in the garden with their loved ones'.

In some cases the home has intervened to protect residents from abusive family members, incidents include asking for money and harassment. The manager is also trying to make contact with families who are no longer in regular touch.

During the visit, it became evident that the service would go above and beyond. For example, one resident was supported to visit a relative who lives in the South West of England which is a sizeable journey and commitment.

Information, Feedback and Complaints

We did not see a suggestions box, or book. Most, if not all families have the owner's personal phone number and may share feedback. We found that staff are approachable and amenable to resident's needs and requests.

The main noticeboard included the complaints, safeguarding and confidentiality policies, plus an organisational structure chart. We also observed staff specific log books and did not notice any out-of-date literature.

Management Interviews

The home has one manager and 10 staff members – four of which are senior. Ages range from 40 plus and ethnic backgrounds are diverse including Caribbean, African, Bulgarian, Romanian and Spanish. There is one male staff member.

During the visit we interviewed the home manager, who works two days a week, and also the owner who is frequently at Jennifer's Lodge.

Staff and Training

Cleanliness, of both the home and residents is a top priority for management. When recruiting new staff, the ability to clean thoroughly is the primary consideration, with staff up-skilled while on the job – to tailor care and support. We are told that the care staff have been with the home for a long time – with one person working over fifteen years.

The manager emphasises the importance of training, which is said to include dementia awareness, vocational care, food hygiene, fire safety and cleaning. Training needs and attendance are recorded.

Safeguarding training is undertaken annually and the owner says that all safeguarding cases may be referred directly to them, which are then documented.

The manager supervises staff bi-monthly, while appraisals are annual. There is also a monthly team meeting. It is apparent that all staff have a good rapport and are mutually supportive. The manager says that staff are trying to maintain a good work/life balance and annual leave is encouraged.

Resident Care and Involvement

Through observations and the interviews we got the impression that management and staff enjoy their work, and genuinely care for the residents' well-being. They are kind and conversational when chatting or engaging with them, and often talk on a first-name basis. If they need to ask a resident to do something, particularly those with dementia, they are firm and clear and thank them for following directions.

During the dancing/musical activity, we saw that staff and the owner joined in to encourage the residents to take part. The manager stopped to dance with one of the residents for a song as well, which seemed normal to the residents.

It was suggested that residents are supported with their cultural, religious and personal needs. Examples include accompanying residents to the synagogue or church (pre-pandemic) and ensuring that food ingredients are appropriate. Cultural dishes are also served – in one case to the surprise of a resident who assumed this may not be possible. We are told that this particular ‘spicy dish’ has also become popular with others. A male staff member has recently been employed to groom the male residents (cut hair and shave).

Before the pandemic there were frequent outside trips to community events, parks and cafes. It is hoped that outside trips will be resumed ‘this year’.

More recently YouTube videos have been utilised, such as on chair based exercise and we observed this to be well attended during the visit. The owner says that ‘everyone likes something different’ and there is plenty of opportunity for arts and crafts, with future plans for baking also considered. Friendships are encouraged – an account is given of a newer resident befriending, and gaining the trust of a longer term, previously reclusive counterpart. They now often sit together to watch television and chat.

Choice is embedded within the care – reportedly the residents tend to go to bed, get up, wash and shower at different times. This is confirmed by the residents themselves. Those who consistently prefer the same food are encouraged to try new things.

Clinical Treatment and Care

One resident recently had a sore. The district nurse came quickly to make an assessment and ‘was excellent’ in doing so. Another resident had tightness in the throat – a GP appointment was secured immediately and medication prescribed. All residents, except one are registered with the same practice.

LIMOS (Lewisham Integrated Medicines Optimisation Service) and a local pharmacy are praised for very good levels of support.

We understand that the home has acquired two hospital beds, which have been risk assessed and are now in use. The residents concerned are said to be ‘much more comfortable’ as a result.

Feedback and Complaints

On complaints, there is a clear procedure which is posted on the noticeboard and the manager says that families know about the process. Apparently nobody has yet complained and the complaints book has been discarded, however this may be reinstated to fully comply with the policy. The owner is said to have ‘an excellent rapport’ with families.

COVID-19

Staff and residents are required to take regular lateral flow tests, plus a monthly PCR test. Hand sanitiser, PPE and temperature checks are available. Residents testing positive have had to self-isolate in their rooms, with a dedicated staff member providing personal support. All staff and residents have been vaccinated and we believe this is verified by the local authority.

On the pandemic generally, the home received 'a lot of support' from the council and provision of PPE has not been a problem. We hear that local people donated food as well. All but three residents contracted COVID-19 during the pandemic and one was seriously ill. It is suggested that a remedy of garlic, ginger, lemon and honey helped in getting through this difficult period. The owner also supported staff by providing reassurance and a positive outlook.

Future Aspirations

When asked about potential improvements, we were told that the home 'doesn't have any money'. The list of desired projects is expansive, including an extension to the dining room, a larger kitchen, a communal walk-in shower as well as shower facilities in all bedrooms. The care home would also like to develop the garden with a substantial path and create a larger garage space. A loft conversion could suit one of the residents who we observed wanders around the house habitually. Top of the list for the service is the extension, which would open up opportunities for more varied activities and entertainment.

"It's a gift, it's not just a job. Lewisham Council is very supportive and we have a great network." – Home Owner

"I think this home is amazing and person centred. Everyone is treated as an individual, they all have different bedtimes, preferred times for showers and bathing in the morning." – Manager

"One resident participates in dancing and really likes to play dominoes. There is so much laughter when they play!" – Manager

Staff Interview

Following the visit a care staff member completed a questionnaire. With 5 years of service, duties include cooking, cleaning, showering, dressing and general assistance.

Training and Supervision

A member of staff enjoys working in the care sector, and at the home. They said that a good rapport exists between staff, management and the residents.

Training is received for 'absolutely everything' and supervision is reportedly ongoing, covering most aspects of the role. If a potential safeguarding incident presents, the staff member will first speak with the resident concerned to establish the issue, then relay findings to the manager or owner.

Resident Care and Involvement

We were told that staff are aware of individual likes and needs, and despite the challenges of communication, such as with residents with advanced Dementia, any opportunity to talk and interact is valued.

On activities, music and dance takes place at 10:00am daily, which some, not all of the residents attend. All are encouraged to take part, and also supported with any alternatives, such as individual maths puzzles or colouring. Activities are regarded as 'good and fun'. It is commented that the residents are usually happy.

Feedback and Complaints

It is suggested that the residents are comfortable with the staff, and feel confident in raising issues or feeding back. Most have in-person or virtual visits with family or friends, who are also able to approach staff and management.

COVID-19

The home is regarded as clean and safe, with daily testing in place to help protect residents and staff.

"The manager, owner and residents are all fantastic." - Staff member

"Every resident likes their own things, and I know what each one of them wants." - Staff member

Relative Interviews

Following the visit we contacted four family members/friends by telephone.

There is widespread praise for the individual, holistic care and attention offered to residents. One person said that her friend, a newer resident of six weeks looks and smells 'so much better', is fed well, and has already struck up a friendship with another resident. They said that the home has taken great care to learn about likes and dislikes – this is echoed widely with many accounts of tailoring general care and activities to suit preferences. The quality of personal grooming and hygiene is also commonly praised.

Cultural needs, such as certain diets are said to be accommodated, however visits to churches have not yet been reinstated.

We're told that staff are good at phoning to communicate any developments, needs or concerns, and the owner is considered to be very approachable and amenable to suggestions. One person, whose friend with a sprained wrist was placed upstairs is satisfied that the resident now has a downstairs room.

Apparently there are wider meetings for relatives and visitors, with Zoom an option. It is felt that opinions about the running of the home would be respected.

On clinical needs, relatives have been consulted about health issues and medication requirements. They have also been reassured that medication is administered sensitively. In the event of a medical emergency, relatives are confident they will be urgently notified.

When asking about the pandemic, we hear that the home is 'on top of it' with measures and requirements communicated. There is satisfaction about specific arrangements on vaccines, PPE and testing. For a time visits were virtual, which has not been an issue.

Safety is said to be adequate, with residents who are likely to wander at night monitored, and external doors kept locked. Cleanliness is regarded as excellent.

Many of the relatives visit regularly, some dropping in 'as they wish'. Whenever visiting, relatives say they are treated well, are offered refreshments and usually have 'a laugh' with the staff. We did hear that one person, unable to visit for a period left messages on the main phone which were not returned (the answering facility was full, and unable to accept new messages). Since then, she has been given the owner's number and calls directly.

“They took everything on board that I said about my friend – her likes and her dislikes and they know what she’s like now.” – Friend

“I have never ever met such lovely people. They make you feel so welcome.” – Relative

“It’s how I would want to be treated for when I’m older.” – Relative

“They’re always calm and will have a bit of laugh with you. A very homely environment.” – Friend

Residents

There is a mix of female and male residents. Age ranges from 56 to 85, with diverse ethnicities including Caribbean and English.

During our visit we observed that two of the residents were verbal, one of whom was very amenable and talkative, with the other being more shy. The other residents, through disability, conditions or mental illness were not able to engage with us verbally, however many did respond with gestures and expressions.

Television not only passes the time, but brings the residents together throughout the day. We hear that the ‘Jane McDonald Show’ at 9:00pm every night is the highlight of the evening and ‘not to be missed’.

We observed that the residents get along extremely well and the staff are intuitive and supportive. This, along with the homely setting makes for a family feel.

The owner says that she ‘watches the residents like a hawk’ to learn about their personalities and preferences.

“I’ve been here for 6 weeks. We treat each other like family – it feels like I’ve lived here for 6 months!” – Resident

“I get on with everybody.” – Resident

“The staff have been really good to me.” – Resident

Conclusion

Overall, we consider the home to be a very pleasant place in which to live, and to work.

This is largely down to the drive, commitment, compassion and foresight of the owner, who insists on the very highest standards of cleanliness and hygiene, and places great importance on really getting to know the residents – down to the smallest of detail.

Residents

The vast majority of residents have a high support need, whether that is personal assistance with washing and feeding, moving around, or in communicating at a basic level. Most residents appeared to be non-verbal, either through disability, conditions or mental illness and it is evident that some have dementia and/or memory loss.

Virtually, given the array of specialised support required, all the residents were active, either together in the lounge, or apart in their rooms or favourite spaces – with frequent interchange between the two.

Not long into the visit, we got a clear sense that residents are extremely content in their environment and a 'family feel' permeated throughout the home. Everybody – residents and staff alike got along extremely well, with many instances of kindness, mutual respect, positive encouragement and good humour observed. Laughter was frequently heard.

We note that staff are very apt at motivating and involving – residents are tasked with the things they are good at, such as operating the television remote control or collecting and distributing the day's post. These 'household chores' give a large amount of pleasure and are invaluable in building self-esteem and confidence. Those with Dementia are frequently reminded of their favourite films, musicians or television shows, generating interest, then conversation and ultimately participation.

It was evident that the residents are very well cared, and catered for. During our visit all were well dressed and groomed, and the food observed at dinner time appeared to be home-made, fresh and of very high quality. A great deal of freedom is available – bed times, meals and activities are largely centred on individual preferences (not dictated) and the residents themselves are mutually respectful of each other's habits and routines.

Staff

The staff appear to be very happy at work, taking pleasure in serving, supporting and being with the residents in their care. We're told that a positive work/life balance, along with taking adequate annual leave is encouraged. We observed a good rapport between staff and management.

Some staff are long serving, in one case over fifteen years - this indicates that the home is a suitable place to establish, develop and embed a career.

Health and Safety

While the quality of care and staffing is in no doubt at all, the home faces many challenges with its building and facilities.

We observed many potential health and safety hazards. Most of the ground floor doors, with raised sills clearly present a trip risk - this is particularly the case between the dining room and second hallway, where a fixed mobility ramp to get in (a large triangular wedge) is sloped on just the entry side and notably raised on the other.

Layout could be a potential issue, the kitchen and dining rooms are separated by a busy hallway and collisions, particularly at mealtimes. A staff member was wearing open toe flip-flop shoes, which could be a possible risk.

The garden, although a lovely large space has a staircase with a loosening rail and debris piled up at the bottom is certainly unsafe, should residents wander unattended.

Other issues we noticed included a blocked fire extinguisher, bedroom call bells that are obscured by doors or furniture, and discarded items in the garden such as a table with a potentially dangerous leading edge.

We recommend that the service addresses these hazards in order to maintain a safe environment for all staff, residents and family members.

Décor

The décor itself – wall and floor coverings, fixings and furniture are visibly dated. The lounge really does feel like a domestic living room, the bathroom is safety and mobility compliant, the kitchen is small yet functional and the dining/conservatory area – adorned by windows on three sides and overlooking the large garden is a very pleasing space. Residents' art projects are displayed throughout the home, adding to the general sense of homeliness.

One issue we would like to highlight is the choice of laminate flooring in the main hallway, which has a 'busy pattern' and would not be considered dementia friendly.

The potential of the back garden – a very large and welcoming space is far from realised.

To sum-up, we feel that Jennifer's Lodge is able to offer its residents care, compassion and a very good living experience. The premises were very clean and the overall environment is homely. There are however some safety risks and obstructions to mobility, that should be addressed in the shorter, rather than longer term. With this achieved, and perhaps improvements to the facilities and grounds, the home could be a truly outstanding place to live and work.

Recommendations

Information and Signage

1. We located the home without difficulty from Hither Green Station. However, it has no external signage to differentiate it from nearby homes. Provision of a moderately sized sign at the front of the building would benefit visitors, particularly those arriving for the first time. This may also improve the local awareness, and stature of the home – so a possible good investment.

2. The notices and posters within the home largely consist of condensed text, sometimes in a small font, making them difficult to digest. We recommend that where possible imagery is added, text enlarged, and content spaced, so that any information on display is as clear as possible.

Infection Control (COVID-19)

3. On arrival we were not instructed to wash our hands. It is our view, and in accordance with general infection protocol nationally, that all visitors should be asked to wash their hands thoroughly.

4. We saw two specific sanitation stations, however they did seem to be difficult to access. Perhaps placing them in more visible locations and adding signage to draw attention would be helpful for visitors and staff.

5. We saw that all staff wore face masks, at times inconsistently (not covering noses or mouths). We recommend ensuring staff are consistently wearing their masks appropriately.

Health, Safety and Accessibility

6. The laminate flooring in the main hallway has a 'busy' tiled pattern, which is not considered to be dementia friendly. It is our expectation that all residential care settings catering for people with dementia should ideally accommodate their sensory needs. We know that overheads are an issue for the home, however if budgets allow we recommend installing a plainer alternative – there is much guidance available on this topic.

7. We clearly noticed that many of the ground floor doors present a trip-hazard – due to sills* protruding from the bottom of the frames. Assuming that the sills are an integral part of the door frames, we suggest installing wedges of the same height, at a gradual gradient to help prevent tripping.

8. Exiting the dining room can be a particular trip risk as the fixed mobility ramp to get in (a large triangular wedge) is sloped on just the entry side and notably raised on the other. Given the space available, we acknowledge that finding a solution to this issue may be a challenge. However, we urge the home to consider a safer mechanism, to prevent accidents.

9. The kitchen and dining room are directly opposite to each other, but separated by the second hallway which is frequently used by the residents and staff. While stepping out of either room it is easy to envisage collisions, which at mealtimes would involve hot plates of food and other dangerous items. Given the limited scope for internal reconfiguration, we would recommend including signage to warn residents and staff to be careful and walk slowly in this area.

10. One staff member was wearing flip-flop shoes when we visited, which is a potential risk for them and a general safety hazard if something were to spill or fall on their feet. We recommend that the home reviews its risk assessment, to see what guidelines exist on footwear – it is certainly the case that open-toed shoes are not recommended.

11. The main stair rail has a chip in the woodwork, which was a distraction for one resident descending the stairs. Any distractions, of any nature on the staircase are potentially dangerous, so this should be addressed.

12. There are call buttons in each bedroom, usually by the residents' beds, that have a maroon button indicating which one they need to press to get help. However, some rooms have call buttons that are not in accessible places, including one that is behind a television and dresser that is then blocked by the open door when you come in. Of course, any call buttons and alarm systems generally should be placed accessibly. We recommend that the home risk assesses the placement of each call button, and documents the exercise as evidence.

13. We note several potential hazards in the garden. The steps leading down from the dining room have a handrail that appears to be loosening. Some of the furniture such as benches looked damaged and unsafe to use, while at the far end we observed what appears to be debris, such as construction materials, an old mattress and an abandoned scooter – this is a potential risk should the residents wander unsupervised. Again, we urge that the home risk assesses the garden in general and undertakes to securely fasten any loose fixings and rails, remove potentially dangerous furniture, and clear or cover any stored or discarded items.

*Sills – the portion of the door frame that runs along the bottom and sits directly on the foundation of your floor.

14. We observed that against the wall in between a resident's room and the lounge, there was an item that almost looks like a decorative side table that's missing its glass topper that would make it a table. It could be a hazard if someone were to trip or fall near it. All discarded items should be stored securely, preferably away from living and communal areas.

15. Doors are locked, but there is a stairwell down to the basement that only has a small latch gate that could potentially be a hazard. This particular gate should be assessed, as it may not be sufficient in preventing residents from falling, or wandering into unsupervised areas.

16. We observed that a fire extinguisher in reception was blocked by other objects. This clearly should not be the case, and urge that the extinguisher in question is either unblocked, or relocated to a more suitable position.

Garden

17. The garden has much unrealised potential. While the lawn is nicely maintained, general upkeep has been somewhat neglected – there is a lack of outside furniture such as chairs, tables and benches and what exists is visibly old and worn – potentially unsafe. We hear that one resident likes to help with the gardening, however on the whole we did not see many pots, raised beds or designated areas for planting and growing. A cheap yet practical solution may be to ask for donations of furniture, plants and tools, and to see if people from the local area – young and old, would like to volunteer their time to help improve and maintain the space. It is also an opportunity for the residents to get involved.

Information, Feedback and Complaints

18. We noted that the Complaints book or suggestions box has been discarded, however this may be reinstated to fully comply with the policy. We recommend that the care home maintains a feedback/complaints record capturing mechanism.

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Appendix

Photo 1: Room call-buttons



Photo 2: Accessible toilet in main bathroom



Photo 3: Notices in reception



Photo 4: Dining room doorway, a trip hazard



Photo 5: Discarded items in the garden



Photo 6: Arriving at the home



Photo 7: Notices on display



Photo 8: Menu items



