



Westwood House Enter & View Report

March 2022

Table of contents

Introduction	3
Strategic Drivers	4
Methodology	5
Limitations	5
Key Findings	6
Interviews	12
Conclusion	18
Recommendations	19
Acknowledgements	22
Appendix	23

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 and scrutiny process for health and social care services
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 (E&V) 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 E&V visit to Westwood House, 9 Westwood Hill, London, SE26 6BQ. The care home is owned by Barchester Healthcare, and managed by Stella Bernatek.

Westwood House is a purpose built care home with two floors. The ground floor is a nursing unit that caters for 20 residents with nursing needs. The first floor is their Memory Lane Community which caters for 23 residents, all of whom have a diagnosis of dementia. However, they are more independently mobile. At the time of our visit, 40 people were living in the care home.

The purpose of our visit to Westwood House was multifaceted. The strategic drivers were to help us understand the experiences of care home residents and the staff. The most recent CQC Inspection was carried out in August 2020 and consistently 'Good'. We wanted to carry out a visit to see how the home has coped during the COVID-19 pandemic and what its plans are over the coming year.

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 Westwood House 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. Westwood House 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 Westwood House 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 put 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 able to speak to a few relatives during our in-person visit. The Manager also 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.

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 manager and staff. Following the visit, we conducted telephone interviews with relatives.

Outside and Entrance

Westwood House is easy to access off Westwood Hill, the main road from Sydenham in the direction of Crystal Palace. It is close to the 122 bus route and a station offering both Overground and Southern Rail services. The external signage is clear and there is good parking, with a dedicated ambulance space.

There is a keypad on the main door, the manager advised this was installed following a risk assessment of ground floor residents with dementia. Visitors appear to have access to the code.

On arrival we were welcomed and Covid-19 checks completed. We were provided with face masks and made use of the hand sanitiser. We were asked to sign in and on leaving, sign out.

The reception area is spacious, however dimly lit in some areas.

Much information is available. A rotating flyer display has a variety of useful leaflets, including on dementia, healthy work/life balance and nutrition. There are noticeboards with employee pictures and names - we note that some of this information is incomplete.

Due to the dim lighting, and placement of a side table and chair, it was difficult to clearly read the activities on the board.

Environment

The overall environment is calm and ambient, with pleasant décor throughout. Corridors are adorned with pictures (some areas have a theme) and the furnishings are comfortable enough with some light wear. While generally pleasing, we felt there was a slight 'commercial' atmosphere and therefore perhaps impersonal. All areas appeared clean.

Most people we saw greeted us in a friendly and welcoming manner. The manager introduced us to staff as we went around and explained that we were visiting from Healthwatch. All staff were very friendly and accommodating.

Lounge

The ground floor lounge appears small but cosy, with comfortable looking chairs and soft carpet. There are lots of decorations and ornaments, glass lamps, artificial flowers and artwork.

There is an assortment of books and games, in decent condition, however not readily accessible due to their low positioning and obstruction by furniture.

A transparent screen was installed in May 2020, to facilitate safe visiting. Visitors may gain access through the back garden.

Garden

The main entrance to the home has surrounding greenery and ample parking for visitors. It also has a private garden at the back, which appears to be well maintained. A wooden gazebo is in the centre with comfortable garden furniture. They also provide umbrellas for weather changes.

Dining Room and Kitchen

The dining room is very spacious (Appendix, Photo 1 & 2) and hotel-like with table settings and menus. Again the overall feel is somewhat impersonal, but the space is comfortable and well-maintained. We note that the general menus, with small text are not accessible, however there is also a version in a slightly larger font. A TV is on the wall.

A snack area is available for residents and relatives to make tea and coffee. This room is also used for activities, visiting and occasional seating.

Resident's comments and suggestions are recorded and stored in a folder, visible by the dining room entrance.

Food allergen information is displayed (Appendix, Photo 4).

The kitchen has a 'maximum staffing capacity' notice, along with clear instructions to be dressed appropriately (chef's jacket) and to wash hands. Food safety procedures appeared to be followed, such as cleaning, use of hair nets and clear labelling. We observed the kitchen to be clean and modern, with suitable surfaces and fire resistant furnishings. The chef, in post for around eight years, spoke enthusiastically about the role. Minor supplies shortages are reported, but 'nothing major'.

Bedrooms

Bedrooms are of various sizes, some appear spacious and others slightly cramped. They are fitted with double glazing and generally appear to be modern, pleasantly decorated and furnished, and personalised such as with family photos, to give a 'homely' feel. Furnishings and bedding are provided, however residents can choose to use their own. They may also request installation of art and pictures.

Bathrooms contain a toilet and a sink, with anti-slip laminate floor and coloured doors.

The bedroom doors have the resident's name and picture. We noticed that a lot were open and understand this is the residents' choice. It is suggested that hourly checks take place, unless otherwise arranged, and doors are closed at night.

Dementia-Friendly Environment

The décor is monochromatic with very neutral colours (such as in hotels) which could be difficult visually, however there was contrast between the carpet and the walls, neither of which had patterns. Furnishings in some rooms are patterned, in others plain and the same colour as the floor. The accents (door handles, light switches) are a metallic silver which does contrast with the walls and doors.

While the doors are distinguished, some of the room signs are on the walls alongside (not on the door) and this could cause some confusion.

Safety and Accessibility

The main doors have keypads for entry and exit, there is also a security lock on the back gate.

All fire exits appeared clear and fire extinguishers visible – although one at reception is partially obscured by a table. The fire emergency floor plan (behind the reception desk) is very dark, therefore hard to distinguish, particularly for those with limited visibility.

A fire plan packet is clearly posted on the bulletin board by the kitchen which includes a resident evacuation plan. Fire safety training was taking place during our visit.

Health and safety requirements for staff are clearly posted (Appendix, Photo 5).

There is no defibrillator on site, however one is located further up the road. A protocol is in place and some staff are trained in CPR (Cardiopulmonary Resuscitation).

On accessibility, we saw no obvious obstructions or trip hazards during the visit. The front door has a wheelchair ramp and ground floor doors open automatically. All corridors and doorways are wide and we observed a wheelchair user moving, and turning without difficulty. The manager acted swiftly to remove a wheelchair floor plate near a bedroom door.

The lift has a keypad so we assume residents are assisted when using. Corridors are fitted with wooden rails.

The bathroom on the ground floor is clearly signposted and appears modern - fitted with mobility aids and an emergency pull chord, which is clearly distinguished.

Information Displayed

Most of the notices intended for residents – such as menus and activities are in small font, therefore clearly not accessible. We note that the activity lists posted were two weeks out-of-date. Some of the noticeboards, such as those inside the main entrance are perhaps too high, and dimly lit. We don't recall seeing noticeboards on the upper floors.

There is COVID-19 guidance and best practice for individual cleanliness. Text is again, too small for residents.

The Healthwatch E&V Visit poster was on display.

Utilities and Administration

The hairdressing salon, which has a glass fronted door has been repurposed as a COVID-19 testing room.

Both floors have a bathroom (Appendix, Photo 7) and shower (wet) room, with a staggered service offered. Facilities are modern and shower rooms have chairs and may accommodate wheelchairs.

The basement has kitchen, laundry and maintenance facilities. The laundry has 'industrial size' machines and an organised system is in place.

The very top floor contains a staff room and large training room, plus changing and kitchen facilities.

Feedback and Complaints

The feedback and complaints policy is clearly posted, and there is encouragement to post online reviews. Suggestion boxes are also sited at reception.

A “You Said/We Did” notice (Appendix, Photo 3) between reception and the dining room outlines how the service has responded to specific feedback. We are not sure how often this is updated.

We understand that relatives’ meetings take place remotely (via Zoom) plus there is a quarterly newsletter.

Visiting

Visitors must demonstrate a negative lateral flow test. They do not have to be vaccinated, and may bring children.

For remote contact, the home is equipped with wi-fi and the code is advertised at reception. We are told that many residents have their own tablets, there are also three available at the administration office. A phone can also be provided.

Activities

Activities are apparently varied – group and individual, and it is suggested that the offer is ‘personalised and specific to each resident’. We understand that social events including entertainers are resuming.

Newspapers are available near reception and some residents appeared to have their own papers.

Meals

The menu is monthly, and changes daily. There are two options for each meal, with ‘show plates’ displayed and we are told the chef accepts requests prior to 10:00am. We understand that special diets are catered for, such as for allergies, with likes and dislikes established on admission.

At mealtime we did not observe anyone being assisted with eating, although trays were taken to a few bedrooms. Food looked to be fresh and appetising.

According to the home, residents’ weight is recorded monthly and a ‘clinical governance system’ involves dieticians and the chef when appropriate.

Residents

Residents were mostly in their rooms sleeping or watching TV. We did not see many walking around or actively engaging in conversation or activities. Those we saw appeared to be adequately dressed.

There is a 'Resident Ambassador', whose picture is on display.

Staff

We observed staff to be caring, respectful, and to enthusiastically greet the residents such as with a 'good morning'. Staff answering phones and interacting with family members were kind, very personable, and often seemed to know the people calling or coming in. Those attending to personal care appeared appropriately dressed.

Apparently the home has low staff turnover, for example the nurse has been in post for 17 years, and all are directly employed.

At the time of the visit, current government advice is for care home staff to wear masks unless exempt. While masks were widely worn, in many cases they did not cover both nose and mouth. We noticed that one member of staff was not wearing a mask.

Interviews

In addition to our observations, we carried out interviews with residents and staff on the day. We also spoke with family members over the telephone after the visit.

Management Interview

We interviewed the manager, who has been in post for <provider to insert> years.

Staffing and Training

Training is said to be 'very broad' and includes clinical workshops for nurses. We hear that internal audits take place, to observe positive and negative interactions.

Resident Care and Involvement

The service has established 'Dementia Champions', which meet on a monthly basis and are supported by a specialist. To aide holistic care, memory boxes and 'getting to know me' booklets are useful, and an opportunity to learn more about the residents. As part of the process, residents – asked to share photos and their interests such as music tastes. Nursing floor residents are least able to engage generally, but one-to-one sessions are supplied as required.

General activities are varied, we hear that bingo, word matching, card games, quizzes and use of the exercise bike, which was donated by the council are popular. A lot of virtual events, such as visits to stately homes and quizzes have taken place, and in-person activities are resuming. There is a desire for more music and walking opportunities.

It is suggested that care plans are reviewed monthly, with an additional six month review. Dietary menus are planned for each financial quarter and every day has a new menu, with two options and special diets accommodated.

Feedback and Complaints

There is a monthly residents meeting which is an opportunity to talk about activities, diet, and other needs. A home-wide survey is also conducted, for residents and relatives, with a resulting action plan implemented. Relatives are placed on a mailing list for the sharing of general information, there is also a social media presence.

We are told that complaints are logged on the database and that minor issues are resolved quickly. Larger concerns are overseen by the 'Feedback and Complaints Team' who supervise timings and actions. Communication with relatives, such as following accidents is regarded as good.

COVID-19

A 'meet and greet' policy is in place, which includes checking of tests, hand washing and provision of masks. In the event of resident or staff infections, the home may be closed, as happened earlier in the year. The manager feels that protocols have been 'well managed' and there have not been major issues with PPE provision or vaccinations.

Management told us that staff have been offered mental health support throughout the pandemic. Staff have been offered counselling sessions, information and signposting as well as ongoing support from their managers. There have been opportunities for 'coffee and chat'.

Future Aspirations

There is an aspiration to make better use of electronic records generally.

Closing Comments

The manager, who is settled in the role, strives for a good quality service – with recognition that there is always room for improvement, and that everybody, residents and relatives are different.

"I'm happy here and strive for it to be a good home." (Manager)

Staff Interviews

During our E&V visit, we engaged with 6 staff members from a diverse range of roles. Length of service ranges from 2 to 19 years.

Staffing and Training

We hear that staff 'across the board' get on well together, and like to work as a team. Management are widely praised for being supportive and approachable, however at times, some staff have felt undervalued and not fully appreciated for their work. They also didn't feel that their feedback or suggestions were valued.

Training is varied and examples include safeguarding, dementia awareness, customer care, health and safety, food hygiene, moving and handling and infection control. Most of the training is online, with some exceptions. Staff feel they 'get a lot' from the training and some undertake sessions not in their remit – to get greater organisational awareness.

All staff are aware of the safeguarding process, which is covered at induction. Information is also posted in the staff room and a handbook is available. Generally incidents would be communicated to management, with a 'hotline' available should staff not be satisfied with the outcome. We are told that relatives are notified of potential safeguarding incidents.

There are opportunities to 'link up' with counterparts at other homes within the group, to share ideas and offer mutual support.

When asking about the running of the home, staff feel it is a 'well oiled machine' with good leadership, high morale, and consequently low staff turnover. On potential improvements, more nursing staff, plus greater levels of motivation are desired by some.

Resident Care and Involvement

It is suggested that care is holistic based on religion, culture and individual circumstances or needs. A 'getting to know you book', completed on admission and with input from relatives where possible gives individual insight. We hear that care plans are person-centred and updated monthly to adapt to needs and preferences such as dietary needs.

Staff say they get to know the residents through chatting, use of the memory box and finding out what they like – such as favourite channels to watch.

Communication between staff is said to be good, and this better enables care to be tailored – an example includes carers alerting other staff about residents who didn't want to come out of their rooms, resulting in personal visits, conducted sensitively, to offer company and appropriate support. Awareness of dementia and sensory impairments has been beneficial.

Resident and relative meetings are regarded as useful, as is liaison and communication with relatives and health professionals when required.

On activities, music, ballet, movies, quizzes, games, bingo and painting are said to be popular, with choice offered. An element of reminiscence may be used, such as displaying familiar places on screen. Sing-a-longs are particularly enjoyable and we hear that in summer the garden is utilised, for residents of all floors. To raise awareness, activities are promoted through social media, a newsletter and to relatives. Outside trips, such as to the seaside or cinema have reportedly stopped.

Clinical Treatment and Care

All residents are registered with a GP and a fortnightly 'ward round' is scheduled. No issues with hospital appointments, admission or discharge are reported. On discharge, summaries are received which indicate a negative test.

Feedback and Complaints

We are told that some residents have limited or no capacity to give feedback, while others are more vocal. Relatives are often consulted and other feedback channels include paper cards and care review meetings. An innovative 'Resident of the Day' initiative is an opportunity for wider staff including cleaners and carers, plus relatives to contribute to care planning. Staff tell us they have an open door policy.

COVID-19

The pandemic has presented challenges for safe visiting, with solutions including remote sessions and the protective screen in the lounge. While some residents and relatives have inevitably found it more difficult, most have 'adapted well' to the evolving situation.

Some staff have had fears of passing infection onto residents or their families, causing anxiety. If needing mental health support, management are considered to be understanding. To raise morale a bonus was given for working during the pandemic, however one person says that general encouragement and motivational support has been lacking. Infection control protocols are considered to be good and we hear that internal audits take place.

"I can be honest with the manager about my limitations and seek her support as I learn more about the role." – Staff Member

"Mentally, if you feel like you're stressed, you can talk to the management. When I need something, I just talk to them." – Staff Member

"I love my job, I'm dedicated. This is like my second home." – Staff Member

"Not feeling appreciated for what we do. Whatever we do, it's never enough." – Staff Member

Family and Friends Interviews

Six family members/friends shared their experiences of Westwood House. Residency of loved ones ranges from one to two years, five have dementia (this includes a parent couple) and two have long-term conditions.

Staffing and Training

Staff are considered polite, welcoming and accommodating. Long working hours and demanding conditions are noted, therefore greater staffing ratios are desired by some relatives.

Resident Care and Involvement

Family members feel their loved ones are happy and treated with kindness by staff. We received many examples of personalised care, such as in dealing patiently with residents who may be challenging at times.

While staff are considered to be supportive, this is not always the case – one relative found her mum asleep at the dining table, with ‘her head in her food’. An apology was received. In another case, staff have been observed addressing a dad, who has dementia ‘like a child’.

Admission is complimented and we hear that one resident had ‘settled in immediately’. There is appreciation of the ‘Resident of the Day’ initiative and the Memory Booklet. The document includes where the residents used to live and work as well as their broad interests including favourite music and films.

Staff are said to encourage residents to take part in activities, with sessions mentioned including walking, music, sing-a-longs, quizzes and bowling. There is satisfaction that the offer is broad and varied. Photos are posted on social media.

On meals, snacks such as sandwiches and bananas are available, with drinks including cranberry juice and wine.

The home is reportedly clean and odourless, and the environment regarded as generally safe.

Clinical Treatment and Care

Most relatives feel they would be alerted in a medical emergency; however, one notes that updates are not always given following doctor’s appointments.

Feedback and Complaints

We hear that regular updates have been given to family members throughout the pandemic which has included swift notification of accidents such as falls. Relatives feel confident in being able to ask questions or raise any concerns and feel respected when doing so. However, one relative citing staffing levels has occasionally felt ‘rushed off the phone’ and another says that nothing has been done about a partially dressed male resident who goes into other’s rooms.

A virtual meeting for relatives takes place quarterly – despite email notice they are apparently not well attended. Not all of the relatives are aware of the meetings.

When making a suggestion about the general running of the home, staff have been considerate and helpful.

COVID-19

The home is considered to have handled the pandemic well. Relatives have been generally ‘well informed’ about their family members and overall state of the care home and were quickly notified about infections. All were aware of the vaccination arrangements. There is a perception of a ‘good working relationship’ with the public health department and broad satisfaction that the precautions in place have kept residents reasonably safe.

Throughout, relatives and friends have been able to visit, or keep in touch remotely, however not all arrangements have been effective. Technology is not overly appropriate for those with dementia and the protective screen 'caused distress' for one resident, who couldn't work out where the loudspeaker voices were coming from.

Future Aspirations

When asking relatives about potential improvements, there is a desire for more garden parties, better communication between staff members, and additional staff – especially on the dementia floor.

“The care is brilliant. Dad can be quite challenging but they are really good with him, personalise his care and have a lot of patience.” – Family member

“You can see how kind they are, she seems perfectly happy.” – Family member

“Sometimes I feel that they can handle my dad better than they do.” – Family member

“There are lots of activities if they want them.” – Family member

Resident Interviews

During our visit, there were limitations and time restrictions, which meant that we only managed to carry out one interview with a resident.

We were told that staff are approachable, attentive, and easy to get on with – resulting in good quality, personalised care. There is an appreciation of the freedom given to follow individual interests.

Food served by the care home is said to be good.

The resident has an awareness of the pandemic and has been 'well informed' about the protocols, such as the wearing of masks and gloves. Thanks to a mobile phone, it has been possible to keep in touch with family.

When asking about potential improvements, none were suggested – we were told that there are 'no problems whatsoever'.

“You feel free to do what you are interested in” – Resident

Conclusion

Based on the information received and observations made, we consider the home to be a well-appointed, comfortable, clean and safe place in which to live and work. However, the overall environment feels commercial like a hotel and does not give a sense of being homely.

The information on display, such as on noticeboards or in the menus does not appear intended for the residents, but rather designed to be 'in keeping' with the general hotel aesthetic. It would be preferable if the home could strike a better balance in this regard.

There is little doubt that staff and management are dedicated, hard working, and have the best interests of the residents and families at heart. With a few exceptions, we have learned that residents have been treated with dignity and respect, and in a way that is thoughtful and considerate.

Staff appear to be happy in their roles, and pleased to be at work, with varied training resulting in a competent workforce. The low turnover and long service also means that staff have vast local experience and expertise. There is some criticism, on feeling undervalued, and on the effectiveness of staff communication.

There is a clear sense that the home has handled the pandemic well, and has been effective at minimising infection spread. In part, this is thanks to support from the wider organisation, and having 'good links' with the local public health department.

On general activities, a broad offer is said to be available, however we note that many residents were in their rooms during our visit. We appreciate that this is entirely a personal choice, but feel that as a result, the home does not have 'the buzz' you may expect to find. We note the activities list posted on noticeboards was two weeks out of date.

Overall, we find that the 'fundamentals' of a good home are evident at Westwood House, which is clearly well-managed, staffed and operated. If there was greater emphasis on the residents, in terms of décor, getting them active and simply making their environment more homely, it would be an extremely good quality service.

Recommendations

Healthwatch Lewisham thanks the service for giving us the opportunity to conduct the visit, and with it produce this report.

Based on the analysis of all evidence collected, we would like to make the following recommendations:

Environment

1. The general environment, although well-appointed, maintained and comfortable feels somewhat commercial rather than homely. This extends to provision of information, such as in menus, which would be more appropriate in a hotel setting. We would urge the home to consider ways of making the overall environment 'softer', perhaps asking the residents and families for suggestions, or visiting other homes locally, or in the wider group. Information in particular, should be based on the residents, not the overall aesthetic.

2. While the doors are distinguished, some of the room signs are on the walls alongside (not the door) and this could cause some confusion. Understandably this is for aesthetical reasons, we would however recommend that this is assessed – perhaps by asking residents and families with simple questioning, for their views. It would be good to establish which signs are clear, and which may not be.

3. All fire exits appeared clear and fire extinguishers visible – although one at reception is partially obscured by a table. This needs to be resolved by either moving the extinguisher, or the furniture.

General Information

4. In some areas, such as reception the lighting is dim in places and this makes it difficult to read notices – including some associated with health and safety (the fire emergency floor plan, for example). It should be relatively easy, and not overly expensive to either raise the lighting level, install additional ceiling lights, or place downlighting above certain noticeboards.

5. As well as being difficult to read due to poor lighting, some of the information posted on noticeboards is either incomplete (the staffing board) or out-of-date (activities lists). Staff responsible for these notices should be tasked with ensuring their accuracy, and also accessibility in terms of presentation and font size. Perhaps the occasional internal audit would be useful.

6. We also note that some of the noticeboards (Appendix, Photo 6) appeared too high to be practical. It should be relatively easy to lower, or relocate any such boards.

Activities

7. During our visit we note that many residents were in bed and the home lacked a general 'buzz' of activity. While acknowledging it is entirely the resident's choice to remain in their own room, we hope that encouragement and opportunity to socialise is at all times maximised, with input from family members and use of care planning to assist as required. The assortment of books and games in the lounge could also be moved to a more suitable position to stimulate uptake.

Management

8. Management are widely praised for being supportive and approachable, however at times, some staff have felt undervalued and not fully appreciated – on their work, or when giving feedback or suggestions. We recommend that in appraisals and where appropriate staff meetings, there is ample opportunity for any staff member to convey such feelings, and that they are then respected and acted upon.

Clinical Treatment

9. Most relatives feel they would be alerted in a medical emergency, however one notes that updates are not always given, following doctor's appointments. Ideally, care plans will indicate the level of contact relatives may expect. In the case of a GP appointment, even a call to say 'all is fine' will minimise worry and anxiety.

Feedback and Complaints

10. A virtual meeting for relatives takes place quarterly – despite email notice they are apparently not well attended. Not all of the relatives say they are aware of the meetings. Of course, these meetings should be advertised widely, perhaps initially, then subsequently at a time nearer the date, as a reminder. Ideally, any such meetings would be prominently advertised inside the home, as well as through email and social media.

11. A "You Said/We Did" notice (Appendix, Photo 3) between reception and the dining room outlines how the service has responded to specific feedback. We are not sure how often this is updated. We recommend keeping this information up to date and checked by staff on a regular basis.

12. A family member commented that nothing has been done about a partially dressed male resident who goes into other residents' rooms. We advise prioritising this concern to ensure staff, residents and family members feel safe in the home.

Infection Control (COVID19)

13. We saw that the majority of staff wore face masks, however at times inconsistently (not covering noses or mouths). We recommend ensuring staff are consistently wearing their masks appropriately.

Acknowledgements

Healthwatch Lewisham staff:

Charlotte Bradford, Julia Eke and Marzena Zoladz

Enter & View Authorised Representatives:

Caitlyn Crum, Carolyn Denne and Michael Frempong

Healthwatch Lewisham would like to thank the Interim Manager, Stella Bernatek, for helping to facilitate an in-person visit at Westwood House. We would also like to thank the residents, staff and family members who were interviewed and provided valuable feedback.

Appendix

Photo 1: Dining room, ground floor



Photo 2: Dining room, ground floor



Photo 3: Signage



Photo 4: Food Allergen Information

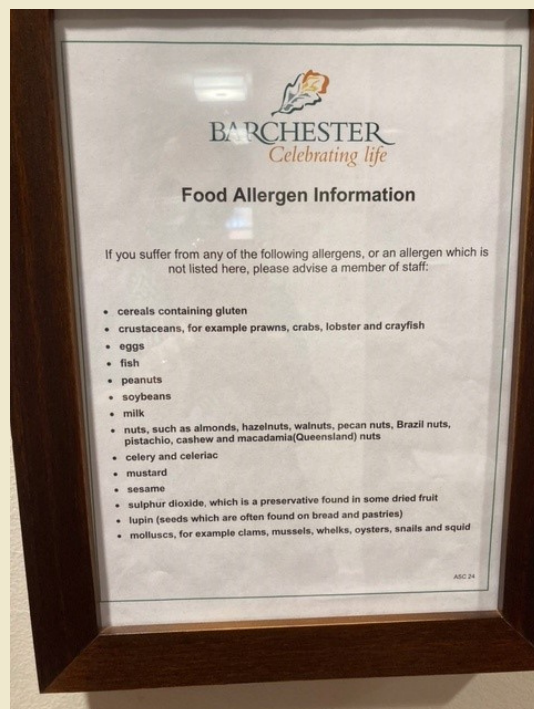


Photo 5: Signage



Photo 6: Noticeboard



Photo 7: Bathroom, ground floor



