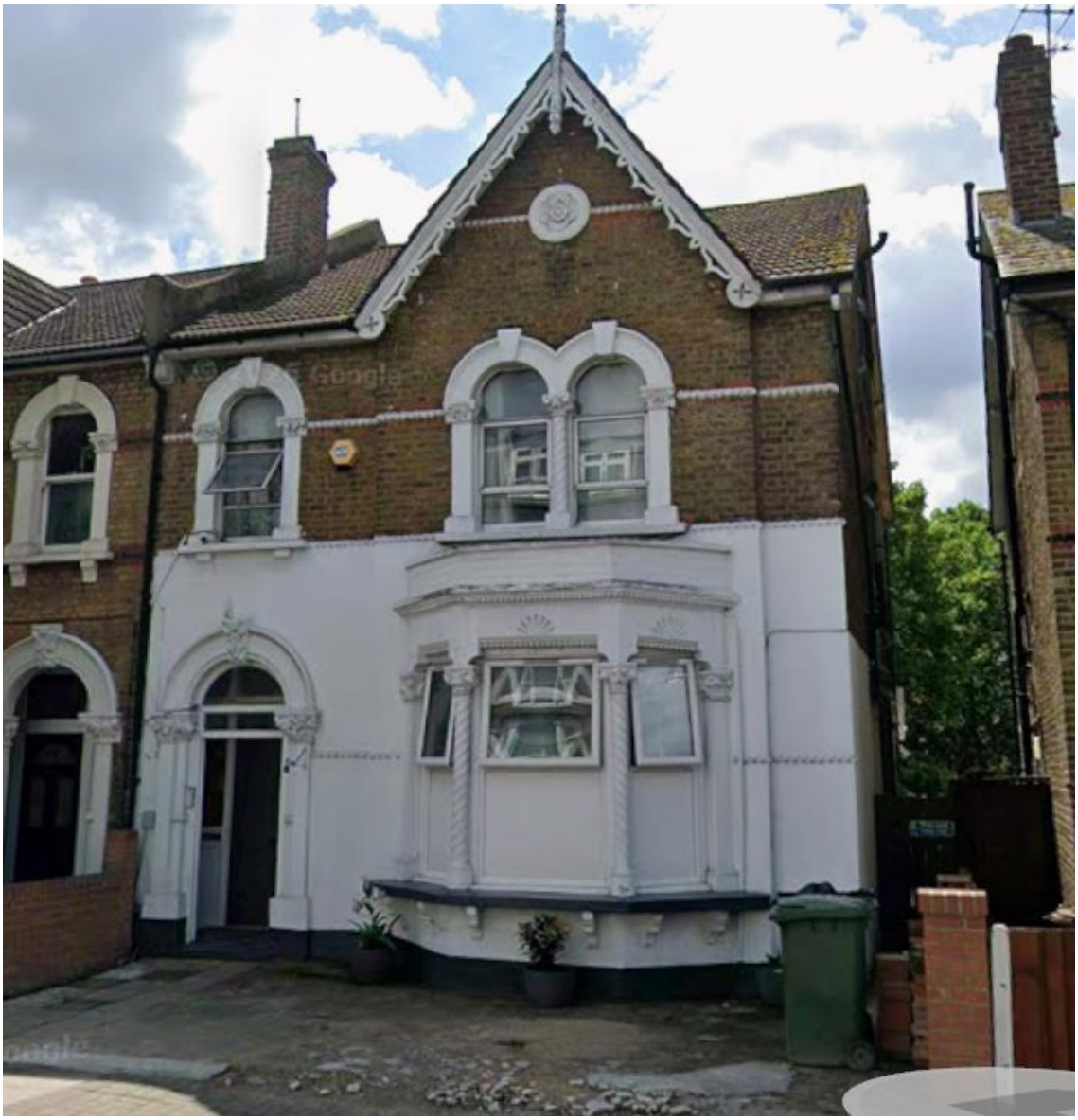
healthwatch Lewisham

Enter and View Report

Woodham House Stanstead, 17th March 2026



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Visit Details	
Service Visited	Woodham House Stanstead – 336 Stanstead Road, Catford, London, SE6 4XD
Manager	Mandu Etuk
Date & Time of Visit	17th March 2026, 11.00am – 2.00pm
Status of Visit	Announced
Authorised Representatives	Daniyah Kaukab, David Crawley, Victor Hall
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 Authorised Representative 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 AR's, who assisted us in conducting the visit and putting together this report.

2. About this Visit

2.1 Woodham Home Stanstead

On Tuesday 17th March 2026 we visited the Woodham Home Stanstead, a care home located in Catford that provides care and support for six residents with mental health needs, learning disabilities and autism. There is no service charge for resident's accommodation because it is supported accommodation. The service has one manager and nine staff members (three part-time and six full-time). Woodham Home Stanstead is run by Woodham Enterprises Limited.

The service consists of six bedrooms, each with an en-suite bathroom. The ground floor features two bedrooms, a lounge, and a kitchen. The first floor contains three bedrooms, all of which are ensuite. Additionally, the manager's office and staff toilet are located on the first floor. The second floor has one bedroom, which also includes its own en-suite.

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.
Woodham was last inspected by the CQC in April 2023. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Caring, Responsive and Well-led. The service received a 'Requires Improvement' rating for Effective, as the CQC found that the care home could improve their processes for documenting decisions made on behalf of residents with limited capacity. They also identified training gaps relating to positive behaviour support which is a person-centred approach used to understand and manage challenging behaviours.

2.3 Online Feedback

A single Google review gave 5 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.

Woodham 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 3 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 high satisfaction with care. They all felt safe, supported, and comfortable approaching staff. Activities such as outings and social engagement were available and well received.

What could be improved:

Feedback in this area was largely positive, and no specific improvement themes emerged from the responses.

Environment and Facilities

What has worked well:

The home was generally clean, comfortable, and free from immediate hazards. Residents had access to communal spaces, private en-suite rooms, and described the environment positively.

What could be improved:

Some areas would benefit from deep cleaning and minor repairs, particularly bathrooms. Décor was minimal, and external signage was not visible. Limited accessibility to upper floors may affect residents with mobility needs.

Safety and Accessibility

What has worked well:

Security measures, including coded entry, CCTV, and safe medication storage, were in place. Staff demonstrated good awareness of safeguarding procedures.

What could be improved:

A potential risk was observed where a resident accessed steep garden stairs without supervision. Accessibility is also limited due to stair-only access to upper floors.

Communication and Inclusivity

What has worked well:

Staff demonstrated awareness of residents' cultural needs and maintained positive communication. Residents felt comfortable raising concerns.

What could be improved:

A potential language barrier was identified with limited evidence of communication support on a daily basis. However, the manager did mention that interpreters are utilised when required.

Staff members observed during the visit 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 able to raise concerns, and feedback from families was collected through surveys and meetings.

What could be improved:

Resident awareness of their rights, advocacy support and formal feedback processes was limited. Family engagement/attendance in staff meetings was low.

Staffing and Workforce

What has worked well:

Staff described a supportive team environment with good management and training. They felt safe and supported in their roles.

What could be improved:

Staff expressed interest in further training and development opportunities. No formal wellbeing support system was identified, despite the demands of the role.

4. General Observations

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

Location and Signage

Observations

- The care home is located on a main road with occasional traffic
- There was no external signage.
- Inside the care home, some rooms had signage indicating the purpose of the room, but this was not consistent across the service. Improved signage would help all residents to identify each room.

Accessibility

Observations

- There was one parking spot in the driveway of the care home.
- There was no designated space for emergency vehicles as the home is located on the main road where the vehicles can park.
- The upper floors are only accessible by stairs.

Security and Fire Safety

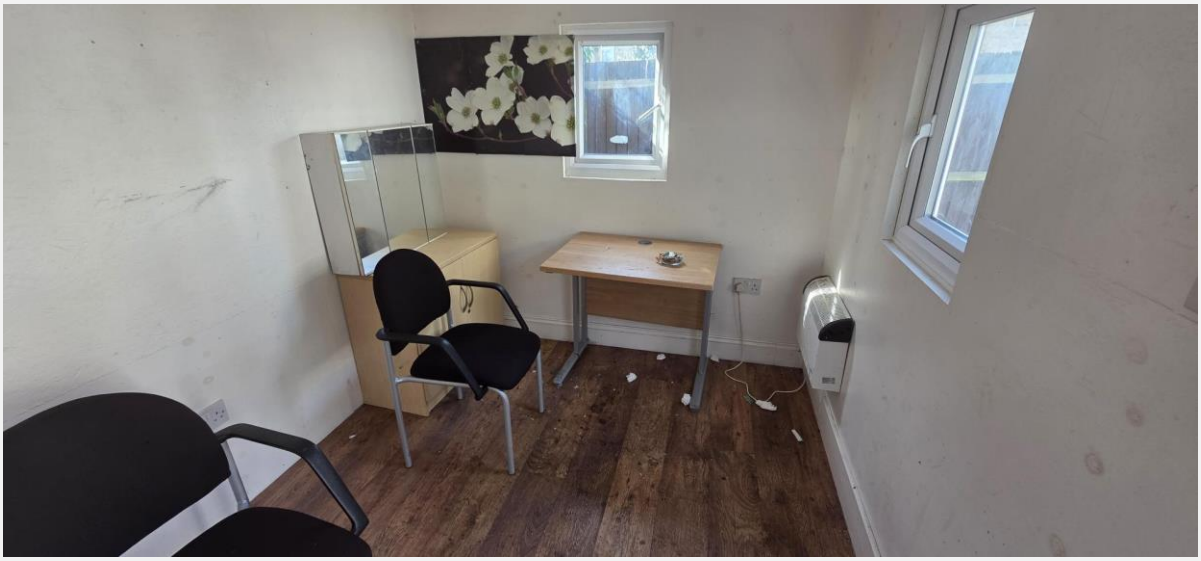
Observations

- The front door was locked and required a key coded pad to enter.
- The door to the garden is locked using a simple turn lock. It is kept unlocked during the day for residents to easily access the garden as needed.
- A fire extinguisher was present in the kitchen.
- CCTV is present throughout the care home.
- The thermostat is locked.
- In the kitchen, there is a Control of Substances Hazardous to Health (COSHH) cupboard door that is locked.

General Environment

Observations

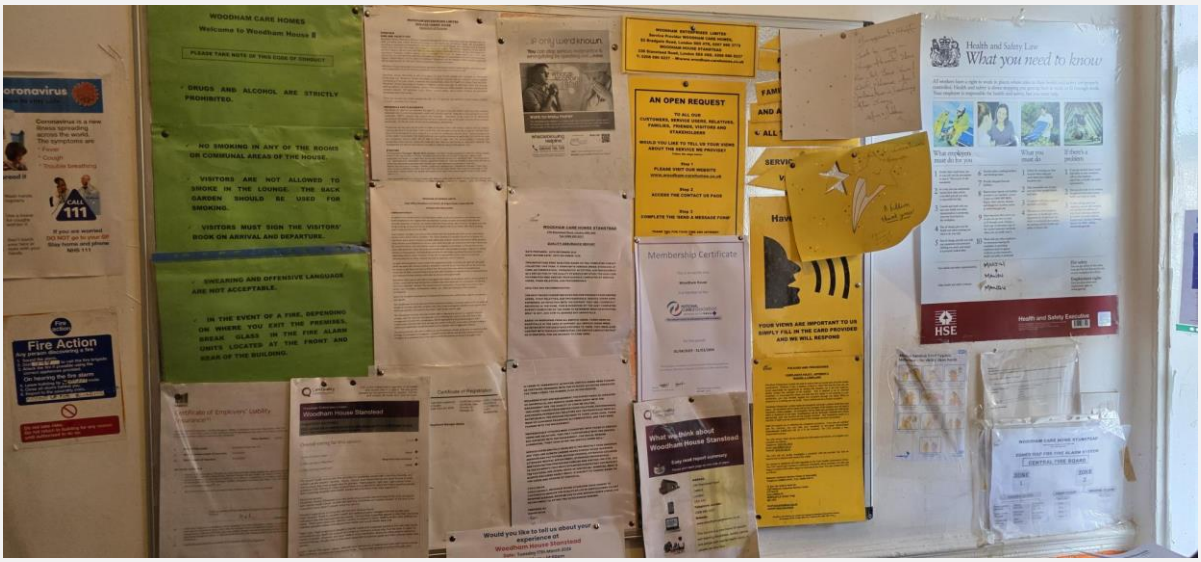
- The environment was generally clean and seemingly comfortable, however some areas could use some deep cleaning and light renovations to improve appearance, e.g. toilet and bathtub - the edges seemed to be worn away and rusty/moldy.
- There were no visible obstructions in the home that could be potentially hazardous.
- The communal areas had enough seating for all residents, including two couches and some chairs.
- The communal area was equipped with a television and radio for the residents to use.
- There were minimal decorations throughout the care home.
- We found items were thrown away in various parts of the outdoor area, including a disused washing machine underneath the patio.
- Staff were not wearing visible name badges.
- There is a room in the garden (image below) which the residents can use for socialising or when they do activities.



Noticeboard

Observations

- The noticeboard (image below) in the entrance/mini reception area displayed information such as whistleblowing, their policies, how to provide feedback, thank you cards they have received from the resident's family, and their most recent CQC report.



Accommodation

Observations

- Residents have a single bedroom with en-suite facilities.
- Rooms are equipped with a noticeboard containing the resident's special care needs and free time preferences.
- Residents are provided with necessities, including medical equipment, personal items, a TV, and snacks.

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, visual wounds, or pressure sores, the care home is equipped with a body map to record any injuries.

5. Resident Feedback

During the visit of Tuesday 17th March 2026, we engaged with three residents. One resident has been with the care home for seven years, and the other two have lived there for about two years.

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 a varied methodology including easy read materials, follow up questions and emojis to support engagement with residents.

We asked questions about their background, the members of staff, activities, the care home, and the feedback and complaints procedure.

General Questions and Background

We asked residents to rate the following aspects of the care home on a scale of 'Very Satisfied' to 'Very Dissatisfied'.

Cleanliness - All three residents were very satisfied.
Helpfulness of staff - All three residents were very satisfied.
Visiting arrangements - One resident was neither satisfied nor dissatisfied. The other two residents did not answer.
Support from care staff regarding your health - Two residents were very satisfied. One did not answer.
Gardens/Outside Space - All three residents were very satisfied.

All three residents stated that they feel safe, taken care of and happy in the home. None of the residents answered if they have been given information on their mental health rights and advocacy services. One person noted that they have a social worker that might have explained this, but he was not made aware by the care home.

Staff

All of the residents mentioned that the staff were good.

Activities

Residents spoke positively about the activities and opportunities available to them. All residents reported taking part in group trips outside of the home, with two residents regularly attending church on Sundays and one resident attending the gym. When asked about the variety and availability of activities, one resident rated them as “very good”, while the other two described them as “good”.

Overall, residents appeared satisfied with the activities on offer. One resident indicated that they would like additional activities to be provided but did not provide suggestions.

Environment

Residents described the care home environment as “good” and “nice”. Feedback regarding the food was also positive, with residents expressing satisfaction with

both the quality and range of options available. One resident particularly highlighted enjoying the “chicken wings, beer, toast and coffee” provided by the service.

When asked about potential improvements, two residents stated that there was “nothing” they would change. One resident indicated that improvements could be made but did not mention anything specifically.

Feedback and Complaints Procedure

Residents felt comfortable communicating with staff to ask questions, make requests, or raise concerns. Two residents strongly agreed and one resident agreed that they would feel comfortable approaching staff if needed. Residents also felt that their questions, requests, and concerns were responded to in a timely manner, with two residents agreeing and one strongly agreeing that these were followed up appropriately.

6. Staff Feedback

During the visit, we interviewed one manager and two support workers.

6.1 Manager Interview

Overview and Structure of Service

The manager explained that the home currently supports six male residents with mental health conditions or learning disabilities and has previously supported residents living with dementia. The staff team consists of nine contract care staff members, including six full-time and three part-time staff. Staffing arrangements include two members of staff on duty during the day and one waking night staff member who provides overnight support and is available on call.

Residents are supported through a structured daily routine that includes breakfast and medication in the morning, followed by opportunities to take part in activities of their choosing. While residents are encouraged to remain active and engaged, activities are tailored to individual preferences and may include going for walks, shopping for food, or cleaning their rooms. Lunch is provided at midday, followed by further activities and an evening meal before residents prepare for bed. The manager also highlighted that monthly resident meetings are held to discuss any changes residents would like to see and to gather feedback on their experiences within the care home.

Accommodations and Support for Residents

The manager described a person-centred approach to meeting residents' cultural, communication, and support needs. Cultural preferences are considered in day-to-day care, including accommodating dietary requirements and supporting residents to practise their faith. As the manager explained, "We cater food according to preference and dietary restrictions." One example provided was supporting a Muslim resident to attend their mosque.

Communication needs are addressed where possible by matching residents with staff who speak the same language. The manager shared that, in the past, “there was an African staff member who spoke Yoruba to ease communication with a long-term resident.” All staff speak English, and interpreter services are available when required.

Additional support is provided according to individual needs. The manager explained that staff “assist them to whatever extent is needed,” including supporting residents with eating where required. An example was given of a resident who had difficulty eating following discharge from hospital and was supported by staff during this period.

Activities and support are tailored to residents’ interests, preferences, and abilities. The manager explained, “We first note patients’ passions and suggestions,” and staff provide support, including accompanying residents where needed, to help them participate in activities that are meaningful to them.

Activities and Resident Engagement

Residents are involved in decisions relating to food, hobbies, and leisure activities. Menus are reviewed every three months, and residents can participate in food shopping and cooking with staff support. The manager stated that residents are “fully involved in the decision-making for activities and hobbies”, with preferences discussed when residents are first admitted and through regular meetings where suggestions can be made.

Information about residents’ hobbies, interests, likes, and dislikes is gathered during the assessment process and recorded to inform activity planning. Activities are organised weekly, with residents sharing their preferences.

When residents decline activity suggestions, staff make several attempts throughout the day and offer alternative options, including indoor activities, walks, having a coffee, or chatting. If residents continue to decline, staff leave them for the day.

In discussing barriers to participation, the manager provided an example of a resident who enjoyed chatting. Conversations initially took place in the resident's room, later in the lounge area, and eventually at a café.

Feedback and Family/Friend Involvement

Family members and friends are invited to provide feedback through questionnaires, which are distributed annually. The results are summarised and displayed within the home to share the feedback received.

Families are also invited to attend staff meetings. The manager reported that attendance is often limited, although virtual attendance options are offered to support participation. The manager reported that attendance is often limited and advised that virtual attendance options are available to support participation where appropriate.

Staff and Safeguarding

The manager described several measures in place to support and engage staff. Regular supervision sessions and meetings are held to discuss staff experiences, challenges, and areas for improvement. Staff recognition initiatives include a "Staff of the Month" scheme and staff social events.

The manager confirmed that staff are aware of how to raise safeguarding concerns and that safeguarding training is available. The most recent safeguarding alert was raised in 2023. The manager reported that safeguarding concerns are infrequent, occurring approximately every two to three years.

Health and safety is supported through policies, procedures, and risk assessments undertaken within the home. In relation to staff wellbeing, the manager stated that there is currently no formal mental health procedure in place, although gym membership is available to staff.

Additional Comments

The manager shared that residents typically stay at the home for an average of three to five years. As it is a supported accommodation, residents do not pay a service charge for their accommodation.

Fire safety arrangements include six-monthly fire drills and alarm testing, alongside weekly in-house alarm checks. The manager also highlighted a self-medication pathway, which supports residents in managing their medications.

Some residents are supported through appointeeships with their local authority. In some cases, appointees provide residents with weekly funds, and staff support them with shopping. The manager explained that appointees usually visit every six to twelve months to review and audit spending records.

6.2 Support Workers Interview

Experience, Culture. and Dynamics

Both staff members interviewed were support workers. One had worked at Woodham House Stanstead for one year, while the other had been employed at the service for over three years.

Overall, both support workers described their experience of working at the care home as “good”. One staff member attributed this to having a supportive team and management, while the other highlighted the opportunity to help people. When discussing the aspects of their role they enjoyed most, staff spoke about supporting vulnerable individuals and “making a difference” in residents’ lives.

Both staff members identified residents’ behaviours as one of the more challenging aspects of their role. One support worker reported experiencing racial abuse from a resident. The staff member explained that this was addressed by management, who provided training on how to respond to and manage incidents of racial abuse.

Training, Development, and Support

Both support workers reported that the training they had received was “very good” and felt they received sufficient support and guidance from both their colleagues and management team. Training completed by both staff members included fire safety, food hygiene, medicine handling, and health and safety.

When asked about additional support or resources, one support worker noted that additional training opportunities are always helpful, while the other expressed an interest in having a pathway to obtain qualification certificates.

Both support workers stated that they feel safe while at work, attributing this to the support of the team and the positive rapport they have developed with residents.

Both staff members were aware of how to raise a safeguarding alert and confirmed that safeguarding concerns are infrequent. Their responses were consistent with the manager’s account that it had been several years since a safeguarding alert was last raised.

Communication with Residents

Both support workers were satisfied with the level of communication they were able to maintain with residents. However, they noted that communication can at times be challenging when residents display behaviours that are difficult to manage, for example, racial abuse.

7. Recommendations

After analysing all of the feedback gathered as part of the Enter & View visit, Healthwatch Lewisham has made a list of recommendations. Below each recommendation we have included the response from Woodham Home Stanstead.

1. Strengthen Safety Measures for Mobility and Outdoor Access

Observations identified potential risks in the garden area, including steep stairs being accessed by residents with mobility needs without supervision.

It may be helpful to review current risk assessments and supervision arrangements for outdoor areas. Introducing additional monitoring or support for residents with mobility needs when accessing the garden could help reduce potential risks.

We acknowledge the concerns regarding residents with mobility needs accessing the garden, particularly the steep steps. Residents' safety when accessing outdoor areas is a priority, while we also recognise the importance of supporting independence and access to outdoor space. Actions: Individual risk assessments have been reviewed for residents who access the garden, with particular consideration given to mobility, falls risk and ability to use the steps safely. Care plans have been clearly identify the level of assistance or supervision required when accessing outdoor areas. Residents assessed as requiring support will be accompanied by staff when using the steps or other higher-risk areas. The garden and access routes have been included within regular environmental risk assessments. Staff will be reminded through handovers and team meetings of residents who require support when accessing the garden. The suitability of additional safety measures, including handrails, improved access arrangements or other adaptations, will be considered where appropriate.

2. Improve Environmental Maintenance and Safety

While the environment was generally clean and comfortable, some areas required deep cleaning and minor repairs. There were also concerns about outdoor storage

as we found items were thrown away in various parts of the outdoor area, including a disused washing machine underneath the patio.

Regular deep cleaning of high-use areas, such as bathrooms, alongside routine checks of outdoor spaces, may help maintain a consistently safe and comfortable environment. Reviewing how outdoor storage areas are managed could also support overall safety.

We acknowledge the recommendation. Although the home was recognised as generally clean and comfortable, we accept that improvements are required in relation to deep cleaning, minor repairs and management of the outdoor environment. Actions: Identified bathrooms and other high-use areas have receive additional deep cleaning. A structured deep-cleaning schedule have been maintained, with completion recorded and monitored. The maintenance programme have been reviewed and outstanding minor repairs prioritised. Outdoor areas have been inspected and unnecessary or discarded items removed promptly. The disused washing machine identified beneath the patio have been removed and disposed of appropriately. Outdoor storage arrangements will be reviewed to ensure items are stored safely and do not create trip, fire, infection-control or other environmental hazards. Regular environmental walk-rounds will be completed by the management team, with identified concerns recorded on the maintenance/action plan and followed through to completion.

3. Strengthen Communication Support and Inclusivity

Language barriers were identified for at least one resident, as they did not speak English or a language spoken by staff, and there was limited evidence of communication tools being used to support interactions on a daily basis.

Exploring the use of communication support tools, such as visual aids or NHS communication cards for care homes, may help ensure residents are able to express their needs and preferences more effectively. The service should consider incorporating pictures alongside written text on doors to support residents with reduced capacity to identify the purpose of rooms and navigate the environment more easily.

We acknowledge the recommendation and recognise the importance of ensuring that every resident can communicate their needs, wishes and preferences regardless of language or cognitive difficulties. Actions: · Communication needs will be reviewed and clearly documented within individual care plans. Where a resident does not speak English or a language spoken by staff, appropriate communication methods will be identified and recorded. Suitable resources such as picture cards, visual prompts, communication boards and translation support will be introduced where appropriate. Staff will be encouraged to use these communication tools consistently during day-to-day care rather than relying solely on verbal communication. Residents' preferred language and communication methods will be clearly documented and communicated to the staff team. Relevant signage throughout the home will be reviewed to ensure that pictures/symbols are used alongside clear written descriptions, particularly on toilets, bathrooms and communal rooms. The effectiveness of communication arrangements will be reviewed with residents and/or their representatives as part of care plan reviews.

4. 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.

We acknowledge the recommendation regarding staff identification. Visible identification is important in helping residents, relatives, visitors and visiting professionals recognise members of the staff team. Actions: All will be provided with appropriate name badges. Staff will be reminded that name badges should be worn and clearly visible while on duty, subject to any individual safety considerations. Replacement badges will be provided promptly where badges are lost or damaged. Compliance will be monitored during management walk-rounds and supervision.

5. Expand Staff Training and Development Opportunities

Staff shared positive feedback on training but expressed interest in additional development opportunities, including formal qualifications.

We encourage the service to explore further training opportunities and potential development pathways which can support staff progression, confidence, and retention.

We welcome the positive feedback received from staff regarding existing training and recognise their interest in further professional development and formal qualifications. We are committed to supporting staff to develop their knowledge, skills and career opportunities. Actions: Individual training and development needs have been discussed during supervision and annual appraisal. Staff interested in further qualifications have been supported to explore appropriate development opportunities, including relevant health and social care qualifications. The home's training matrix will continue to be reviewed to identify mandatory and additional development needs. Where appropriate, staff will be supported to undertake specialist training relevant to residents' needs and their individual roles. Opportunities for progression, increased responsibilities and leadership development will be discussed with staff who wish to progress within the service. Training completed and qualifications achieved will be recorded within individual staff files and the training matrix.

6. Introduce Structured Wellbeing Support for Staff

No formal mental health or wellbeing support system for staff was identified, despite the demands of the role.

Introducing structured wellbeing support, such as regular check-ins or access to mental health resources such as the Lewisham Well-being Hub and South East London Mind, etc, could help support and improve staff wellbeing and resilience.

We acknowledge the recommendation and recognise that working in adult social care can be physically and emotionally demanding. We are committed to promoting a supportive working environment where staff feel able to discuss concerns and access appropriate support. Actions: Staff wellbeing will be incorporated as a regular discussion point within supervision and team meetings. Managers will undertake informal wellbeing check-ins with staff, particularly following challenging incidents or periods of increased pressure. Staff will be

reminded that they can approach management confidentially if they are experiencing difficulties affecting their wellbeing. Information regarding appropriate external wellbeing and mental health resources will be made available to staff, including relevant local services. Management will consider reasonable workplace support or adjustments where an individual member of staff identifies a need. Staff feedback regarding workload, morale and wellbeing will be obtained through supervision, meetings and staff surveys and used to identify areas for improvement. Any significant wellbeing themes identified across the staff team will be considered as part of the service's governance and workforce planning.

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.

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