

# Enter & View Report

Beckenham Park Care Home, 26<sup>th</sup> March 2024



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<b>Visit Details</b>	
<b>Service Visited</b>	Beckenham Park Care Home
<b>Registered Manager</b>	Maggie Middleton
<b>Date &amp; Time of Visit</b>	Tuesday 26 <sup>th</sup> March, 13:00 – 15:00
<b>Status of Visit</b>	Announced
<b>Authorised Representatives</b>	Trevor Begg, Tina Fitcher-Smith, Daniyah Kaukab, Gerda Loosemore-Reppen
<b>Lead Representative</b>	Reedinah Johnson

# 1. Visit Background

## 1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on ‘Enter & View’ (E&V) visits.

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

E&V visits can happen if people tell us there is a problem with a service but can also be made 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 gain an impartial view of how the service is operated and being experienced.

Following the visits, our official ‘Enter & View Report’, shared with the service provider, local commissioners and regulators, outlines what is working well, and makes recommendations on what could work better. All reports are available to view on our website.

### **1.1.2 Safeguarding**

E&V visits are not intended to identify specific safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything about which they feel uncomfortable they inform their lead, who will inform the service manager, ending the visit.

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 relates to findings observed during this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on the day.

### **1.3 Acknowledgements**

Healthwatch Bromley would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs who assisted us in conducting the visit and putting together this report.

## **2. Information About the Service**

### **2.1 Beckenham Park Care Home**

Beckenham Park Care Home is located west of Bromley, with elderly residents receiving care and support. The development comprises a range of studio and one-bedroom apartments, each equipped with private bathrooms. There are 100 beds within the home – 24 are allocated to two 12 bedded dementia communities. This is the model that is used with the company for a nursing home.

Branded as part of the Avery Collection, it offers residential, dementia, nursing, and respite care. Support ranges from assisted living to full nursing care, provided around the clock by their nursing care team.

Beckenham Park Care Home tailors support to meet individual needs by creating bespoke care plans which are regularly reviewed.

## 2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

A CQC inspection was carried out in July 2022 and the overall rating was "Good". The CQC identified the following areas of good practice:

- The service was consistently managed and well-led
- Residents' needs were met through good organisation and delivery
- There were procedures in place to reduce the risks of infections and Covid-19
- Good level of staffing
- Residents had access to a range of healthcare services when needed.

## 2.3 Residents

At the time of our visit, 92 people were living at Beckenham Park Care Home, of whom 24 are in the two dementia units. Most are self-funding, three are funded by a local authority (LA) other than London Borough of Bromley.

## 2.4 Staff

The home has 165 staff including a general manager, 84 carers, 10 bank carers, five full time activities coordinators, 11 nurses (two on every shift), catering and hospitality staff. Shifts are 12 hours, divided into early and late.

# 3. Summary of Findings

The E&V visit was carried out on Tuesday 26th March; five E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail.

The response rates to our questionnaires, on the day of the visit, were very low. We spoke with the manager about questionnaire distribution pre-visit and telephone follow ups with anyone who was unable to be there on the day. The manager confirmed that they had sent two emails to all staff and provided questionnaires in communal areas for family members/friends and residents to complete in their own

time. We were told that the home has a very effective communication process with relatives' forums, 1:1s and an open-door policy so everyone is able to share their views directly with management. Because of the low response rate, this E&V report cannot give a full and accurate picture of the overall experience of the home. We will encourage staff, family members, friends and relatives to continue sharing feedback with us this year.

### 3.1 Entry and General Accessibility

#### **Notes**

The building is positioned away from the main street and traffic noise. We observed a well-kept outdoor space with ample parking designated for visitors and a dedicated parking spot for an emergency ambulance.

The reception area appeared clean and spacious, with a welcoming atmosphere. There is a signing-in book for visitors. Hand sanitiser is provided in and outside the building to promote good hygiene practice. On the right side of reception, there is the Honey Pot Café where light bites and refreshments are available. On the left, there is a private sitting room.

At the time of our visit there were no visiting restrictions.

#### **What works well?**

- Easily accessible by public transport
- Ample parking and an ambulance bay
- Visitors must check in and out
- Hand sanitiser available at the entrance
- Private seating area
- Wheelchair friendly and lifts are available
- Induction loop
- Security cameras
- A noticeboard with information about past events and daily activities.

#### **What could be improved?**

- We found no areas for improvement.

## 3.2 General Environment

### Notes

Residents' apartments are spread across three floors with rooms varying in size from spacious studios to one-bedroom suites - complete with ensuite wet rooms and kitchenettes.

Every apartment door has a picture box identifying the occupant/s. Bedrooms can be tailored to residents' style, and there is ample storage. Some ground floor apartments have direct access to a patio area and to the ecology garden.

We observed friendly staff assisting and entertaining residents, which further contributed to the warm and welcoming environment, making residents feel comfortable and supported.

There are various facilities within the home including a restaurant, bistro-style pub, cinema, GP practice, hair salon and a 'spa' bathroom with a seated whirlpool bathtub.

The 'village hall' is used for residents' activities such as choral singing, quizzes and local community events. There is a library which offers activities including poetry, knitting and chess clubs.

During the visit, we heard music playing in the dementia unit lounge. We observed dementia friendly decor with contrasting walls, floors and door handles. Handrails were a contrasting colour to the wall. Some doors, such as the lift and storage, were disguised with picture frames. In the bathrooms, toilet seats and light switches contrast with the walls.

We visited the restaurant, the bistro, the Honey Pot Café and the home's kitchen. A menu is displayed outside the dining area. There is also a private dining area available to book for special occasions.

### What works well?

- Suitably adapted toilets are within easy reach and have an emergency pull cord.

- Toilet seats, flush handles and rails contrast with the toilet and bathroom walls and floors.
- Signage for toilets and bathrooms is consistent and at eye level.
- Large clocks displayed around the home.
- Treatment list provided by the beauty therapist.

#### **What could be improved?**

- The astroturf laid out in the dementia terrace is not fixed to the ground and plant pots are placed near a pathway; both are trip hazards. We brought this to the manager's attention on the day and were told it will be removed, but no date was given.
- Some parts of the dementia unit have patterned carpet, which is not dementia friendly.

### **3.3 Safety and visiting**

#### **Notes**

We found clear fire exit signs with no visible obstructions. All fire emergency protocols were visible, including fire extinguishers, evacuation sledges at the top of stairs and dry riser outlets. External doors were kept locked.

Security measures are in place. There are security cameras overlooking the outdoor areas, as well as three alarm buttons in the gardens.

Each apartment is fitted with an alarm by the bed, there is also a sensor system to detect anyone up at night.

#### **What works well?**

- They have 12 staff during the night shift (including carers and nurses).
- Staff and residents are all aware of emergency and fire safety procedures.
- All staff working within the care home had the original COVID-19 vaccinations as this was mandatory. Vaccinations for the general public if not at risk, are advisable only.
- Restrictor features on windows for residents' safety.
- Some doors, including cupboards, are securely locked to prevent residents from entering potentially hazardous areas.



### **What could be improved?**

- We found no areas for improvement.

## **3.4 Activities and Personal Involvement**

### **Notes**

During the visit, we observed residents taking part in a choir with the activities coordinator and a film was playing in the cinema room. In the dementia unit a Lego building activity had just finished and music was playing in the background while residents socialised.

Activities differ daily and include:

- Spanish lessons
- Poetry
- Music and live entertainment
- Movie club
- Coffee morning
- Bridge club
- Yoga
- Gardening.

The home organises two outings every week using their own minibus – one for assisted living and one for the dementia unit.

The activities coordinator informed us of the team's effort to provide person-centred activities for residents. They recognise that not all activities are appropriate for everyone, given that some residents live with dementia and others have long term health conditions.

There is a church service once a month, held in the cinema room.

### **What works well?**

- Staff speak to residents in a kind and appropriate way.
- Staff are very caring and attentive.
- A range of activities to engage residents and keep them active.
- Residents who have capacity are involved in activities and engage with one another.
- Photographs of residents' activities are displayed in the home.

### **What could be improved?**

- Activities on paper sheets could be written in larger, clear fonts.

## **3.5 Diet and Cultural Practices**

### **Notes**

The home has food delivered by a corporate company. The catering team accommodates residents with specific dietary requirements, offering a wide range of food options.

The restaurant serves hot meals every day in a formal setting and the bistro pub serves light bites. The menu in the restaurant varies weekly and information is well displayed by its entrance as well as inside. The bistro also has a menu displayed at its entrance as well as inside, only light bites e.g. sandwiches, salads, omelettes are served.

The home offers a hotel model of service; breakfast is from 07:30-10:00, lunch from 12:30-14:30 and dinner from 17:30-20:00. Between these windows there are snacks available 24 hours if a resident wishes.

We observed residents having their lunch during the time we visited and could see staff supporting them with eating and drinking.

### **What works well?**

- Residents can choose every day what they would like to eat from a menu.
- In the nurses' station in the dementia unit, there is a board displaying some residents on a watchlist, to monitor their food and fluid intake.
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### **What could be improved?**

- When we visited the restaurant, some tables had not been cleaned after people had eaten.
- Staff were not wearing hair nets and gloves while working in the kitchen.
- During the tour, ARs were not offered hair nets and gloves before entering the kitchen.

### 3.6 Feedback and Complaints

#### **Notes**

The home has a monthly forum for residents, and a monthly support group for friends and family, where everyone can provide feedback and discuss any concerns.

#### **What works well?**

- There is a comment box in the bistro pub in the reception area.

#### **What could be improved?**

- We found no potential areas for improvement.

## 4. Residents' and Families' Feedback

Due to the timing of our visit, we only found five residents available to speak with us - three from the dementia unit and two from assisted living. We also received feedback from four family members.

We asked questions related to level of satisfaction, diet, activities and personal development, access to healthcare, socialisation, safety, and communication with the home. Overall, residents and family members we spoke with are satisfied with the service provided by the home. Residents said that they feel warm enough and safe at Beckenham Park. They have a say on the type of activities available. Help is provided if they need assistance to eat or drink. One family member shared that their relative is reluctant to take part in activities.

Family members said they are satisfied with the level of support that their relative or friend receives from other local health and care services e.g. GPs, dentists or pharmacies. They also think their relative or friend receives satisfactory personal care, e.g. washing, hairdressing and chiropody.

Most family members said they are kept informed regarding concerns about their relative or friend, e.g. falls, ill-health and future care plans. One family member replied that communication could be improved. We asked if people felt that residents are safe in the home, e.g. are visitors asked to show ID, and are there clear evacuation plans; one family member answered "no" on the questionnaire, this however was not followed up with management.

## Family and Friends' Selected Comments

*"Moved mum from another home, pleased the staff are responsive to concerns."*

*"Pleased with health care."*

*"Communication could be improved."*

*"The care given at Beckenham Park is exemplary."*

## Residents' Selected Comments

*"They treat me with dignity and respect."*

*"I am glad I chose this home."*

*"I would not know what to do without this place, one of the best."*

## 5. Staff & Management Feedback

We received feedback from six staff members, including the general manager, care supervisor, two care assistants, an activities co-ordinator, and housekeeping.

During our observation, we noted that all staff were actively interacting with the residents.

### 5.1 Staffing

#### **Notes**

Of the six staff members we spoke to, five have been there between 1–3 years and one for less than 12 months.

## **Training**

The process of staff induction takes place over two weeks. It is conducted online and face-to-face. As well as the extensive training provided in house, 13 staff are currently undertaking NVQ training.

An activities coordinator mentioned that they have been offered specific training including feeding so they can help when they go on outings.

All staff completing the questionnaire were asked about their interest in additional training opportunities. Two members of staff were unsure, three said yes but only two specified which training they would like to receive (hospitality supervisor and NVQ Level 4). One answered no.

## **Breaks**

Staff said they have two 15-minute breaks and one 30-minute break every day. One staff member commented that it would be lovely to have a little extra time as they are doing 12-hour shifts.

Staff members said they are encouraged to have lunch with residents. The manager told us that staff support the residents within the dementia communities during mealtimes to assist with nutrition. All staff if working a long day have two 15-minute breaks and one 30-minute break by law.

Staff are satisfied with how handovers are organised and with the opportunities they have to support residents.

## **Management**

Staff appear to have a good relationship with the manager - everyone that we spoke to during the visit said that they feel listened to if they raise any concerns or questions.

Most staff had never raised a concern with management - two had done so and were satisfied with how management dealt with them.

## **Safety and visiting**

When we asked if staff are aware of any issues affecting residents' welfare, for example funding, two said yes, four people said no, however did not clarify the welfare/ safety issues.

## 5.2 Selected Comments from Staff

*"Well supported, residents allowed freedom to choose."*

*"Good responsive manager."*

*"Residents have fabulous service; we are always trying to help them with respect and as soon as possible when they need our help."*

*"I enjoy being given time to spend with residents."*

## 5.3 Management

### **Notes**

Overall, the registered manager is pleased with the quality of service provided to the residents.

The manager stated that Beckenham Park Care Home offers support to residents and staff with diverse cultural or sexual identities.

### **Diet**

All residents' dietary needs are assessed on admission. All departments are notified, and the catering department keeps an up-to-date report of dietary requirements.

Residents can contribute to menu planning through a monthly hospitality forum which is held in the bistro/ dining room or their own apartments. They can choose where to eat. Care staff support residents in the dining room and in their own apartments.

There is a fluid watch in place for residents to monitor overall provision of liquids.

### **Quality of care**

The home is kept to an ambient temperature – each resident has their own control for air conditioning in their apartment.

Laundry services are provided within the home. Beauty therapy, hairdressing and chiropody are available by appointment.

## **Safety**

The manager informed us that all staff wear identification (ID) badges. All staff know the evacuation plan, but some residents would need help in an evacuation.

The manager informed us that staff, residents and visitors have the knowledge and skills necessary to address safeguarding concerns and how to raise a complaint. There are leaflets available around the home.

## **Activities**

Residents are encouraged to mix and socialise. Provision is made for any residents with English as Additional Language (EAL), an interpreter can be available if needed.

The home invites groups such as Ravens F.C. Professional Football Club, u3a\*, Rotary Bromley\*, and history groups. They also organise external outings to museums.

Residents are able to contact faith groups for support if they wish.

## **Community Services**

The manager told us that they are satisfied with the level of support residents receive from other local health and care services. They have Bromleag Care Practice\*, a dental service, optician, audiology, and a pharmacy dedicated to the home.

## **COVID-19 infection prevention measures**

The manager stated to us that the COVID-19 requirement given by the Government has completely changed since March 2020 and they are able to meet those guidelines.

\*u3a Bromley is a group which provide the opportunity for those no longer in work to come together and learn for fun.

\*Rotary Club Bromley Rotary is an organization of business and professional men and women who provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world.

\*Bromleag Care Practice offers a range of GP services to care home residents, see <https://www.bromleagcarepractice.co.uk/health-information/appointments/bromleag-appointments-and-services/>

## Staff

All new staff have an induction programme and can access apprenticeship schemes based on attendance and training records. All staff have three monthly supervisions.

The manager said that they are currently satisfied with their level of staffing. The home is almost fully staffed and continues recruiting. The manager also mentioned that the home only uses agencies for Registered Nurses (RNs) and that they are very familiar with the home and residents.

## 6. Recommendations

Healthwatch Bromley would like to thank Beckenham Park Care Home for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we have made recommendations which prioritise safety and wellbeing.

### 6.1 General Environment

6.1.1. The astroturf laid out in the dementia terrace is not fixed to the ground, and plant pots are placed near a pathway. These are both trip hazards.

*As the astroturf is not fixed to the ground, we advise management to remove it to avoid potential accidents, and to purchase raised planters for plants.*

6.1.2. The dementia unit has patterned carpets.

*Patterned carpet can create optical illusions or appear as obstacles, increasing the risk of trips and falls. This is a significant concern in dementia care settings where mobility issues are common. We advise the management to consider using plain, solid-coloured carpeting to promote safety, minimise confusion, and create a calm and supportive environment for residents.*



## 6.2 Diet and Cultural Practice

6.2.1. Staff were not wearing hair nets and gloves while working in the kitchen, and our ARs were not offered hair nets and gloves before entering it.

*We advise the management to encourage staff and visitors, to wear hair nets and gloves in the kitchen to avoid contamination of food.*

6.2.2. When we visited the restaurant, there were some tables which had not been cleaned after people had eaten.

*We recommend staff do regular checks on the dining area and clean used tables for other residents who have not yet eaten.*

## 6.3 Activities and Personal Involvement

6.3.1. One family member shared that their relative is reluctant to take part.

*We understand that the care home already has a person-centred activity programme, which caters to the diverse needs of its residents. We advise an individual approach, collecting and responding to residents' interests and preferences. This could include a variety of sensory stimulating such as arts and crafts, and Lego building providing visual prompts and gentle encouragement while fostering a positive and supportive environment.*

## 6.4 Staffing

6.4.1. One staff member said they would like to receive more training.

*We advise the management team to assess the current training programme and identify opportunities for staff to do refresher courses and further develop their skill set such as NVQs and feeding training.*

6.4.2. A staff member said that they get two 15-minute breaks and a 30-minute lunch break during their 12.5-hour shift, and they would like to have a little bit more.

*We advise the management to consider revising the break schedule to allow for more frequent, shorter breaks throughout the 12.5-hour shift. Implementing additional 5-minute breaks mid-morning and mid-afternoon can provide staff with brief moments to rest and recharge without disrupting workflow.*

## 6.5 Feedback and Complaints

6.5.1. Most of the family members we heard from said that they are kept informed regarding concerns about their relative or friend, e.g. falls, ill-health and future care plans. Only one family member replied that communication could be improved.

*We recommend the home arranges regular meetings with family members to provide information on residents' wellbeing and address any concerns.*

6.5.2. We asked if people felt that residents are safe in the home, e.g. are visitors asked to show ID or are there clear evacuation plans, and one family member said no.

*We advise the management team to send family members a copy of the emergency plan for their relatives and review their safety policy for visitors.*

6.5.3. In a large care home, we would expect to engage with more residents, family members, friends and staff. We received very few responses to our questionnaires on the day of the visit and only one feedback form via email shortly afterwards.

*We ask the management team to continue to make Healthwatch Bromley questionnaires available to relatives, family members, friends and staff to share feedback. We will use any further feedback to supplement this report and provide a fuller picture of the home and its service delivery.*

## 8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
E&V	Enter and View
ID	Identification
LA	Local Authority

## 9. Distribution and Comment

This report is available to the public and 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 of health and care services, please contact us.

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**healthwatch**  
Bromley

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

## Report & Recommendation Response Form

Report sent to	Healthwatch
Date sent	26/07/2024
Report title	Enter & View Report Beckenham Park Care Home, 26th March 2024

### Response

(If there is a nil response, please provide an explanation for this within the statutory 20 days)

Date of response provided	26/07/2024
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Response:	
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1.	6.1.1. Astroturf has been removed - we encourage our residents in the dementia community to live as independently as they can mirroring a home lifestyle - there are some high planters on the terrace where residents plants flowers and vegetables and large plant tubs as well that cannot be knocked over or pose a health and safety risk
2.	6.1.2. This requires clarification - all interior design within the dementia communities has followed the research and guidance from the University of Stirling and we have no 'patterned carpets' outside of this research - we would require further information
3.	6.2.1. Staff are now wearing head coverings in the kitchen but have always worn gloves in the preparation and service of food- there are audits that are carried out in the kitchen and the very recent EHO visit awarded the home 5*
4.	6.2.2. On the day in question the area reviewed was just after breakfast had been completed - unfortunately there was no further review prior to lunch as this would have evidenced that the staff clean and Hoover all areas prior to the next sitting every day- there is a cleaning schedule for all the team that can be made available if required
5.	6.3.1. All residents are encouraged to take part in activities if they wish but it is their choice as to whether they wish to join in - 1:1 activities are provided to all residents especially within the dementia communities but again it is the residents choice if they wish to join in. A variety of activities are provided

	<p>weekly as demonstrated on the activity schedules in the home - these include various arts and crafts - flower arranging/painting - activities using Lego would not be encouraged within certain communities as provide a health and safety risk - the team look to introduce as many new variety of activities as they can to meet the needs to all residents as these differ significantly - this is recognised within the residents care plan to ensure there is person centred activities offered</p>
6.	6.4.1. All staff within the home are offered the opportunity for NVQ training understanding the commitment that is required - currently the home has 13 staff undertaking NVQ training
7.	6.5.1. The dementia community has monthly meetings offered to all relatives and there are also frequent 1:1 meetings arranged - ¼ meetings are offered to relatives within the residential community and an open door policy is used within the home to ensure relatives feel comfortable addressing any concerns or queries - email communication is sent to all relatives should there be any changes or updates for the home - monthly resident forum and hospitality forum minutes for relatives are available within reception
8.	6.5.2. There is an evacuation plan in reception, in the dementia communities, in all the residents' and in the corridors - A fire risk assessment and inspection is carried out of the property annually to ensure the home meets all legislation requirements - the residents have had fire lectures from the maintenance team to understand the evacuation process
9.	6.5.3. Prior to the Healthwatch visit -the visit was discussed in the resident forum, via team brief to staff - via memos to all residents and relatives - the questionnaires were available and visible within the home and sent to relatives prior to the visit. After the visit an e-mail was sent out to all relatives again with details of the questionnaire so if they wished they would be able to complete; and questionnaires were left in all key areas within the home if staff or residents wished to complete
Signed	Maggie Middleton
Name	Maggie Middleton
Position	Regional Director