



**Healthwatch Lambeth**  
Enter and View  
Collingwood Court Visit Report

# About Healthwatch Lambeth



**Healthwatch  
Lambeth is the  
independent health  
and social care  
champion for local  
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## About Enter and View Visits

Our Enter and View programme involves visiting publicly funded adult health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained volunteers.



## Visit overview

**Service** Collingwood Court Nursing Home  
Nelson's Row, London, SW4 7JR

The home comprises three units including one for low support needs, a unit for people with mental health problems and a palliative care unit. Almost all the residents have dementia or dementia like symptoms. It is home to 66 people, including some people who do not speak English, most of whom are funded by the Local Authority. The other residents are funded by the NHS under Continuing Care.

**Registered provider** BUPA

**Date of visit** Friday 6<sup>th</sup> June 2014  
10.30am - 1.00pm



## Collingwood Court Visit Report

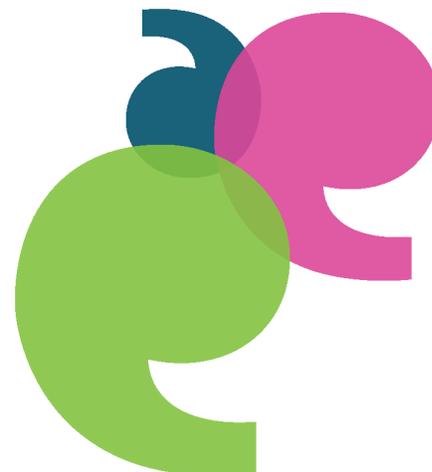
Enter and View Team      David Town, lead, and Catherine Pearson, visitor

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Service liaison link      Maritess Kasiban; Deputy Home Manager and Clinical Lead

At the time of our visit, the home was waiting for a permanent manager to be in post. The current Deputy Manager had been employed in the home in the last six months and was overseeing the home with the support of a manager from another BUPA service.

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### Purpose of visit

Healthwatch Lambeth is undertaking a review of dementia services in the Clapham Park area of SW4 between April and September 2014.

As an element of this review, a visit to this extra care housing facility was carried out in order to seek the views of residents (particularly those with dementia) about the services provided within Charleston House and also how they accessed health and care services from the community.

Further details of the dementia review are available at

[www.healthwatchlambeth.org.uk/enterandview](http://www.healthwatchlambeth.org.uk/enterandview)

During the visit, the Enter and View team used an adapted range of quality indicators identified by the Alzheimer's Society as useful for families when choosing a care home for someone with dementia<sup>1</sup> and also the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals<sup>2</sup>. Questionnaires were also distributed to staff and relatives.

### Participants

Our representatives spoke to twelve residents in one-to-one conversations during the course of the visit. In addition, 10 members of staff returned questionnaires and seven were received from relatives. Before the visit, an in depth interview was held with the Deputy Manager and the previous Acting Manager.

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<sup>1</sup> Your handy guide to selecting a care home (PDF)  
[http://www.alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1003](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003)

<sup>2</sup> PLACE visits  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

### Location

Collingwood Court is located near Clapham Common High Street with good access for buses and tubes. The building is not affected by traffic or other noise. Nearby there are local shops and cafes.

### External environment

Collingwood Court is set back from Nelson's Row, which is a quiet side road off the High Street. The external environment is built up, with a car parking space in front of the main entrance and very little green space.

The building was purpose built approximately 30 years ago and was last refurbished in 2009. The building takes up most of the site and benefits from a narrow outside garden which runs along the back of the building. We did not visit the garden, but from the window we could see that the path paving was uneven, indicating that it could be easy for a resident to trip over. We also noted that the planting needed some attention. Unless residents have a ground floor bedroom, views from the windows are very limited with most looking on to neighbouring houses and buildings.

### Recommendation 1

A check should be made on the walking surfaces in the garden to ensure that they are even and safe.

#### **BUPA's response:**

*Part of our maintenance duty and responsibility is to check the physical environment and document their monthly assessment. Issues and concerns are discussed through our daily meeting and addressed accordingly.*

*Arrangement has been agreed with maintenance team to clean, tidy and clear the garden twice a week.*

*Request has been arranged for garden contractor to assess the pavements and pathways within the garden areas. Awaiting visits for external contractor.*

## Internal environment

The care home has a single main entrance, which is staffed by a receptionist and allows space for visitors to sit down. The Manager's office is adjacent to the reception area. The receptionist was very helpful and welcoming. There are two house cats who also share this space.

The three units, Diana and Hazel on the ground floor and Rose upstairs, are each designed along a single corridor with the bedrooms, sitting rooms and other shared rooms leading off on either side. At the end of the corridor is a dining room. Overall, the impression is more institutional than homely, as the long corridors do not have natural light unless the bedroom doors are open.

The shared communal spaces appear quite small for the number of residents using them. We found one sitting room downstairs to be particularly small for the 14 residents who were present. Overall the décor would benefit from a re-paint - the colour scheme varies between the units but is predominantly based on a beige scheme. The walls are broken up with pictures and the grab rail was in a different colour. It was a warm day and the windows were open but, as noted above, the views were limited. There were no noticeable bad odours.

While the bedroom doors were all painted the same colour, they were distinguished by a photograph of the resident and a small 'memory box', holding items of personal significance for each resident. This assists both those with dementia and partially sighted residents to locate their own rooms. This method also provides an easy to identify reference point to the former lives and preferences of the residents for the care staff. Residents are encouraged to bring their own belongings to the home in order to personalise their bedrooms. Many of the bedroom doors were open and we saw that the rooms were decorated with photographs and pictures, many had televisions and other personal items such as small toys. One resident showed us a small fridge his brother had bought him and which he used for keeping chocolate biscuits and drinks. Residents told us that they liked their bedrooms. One said that it felt like home.

Residents are allowed to smoke at Collingwood Court and a small smoking room is available. This room is plainly furnished with three chairs and a coffee table and ash trays. Overall it looked under-furnished. The windows were open and the room did not smell too badly of stale cigarette smoke. Where necessary, residents are supervised when smoking and we understand that residents do not often go outside to smoke.

The dining room on the palliative care unit had photographs showing the lunch option and menus for breakfast, lunch and supper. Unfortunately the lunch menu had become jammed in the wooden presentation frame and indicated 'Tuesday' instead of 'Friday', the actual day. The member of staff said this would be brought to the attention of the handyman.

## Recommendation 2

The Management should seek to identify ways to brighten up the care environment, including the outside space.

### BUPA's response:

*The home ensures that outside premises are safe from any risk and hazards. Any issues and concerns are addressed accordingly. Our maintenance team assess the premises on a regular basis.*

*Additional lighting equipment to be put in place especially in remote areas outside the premises to keep the area well lit and safe day and night.*

## Access and Mobility

We met one resident who needed to use a wheelchair and other residents who used walking frames. The through ways, corridors and toilets were wide enough for walking frames and wheelchairs. Suitably adapted toilets were in easy reach of the communal areas and it was easy to enter and move between the lounges and the dining room. We noted that all external doors from each of the wings were kept locked.

## Dementia Friendly Environment (communal areas)

### Floors

As is common with other care environments we have visited, the floors are covered in speckled patterned carpet and not a consistent colour as recommended by the PLACE assessment tool.

### Décor

In the low support unit, there was very little contrast between the colour of the walls, doors and the floor. Light switches did not contrast with the walls. Toilet seats, flush handles and rails did not contrast with the toilet and bathroom walls. We only visited two toilets, one of which was dirty and the sink was full of polythene.

### Signage

Signs were approximately 4ft from the ground and on eye level. Signs were on the whole consistent throughout the communal area, although the designated smoking room in the low support unit was not identified and looked like the door to a store cupboard. The toilet doors were identified by name but not by a picture.

The staff wore dark blue overalls, which made it easier for the residents to identify them.

### Lounge and dining room

Each unit has one, relatively small lounge. All of the lounges had windows and therefore natural light was available – although one was quite dim because of net curtains. The television was on in all of the lounges although not all televisions showed subtitles.

The furniture was mixed and some of it was quite shabby. The lounge chairs were arranged around the perimeter of the room but some residents were sitting in front of the television watching the D Day Landing commemorations. This meant that others could not see and, as it was quite noisy, not everyone could hear. We noticed that one resident who was deaf was not able to engage in either conversation or with the television, but he was able to answer our

questions by reading them from the questionnaire.

As far as we could see, the lounges did not have any equipment for playing music or any magazines, picture books or other things to look at. The low support needs lounge had refreshments available for residents.

The dining rooms were laid out with shared round tables, table cloths with contrasting place mats, flowers and napkins. There were pictures on the walls. One resident told us that when his brother visited they could sit in the dining room, although this is also used for a church service from 4.00 pm on Sundays.

We discussed issues around the décor of the care environment and the design of the building with the Acting Manager, who agreed that she would like to have more money to spend on redecoration and on the outside garden. She confirmed that it was highly likely that there would be discussions about these issues once the permanent manager was in post.

### Recommendation 3

*When considering options for brightening the environment, thought should be given to ensuring that the furniture colour contrasts with the colour of the walls and the carpet.*

***BUPA's response:***

*Adequate furniture and appliances have been replaced to suit the needs of our clients. The home are awaiting for delivery of a few more chairs that suit the requirements of the home.*

*The activity co-ordinator has made some adjustments within every unit. Additional appliances, picture frames from recent activity and some residents' personal effects are on display for an additional point of discussion for clients. Changes to be made in our notice board and activity board to make it more colourful and attractive.*

### Recommendation 4

*The staff should consult with residents who are deaf and hard of hearing about ways in which they could best be included in shared activities. Staff should ensure that the subtitles are always used when the television is on.*

***BUPA's response:***

*Instruction has been cascaded to all units to ensure subtitles are working when the television is on.*

## Bedrooms

During our visit, we spoke with one resident in his bedroom. The room had many of his belongings and reflected his personal choices. He had made the room comfortable and it was large enough for him to sit in and watch television. Another resident we spoke to had two rooms, which provided a lounge and a bedroom. This also had many personal items and family photographs. This resident was very appreciative of the services and safety the home provided her.

When walking around the corridors, many of the bedroom doors were open. A few were occupied by residents who were bedbound or sleeping. In the others, residents were watching television, listening to the radio or reading. As with the interviewees above, we saw that many residents had personalised their bedroom with photographs, pictures, personal telephones, televisions and other equipment.

## Meals

The visiting team had not arrived in time to observe breakfast, although we did meet one resident who had eaten a late breakfast and told us that he had enjoyed it. The staff confirmed that the time to have breakfast can be quite flexible as some residents liked to get up later than others. During the morning we noted that water and squash drinks, biscuits and fruit were offered to the residents. We observed the staff supporting one resident eating a mid-morning snack. The

resident was quite persistent in requests for food. All the staff, by their responses, clearly understood how to work with this person and dealt with her kindly and in a warm and friendly manner.

As well as written information about the meals on offer, there were also photographs. Lunch on the day of the visit was Lancashire hotpot. One resident told us that the food was 'very good' another said that there could be more variety. When the staff were asked for their opinion about the food for the residents, they confirmed it was of good standard but portions could be bigger and the menu could be more multi-cultural.

We observed residents on the mental health unit being assisted to move from the lounge to the dining room for lunch. For some this required a hoist. Others were being assisted to go to the toilet. One resident became agitated about the transfer process and we were able to observe the staff appropriately diverting and distracting this person. Whilst we had intended to observe lunch on this unit, we felt that our presence might be another unsettling influence to the residents so we did not stay. Before we left, one resident told us that he had had his teeth removed and was now only eating 'mushy food' while he waited for his dentures.

## Meeting with residents

In total, the Enter and View team spoke individually with 12 residents, one of whom spoke to us in French. We met 14 residents in the low support unit living room and spoke with seven of them. We also spoke with five residents on the higher support unit. Not all of these people were able to fully understand our questions or communicate coherent responses.

Residents were able to talk both with the visiting team, each other and visitors. However, there is no private space for residents to meet with their family and friends other than in the residents' bedrooms. When asked the question 'Do you like living here?' none of the residents said no, but some said they found it 'so-so' or 'alright'. One resident said that he had only been in the home for a few days so he did not feel it right to make judgements on the facility, but he was satisfied to date. All residents told us that they felt safe.

## Friendships and visitors

When residents were asked about friendships in the home, the following responses were received 'I am a home person, I like to move in my own space and I don't like being fenced in'; 'No, I prefer to be by myself'; 'Everyone is friendly, but not friends'; 'I like to watch television. I do play Bingo and go to Church and meet people there'; 'I have been here six

years and talk with people at lunch time'; 'not yet'; 'No not really, since my wife died I am on my own'. 'Not all the people here are able to talk to you or have a conversation.'

Others said that they didn't have visitors - one said it was because his family lived in Ireland. And the Manager confirmed that generally, many residents do not have visitors or regular visitors.

## Activities

Both residents and some of the staff who completed the survey, mentioned that there were no opportunities for residents to go out. Staff responses to a question about how the service could be improved included: 'Allow the residents to be taken out on a day trip with activities every month instead of them being stuck in the home'; 'Allow residents to go to the seaside or fun fairs. They do have entertainment twice a month [but] it's like they are in prison and these last days are meant to be so precious'. One resident said 'I don't like being a resident, because I like to move about. I like to have change and variety - it is good for me'. Other suggestions from staff were for residents to be taken out to the local shops to buy their toiletries as they would have done if they were living in their own homes. However, all the staff spoken to during our visit agreed that staffing levels in the home would not cover external outings and this would have to be undertaken by volunteers.

There are two Activities Co-ordinators employed by the home although we did not meet them on this visit.

## Recommendation 5

BUPA could develop a local volunteering programme (perhaps in association with Trinity Hospice) to provide opportunities for residents to be accompanied on trips and outings. Volunteers with gardening skills would also be beneficial as they could both encourage residents to garden and help to adapt the garden space for less able or mobile residents to enjoy in warm and sunny weather.

### **BUPA's response:**

*We have some volunteers who help the activity department on regular basis. A volunteer comes once a week from a local Catholic church and participates in providing activity to our clients. They help us as well if we have big events within the home.*

*Staff are encouraged to participate more in any activity that we offer to our clients.*

*Staff support our clients when they are going out for an outing. On some occasions, clients' relatives accompany them if they are going out for a walk or attending appointment.*

*The home plans to develop its volunteering scheme. The Home Manager is liaising with*

*Volunteer Centre in Lambeth, partnership working is in progress.*

In our meeting with the Acting Manager during our visit, she commented that once the new permanent manager had settled in, discussions about developing opportunities for a volunteer programme in order to enhance the lives of the residents would possibly get underway.

## Staff

Residents said that they liked the staff - one said the staff were 'brilliant'; another said that he liked both the nursing and the cleaning staff. The staff's interactions with residents were observed to be caring and there appeared to be an understanding of the residents' individual needs and personalities. Residents were addressed respectfully.

All staff completing the survey (health care assistants, nurses, housekeeping staff and carers) reported that they felt they knew the residents well, know their interests and some said they spent time with the residents' family and friends when they visited. While we were there, we saw some visitors talking with residents and staff, and relationships appeared to be positive.

Three staff survey responses identified low pay and staffing levels as the key factors to be addressed for driving service improvements.

Two also said they wanted more training opportunities: 'There are carers who are willing and eager to learn.'

### Family Views

We received seven responses to our family survey; all described the service as good (5) or satisfactory (2), with one person adding 'although resources seem stretched'. All respondents agreed their relative was safe although one reported an isolated incident when their relative was hit by another resident with mental health needs: 'The patient should have been supervised.' Five family members were happy with the opportunities to be involved in activities at the care home and six felt the home kept them well informed about their relative. One said 'The home has been the right place for my relative. He has been here over a year and he's done very well. Gets lots of support by all the staff.'

### Using other care services

Not all of the residents were able to provide feedback on their experience of using other health and care services. Comments made by residents were 'I tell the nurse and she makes all my appointments for me'.

### General Practitioners (GPs)

Clapham Family Practice visit the home three times a week and the nurses can put residents on an appointment list to see the doctor. Six

members of staff commented on the relationship between the care home and Clapham Family Practice, all noting that the GPs visit frequently. However, four thought that communication between residents and the GPs could be improved - they felt that sometimes the GPs look to the nurse to say what is wrong rather than taking the time needed to ask the residents themselves how they feel. One staff member said that one of the residents had been waiting three months to have their ear syringed.

Out of surgery hours, the staff team call either SELDOC or an ambulance. We asked the manager of the mental health unit if the staff had experienced any problems as a result of residents being discharged from hospital. He confirmed that this had not been a problem partly because they always receive an advance call from the hospital to plan the discharge and partly because very few of the residents who were in the unit for palliative care were admitted to hospital. We were also informed that there had been very little incidence of residents having to be admitted to hospital as a result of dehydration or urinary tract infections.

### Dentists

One resident was waiting for new dentures, but none of the other residents we spoke to were able to report a recent dental check-up.

## Personal Care

None of the residents said very much about their personal care. One said that he didn't need personal care because he was very self-sufficient. Another told us that he has an assisted bath three times a week. One resident told us that his brother chose all his clothes for him. We did notice that nearly all of the men in one lounge wore tracksuit bottoms, which is an unusual choice for men of their generation.

We observed one woman being taken to the toilet by a male care assistant. Later, we asked the Acting Manager about how residents' preferences were taken into account regarding the gender of care assistants for intimate personal care. We were assured that every resident is asked about this and their answers are recorded.

## Personal Finances

As many residents with dementia lose the capacity to manage their own financial affairs, the Acting Manager was asked whether any problems arose on that front. Although she had only been at the home a short time, she confirmed that the Finance Manager did appear to spend time sorting out residents' financial affairs.

We asked whether finance difficulties had resulted in the number of elderly men being dressed in jogging bottoms. The Acting Manager confirmed that all the residents would have been given a choice about the clothes they wanted to wear that day, but she was unable to make an informed comment about whether their options were limited by their personal finances.

As the Finance Officer was unavailable during our visit, we agreed to contact her on another day to discuss the issue of residents' personal finances in more detail.



### Conclusion

The visiting team found that residents and their families believe that people living in Collingwood Court are safe and appear satisfied with the care they receive. Often people with dementia find it hard to make friends and take part in collective activities. Although the team were not able to talk with the Activities Co-ordinators, we observed staff responding sensitively to the needs of different residents. The team are interested to learn more about how the volunteer scheme develops and whether this increases capacity for Collingwood Court residents to participate in trips and a wider range of activities.

The Enter and View team would like to thank the staff of Collingwood Court for their patience, courtesy and openness during our visit. The period of time we spent with the staff and residents allowed us an opportunity to observe, albeit briefly, the work of the staff and the daily experiences of the residents.

The findings and recommendations from the report will be considered as part of Healthwatch Lambeth's wider review of dementia services in Clapham Park at a free public workshop on Monday 22 September 2014, 2pm-5pm, at the Assembly Hall, Brixton. Full details of this event are available at

[www.healthwatchlambeth.org.uk/enterandview](http://www.healthwatchlambeth.org.uk/enterandview) or from the Healthwatch Lambeth office (contact details below).

For ease of reference, the recommendations in the body of the report are repeated below:

## Recommendation 1

A check should be made on the walking surfaces in the garden to ensure that there are even and safe

## Recommendation 2

The Management should seek to identify ways to brighten up the care environment, including the outside space.

## Recommendation 3

When considering options for brightening the environment thought should be given to ensuring that the furniture colour contrasts with the colour of the walls and the carpet.

## Recommendation 4

The staff should consult with residents who are deaf and hard of hearing about ways in which they could best be included in shared activities. Staff should ensure that the subtitles are always used when the television is on.

## Recommendation 5

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