

Enter & View Report

Beechmore Court, 17th April 2025



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| Visit Details | |
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| Service Visited | Beechmore Court |
| Registered Manager | Jackie Byrne |
| Date & Time of Visit | Thursday 17 th April 2025, 11:00 – 14:30 |
| Status of Visit | Announced |
| Authorised Representatives | Tina Fatcher-Smith, Graham Powell, Jake Miller |
| Lead Representative | 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 Beechmore Court

Beechmore Court is situated in Bickley, Bromley. The home is operated by Cedarmore Housing Association, a not-for-profit organisation with a Christian ethos.

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.

An inspection was announced and carried out in March 2021. The service was inspected but not rated. CQC carried out this inspection under Section 60 of the

Health and Social Care Act 2008 as part of their regulatory functions. This inspection was planned to check whether the home was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. As part of CQC's response to COVID-19 pandemic, they were looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the home's infection control and prevention measures.

At the time of the inspection the home was following the current government guidance in relation to infection prevention and control. The provider had adapted a conservatory to include a visiting pod with an intercom, allowing family and friends to visit without entering the main building. People were supported to see their visitors in the garden, or to speak to their families on the phone or via video call. The provider had introduced virtual consultations to reduce the need for external visitors to the home.

2.3 Residents

Beechmore Court is a 37-bed residential care home split across three households: Brooker, Florence and Isabel. The two smaller houses, Florence and Isabel, are designed to care for people who are living with a long-established dementia diagnosis and have a high level of care needs.

During our visit, Beechmore had 34 residents; three are men. The majority of residents are White British and aged between 82 – 105 years. 24 identified as Christian, including Roman Catholic, and 10 don't practise a religion.

26 residents have been diagnosed with dementia and 34 have additional long term health conditions.

2.4 Staff

The home has 67 staff: Registered Manager, Deputy Manager, Senior Supervisors, Supervisors, Team Leader, Care Assistants, Chefs, Kitchen Assistants and Activities Coordinators. The home also employs six agency staff who have worked there continuously for several years, providing continuity of care and familiarity for residents.

3. Summary of Findings

The E&V visit was carried out on Thursday 17th April; four 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 and seeking feedback.

3.1 Entry and General Accessibility

Notes

The building is positioned away from the main street and traffic noise. Free, off-street parking is available.

What works well?

- Easily accessible by public transport
- Off street parking
- Logbook for visitors to sign in and out
- Hand sanitiser available at the entrance
- Wheelchair friendly and lifts available
- Induction loop
- Notice board which included HWB E&V poster.
- Designated ambulance parking.

What could be improved?

- We found no area for improvement.

3.2 General Environment

Notes

The home has a designated reception area where visitors are required to sign in and out. All visitors are also asked to wash and sanitise their hands before entering the premises.

During our visit the home was decorated for the Easter holiday, creating a festive atmosphere. An Easter party was taking place on the afternoon of our visit.

The walls are painted in a neutral cream tone, paired with brown hand railings and grey flooring, which offer visual contrast and support for safe mobility.

Clear, well-positioned signage is displayed throughout the home, helping residents and visitors navigate the space with ease.

The communal area has a warm and inviting atmosphere, enhanced by plenty of natural light, helping residents feel at ease and well cared for.

The main corridor features a large display board showcasing photos and names of all staff members and volunteers, helping to create a sense of familiarity for residents and visitors. A "Magic Moments" board highlights photos from special occasions celebrated at the home, adding a personal and cheerful touch. A brightly coloured suggestion box encourages feedback, while another board clearly displays the weekly menu and activity schedule. Additionally, a wooden board lists residents' first names alongside their room numbers for easy reference.

The home is split across three households. Florence and Isabel Houses are designed to care for people living with a long-established dementia diagnosis, who have a high level of care needs. Brooker House has 20 bedrooms and is designed to care for people who are physically frail and living with mild cognitive impairment or early dementia, though a few Brooker residents do not suffer cognitive impairment.

The main communal lounge features a red carpet and is furnished with comfortable armchairs arranged to promote social interaction. The space includes a large television, a well-maintained fish tank and a piano which has a basket of light snacks placed on top. Nearby, a table holds newspapers and information leaflets for residents and visitors. The adjoining dining area has wooden flooring and is set up with tables and chairs, each decorated with a vase of flowers, creating a warm and homely atmosphere.

Another comment box is available in the communal lounge, providing residents and visitors with an additional opportunity to share their feedback or suggestions.

The home features two conservatories, one attached to Brooker and one to Isabel House. There are five access points to the garden through various lounges and conservatories, allowing residents and visitors easy entry to the outdoor space.

The garden is spacious and well-maintained, furnished with tables, chairs, and umbrellas, as well as benches fitted with waterproof cushions. A large garden pavilion provides additional sheltered seating, including benches and comfortable outdoor armchairs, offering residents a pleasant space to relax and socialise.

Residents' rooms are located across two floors and vary in size. Each bedroom includes a small wash basin and a vanity unit, with some also featuring a private toilet.

All bedroom doors are numbered and display the resident's name and photo along with care cues (e.g. Always introduce yourself by name and role as soon as you enter Mrs X's bedroom). Residents and family are encouraged to personalise bedrooms with furniture, wall colour and flooring to suit individual taste.

The bathrooms are clean and well-maintained, with toilet seats and light switches designed in contrasting colours to the walls. Each bathroom is equipped with a hoist to support residents with mobility needs, and emergency alarm buttons are positioned within easy reach of the toilet to promote safety.

What works well?

- Easily accessible, suitably adapted toilets equipped with emergency buttons
- Clear, well positioned signage throughout the home
- Air conditioner in all communal areas
- Dementia friendly clocks and calendars
- Suggestion box and a "Review Us" poster available near main entrance
- Corridors are wide enough for wheelchair access.

What could be improved?

- The conservatory becomes uncomfortably bright during sunny periods due to the glass roof, which may cause glare and discomfort for residents

using the space. This was brought to the manager's attention during our visit.

3.3 Safety and visiting

Notes

At the time of our visit there were no visiting restrictions in place. We observed clear fire exit signs and visible fire extinguishers. Emergency evacuation sledges are available at the top of all stairs.

A body temperature scanner is located at the main entrance, providing a quick and contactless check for all entrants. A green light indicates a normal temperature and clearance to enter.

Visiting times are not restricted. The home does not require visitors to call beforehand. If a large group of visitors is planned (e.g. celebrations), the home arranges for the group to have use of one of their conservatories so that other residents are not disturbed.

What works well?

- Fire alarms tested weekly
- Security latches on all windows
- Emergency alarm buttons reachable from beds
- Some doors, including cupboards, securely locked
- Kitchen staff wear gloves and hats
- Clean and well organised kitchen
- Hand sanitiser available throughout the home
- Medication room always locked, all medication cupboards are labelled
- Temperature scanner at main entrance.

What could be improved?

- Cleaners' cupboard left open and unattended upstairs; this was brought to management's attention on the day.

3.4 Activities and Personal Involvement

Notes

Management emphasised the team's commitment to providing person-centred activities tailored to residents' individual needs. They acknowledged that not all activities are appropriate for everyone, particularly for residents living with dementia or long-term health conditions (LTC). The weekly activity schedule is clearly displayed on notice boards, and a dedicated activities folder showcases photos of previous events and programmes.

Activities differ daily and include:

- Quiz
- Flower arranging
- Puzzles
- Pet therapy
- Exercise class
- Bingo
- Arts class
- Hairdressing
- Church service
- Bible study
- Outings.

The home owns two mini-buses and organises regular group outings to local attractions such as parks, restaurants, pubs, and garden centres, as well as seaside trips during the summer. Outings are also tailored to individual residents' requests, such as going shopping.

What works well?

- A range of activities to engage residents and keep them active
- Photographs of residents' activities as well as artworks displayed in the home
- Activities clearly written on a white board in the dining room
- Activities folder in the conservatory
- Range of books and magazines available in communal area.

What could be improved?

- We found no area for improvement.

3.5 Diet and Cultural Practices

Notes

The home has a 5* kitchen rating. The menu is tailored to residents' preferences and dietary needs, with the catering team offering a wide variety of meal options. Management confirmed that all food is freshly prepared daily and that they serve high quality meat and fish.

The weekly menu is displayed on the main notice board, while the daily menu is placed at the entrance to the dining room. Mealtimes are scheduled as follows: breakfast between 08:00–10:00*, lunch at 12:30, and supper at 17:30. However, residents who miss a mealtime are still able to receive a freshly prepared meal from the kitchen staff.

Tea and coffee are available throughout the day. Supper consists of a hot option, platters of freshly made sandwiches (encompassing the preferences of residents with no less than six choices of fillings), fresh fruit salad and whole fruit, cheese and biscuits plus a selection of cakes.

The home embraces a Christian ethos, which is reflected in touches such as framed Bible verses displayed on occasional walls. Management emphasised that faith is never imposed on residents, nor staff, and that spiritual expression is entirely personal and voluntary.

What works well?

- Residents can choose what they would like to eat every day
- Weekly menu is displayed in the main corridor
- Variety of food on menu (e.g. Shepherd's pie with savoy cabbage, macaroni cheese, smoked haddock fish cakes, sausage casserole with mash potatoes, cream of mushroom soup, and roast lamb with vegetables)
- Daily menu is displayed by entrance of dining area
- Snacks (fruit and crisps) available in the communal area
- Drinking stations throughout the home
- 'Reminder to drink' posters displayed.

What could be improved?

- We found no area for improvement.

*Breakfast has previously been served from 07:30 to meet the needs and preferences of service users living with us at that time.

3.6 Feedback and Complaints

Notes

Management emphasises that they have an open-door policy, which means that the home encourages residents, relatives, and staff to speak to management for any issues or suggestions before it becomes a complaint. There are two suggestion boxes within the home, as well as a poster inviting people to write a review on www.carehome.co.uk. The home conducts a residents' meeting every two months, discussing different topics such as activities, food choices, and care received.

What works well?

- There are two comment boxes in the home
- A "Review Us" via carehome.co.uk poster at main entrance
- Daily rounds by management to speak to residents and family.

What could be improved?

- We found no potential areas for improvement.

4. Residents' and Families' Feedback

We received feedback from 11 residents and nine family members. We asked about various aspects of their experience, including satisfaction with care, dietary options, activities and personal development, access to healthcare, opportunities for social interaction, safety, and communication with the home.

Overall, feedback was positive, with both residents and family members expressing contentment with the care provided at Beechmore Court. Residents shared that they feel safe and well cared for, and value being included in decisions about the activities available. Support is provided for those who require assistance with eating or drinking.

Family members shared positive feedback about the support their loved ones receive from local health and care services, including GPs, dentists, and pharmacies. They felt

confident that their relative or friend is receiving good personal care, such as assistance with washing, hairdressing, and chiropody.

All family members stated that they are regularly updated about any concerns involving their loved ones, including incidents such as falls, changes in health, or upcoming care plans. When asked whether they felt residents were safe in the home—for example, whether visitors are asked to show identification and if evacuation procedures are clearly in place—all respondents answered "yes" on the questionnaire.

Family and Friends' Selected Comments

"A very friendly, pleasant and well-maintained home with excellent activities for residents and very helpful staff."

"I am very grateful for the help and support given to my father."

"The Christian ethos shines through with the love and care that has been shown."

"Staff are very kind and caring."

Residents' Selected Comments

"I am very happy here, good Christian environment, clean and welcoming."

"I was happy to come back to the home after being in hospital."

"I am satisfied with services. I am treated well and listened to."

"Everyone here is very helpful."

"All is well."

5. Staff & Management Feedback

We received feedback forms from 14 staff members and two from management. During our observation, we noted that all staff were interacting with the residents in a kind and respectful manner.

5.1 Staffing

Notes

Of the 14 staff members we spoke to, one has been there for under 12 months, four between 1 – 3 years, nine have been working at the home over 4 years. Long standing members of staff have been there for 30, 25 and 17 years.

The staff room is equipped with comfortable chairs, a table, microwave, fridge and lockers.

Staff are given three to four uniforms, and more if required. During warmer months, staff are not required to wear uniform but asked to dress modestly with short sleeved top and shorts to be mid-thigh length.

Shifts vary between four, six, eight or 12 hours. A six-hour shift will have a 15 and a 30-minute break. Rotas are designed around staff availability to encourage work and life balance.

Training

All staff complete a comprehensive induction programme lasting a minimum of three months, which includes at least shadowing shifts. The number of shadowing shifts varies according to staff needs and preferences. The smallest number available is six.

Training is delivered through a combination of face-to-face sessions and online modules. Mandatory annual refresher courses, such as manual handling and first aid, are required to maintain core competencies. Additional training opportunities are offered in response to staff interests and requests, supporting continued professional development.

All staff completing the questionnaire were asked about their interest in additional training opportunities; one would like to receive additional training in infection control, two said they were unsure about further training.

Breaks

Staff we heard from reported that they are given sufficient breaks during their shifts. They expressed satisfaction with the way handovers are managed and felt that they have the necessary opportunities and resources to support residents effectively.

Management

Staff appear to have a positive relationship with the manager, with all those we spoke to during our visit stating that they feel heard and supported when raising concerns or asking questions.

What works well?

- There is a manager on duty 24/7
- Staff lunch is free of charge
- Staff are given three meals when working a full day
- The home has an on-call supervisor room for overnight shift equipped with double bed, television, and bathroom
- During Ramadan, Muslim staff who are fasting are given an additional 30-minute break at the time of breaking fast, allowing them time to eat and rest before resuming work.

What could be improved?

- One staff member said they would like to receive more training in infection prevention and control.

5.2 Selected Comments from Staff

"I am very happy with how residents are treated and cared for."

"The residents are all treated with dignity and respect."

"Residents have their voice and treated with dignity and respect."

"I feel that because of our Christian values; everyone is treated with uttermost respect and dignity – always putting the service user first and foremost."

5.3 Management

Notes

The registered manager expressed confidence in the quality of care and support delivered to residents.

Diet

All residents undergo a needs assessment upon admission, with adjustments made individually as required. The home accommodates specific dietary needs, such as gluten-free diets.

During our visit, all residents at the home were British and we were told that they generally prefer traditional British cuisine. A set weekly menu is in place, but alternative options can be provided at mealtimes to suit personal preferences.

Menus are reviewed and discussed during meetings with residents and their relatives. Residents have the choice of where they would like to eat, with care staff available to support them whether they dine in the communal dining room or in the comfort of their own bedrooms.

Overall provision of liquids is monitored and reviewed on a weekly basis. All residents' intakes are recorded on Fluid Watch.

Quality of care

The home is kept at an ambient temperature. Air conditioning is available in all communal areas, and some residents have air conditioners in their bedrooms. The home uses a specialised device designed to detect signs of pain, primarily for residents who are non-verbal or have difficulty communicating. This technology supports staff in identifying and responding to discomfort more effectively.

Laundry services are done within the home. In the laundry room, each resident has a box labelled with their name. Mobile hairdressing and chiropody are arranged by the activity coordinator.

Safety

The manager stated that all staff wear uniforms and ID badges. They are all fully familiar with the evacuation procedures, including the support required for residents who may need assistance during an emergency.

The manager informed us that staff, residents and visitors have the knowledge and skills necessary to address safeguarding concerns. All are aware of how to raise a complaint.

During daily rounds, management routinely checks in with residents, asking how they are feeling and whether they are satisfied with their meals and the care they receive.

Activities

Residents are encouraged to mix and socialise. There are no residents with English as Additional Language (EAL) at the home and there has not yet been a need to support a resident with diverse cultural or sexual identity. The manager assured us that they are inclusive and are familiar with Age UK's guide 'Safe to be Me'.

Residents can contact religious support if they wish. Catholic communion is provided by a local church. The Chaplain plays such a large part in the life of the home, along with other volunteers from the local community, who work as a team to conduct religious services in the home on Sunday evenings.

The home also benefits from having a team of three volunteer receptionists working with them, one of whom is the former Registered Manager

Community Services

The manager said they are satisfied with the level of support residents receive from other local health and care services. A GP from Bromleag Care Practice comes every two weeks, or when needed.

Hairdressing is carried out by two visiting hairdressers and the visits are arranged by the management of the home.

The home has a link with Bromley Campus of London South East Colleges who provide them with volunteer and student work placements.

COVID-19 infection prevention measures

The manager stated that general infection protocols are still in place – visitors are required to wash and sanitise hands before entering the home. Hand sanitiser bottles and wipes are available throughout the home.

Staff

All new staff have an induction programme averaging three months. All staff have supervision meetings where they can request additional training.

The manager said they are currently satisfied with the level of staffing. Staff to resident ratios are 1:3. Some staff members have been with the home for 17+ years.

The manager said that the home works exclusively with an agency that provides them with six long-standing staff who have been with the service for several years. These individuals cannot be directly employed by the home due to visa sponsorship requirements.

6. Recommendations

Healthwatch Bromley would like to thank Beechmore Court 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 conservatory becomes uncomfortably bright during sunny periods due to the glass roof, which may cause glare and discomfort for residents using the space. This was brought to management's attention during the visit.

We recommend installing blinds, UV filters, or tinted panels on conservatory glass roofs to reduce excessive brightness and improve comfort for residents during sunny periods.

Management said that they will be installing an anti-glare coating on the glass roof as it is too high for blinds.

6.2 Safety and visiting

6.2.1. Cleaners' cupboard left open and unattended upstairs; this was fed back to the manager during our visit.

We recommend that all cupboards containing items that should not be accessed by residents, including cleaners' cupboards, are kept closed and securely locked when unattended to promote safety throughout the home.

6.3 Staffing

6.3.1. 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 take courses that will help with their career progression and further enhance the quality of care provided at the home.

8. Glossary of Terms

| | |
|-----|--------------------------------|
| AR | Authorised Representative |
| CQC | Care Quality Commission |
| EAL | English as Additional Language |
| E&V | Enter and View |
| ID | Identification |
| LA | Local Authority |
| LTC | Long-term condition |

Cover photo by Andrea Piacquadio

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.

Healthwatch Bromley, The Albany, Douglas Way, SE8 4AG

Telephone: 020 388 60752

Email: info@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk

healthwatch
Bromley

Report & Recommendation Response Form

| | |
|----------------|--------------------------------------|
| Report sent to | Jackie Byrne |
| Date sent | Enter & View Report: Beechmore Court |
| Report title | 19 th May 2025 |

Response

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

| | |
|---|--|
| Date of response provided | |
| Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified. | |

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

| | |
|--|--|
| Recommendation 1: 6.1.1. The conservatory becomes uncomfortably bright during sunny periods due to the glass roof, which may cause glare and discomfort for residents using the space. This was brought to management's attention during the visit. | We are looking into solutions to the issues Healthwatch have identified re lack of shade in our Brooker Conservatory |
| Recommendation 2: 6.2.1. Cleaners' cupboard left open and unattended | We have changed the lock so that it cannot be left latched and unlocked. |

| | |
|---|--|
| upstairs; this was fed back to the manager during our visit. | |
| Recommendation 3: 6.3.1. One staff member said they would like to receive more training. | Staff training is comprehensive, and we have a dedicated staff training coordinator. We discuss training at all staff supervision meetings. We consistently assess training needs and opportunities for staff (appropriate to their role). We are happy to evidence this. |
| Signed | <i>J. Byrne</i> |
| Name | Jackie Byrne |
| Position | Registered Manager Beechmore Court |