

# healthwatch Cumbria

Bradbury House Residential Home,  
Gosforth, Cumbria

28<sup>th</sup> January 2014



your  
**voice**  
**counts**



## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Services and the public.

<b>Service:</b>	Bradbury House Residential Home, Gosforth
<b>Service Manager:</b>	Nicola Hallett
<b>Date of Visit:</b>	28th January 2014
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Valerie May, Marie Blackburn, Gill Jones
<b>Date of last CQC Inspection:</b>	21 May 2013

**For more information on Healthwatch Cumbria please visit:**

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between December 2013 and February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, whilst making observations against the following criteria:

- Environment – Fabric, Facilities & Safety
- Service & Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During our Enter & View visit we used a variety of methods to gain an understanding of the service including:

- **Oral questioning (using open questioning techniques)**
- **Informal discussions (using non-leading prompts)**
- **Observations**

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness. On this occasion we were informed that a DoLS review was taking place in the main administration office at the time of our visit and so we would be unable to access some information stored there.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **Bradbury House Residential Home**

Bradbury House Gosforth is a privately run care home for 18 elderly residents in the western part of Cumbria and owned/operated by Abbeyfield Care Services.

The home has a separate day centre room, which is used by residents on certain days and by the community on others. This facility was viewed but is not the focus of our visit. It has its own staff.

For more information go to [www.Abbeyfield.com](http://www.Abbeyfield.com)

Manager: Nicola Hallett

On the 28<sup>th</sup> January the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a member of staff. The team was taken into the ground floor office and the E&V lead provided an overview of the role and functions of Healthwatch explaining the purpose and methodology of an Enter and View visit to the senior managers present.

## **Environment – Fabric & Facilities**

Bradbury House is a home for physically frail and elderly people. Most of the residents come from the local area and are self-funded.

The home sits off the main road on the outskirts of the village, and is purpose built (opened 2002). To the front of the premises is a car park, which is screened by shrubs and where residents can sit out on the front porch on warmer days with tables and chairs.

Inside the entrance, which was locked from the outside and opened from the inside, was a reception area with the office to the left. There was a window providing a view to the entrance area. There was a signing-in book and a water cooler. There was a CQC Inspection report on show, as well as details of the Complaints Procedures.

There was a corridor to left and right. The left corridor leads to bedrooms, another office and the laundry room. The corridor to the right leads alongside the dining room, past the kitchens and into a day centre area. There were notice boards within the entrance foyer for staff, residents and visitors which were full of information, including a bus timetable.

The lounge was directly ahead of the entrance and joined onto the dining area. There was a selection of arm chairs, a TV and a bookcase with a small library.

There were gardens to the rear with a sun house and seats located along the boundary wall.

The home was well maintained and enjoys a pleasant position in the village. The bedrooms were of good size, though not large, and were all individually decorated, residents may bring their own furniture if they wish.

### Upper floor area.

Upstairs there is a small lounge where residents can take visitors if they wish. Meetings can also be held there. There is a kitchenette area stocked with tea/coffee, cereal, bread etc., which both residents and family can access to make snacks and refreshments. There is a lift to access this floor.

The resident's rooms are all en-suite – (a wet room with shower, WC and basin) and there are also 2 bathrooms, one on each floor for assisted bathing. Upstairs there is a communal bathroom. A hoist is not usually used but there is

a hoist on the landing. This is only used for residents who have had a fall. Corridors are very light and airy with handrails on both sides.

Doors are marked with a colour code which signifies how much support the resident of the room would need in the event of a fire.

The art work of former residents is on display, and a beautiful patch work quilt hangs on one of the stair ways (gifted by local artist).

#### Ground floor area.

Most of the residents were in the lounge when we arrived because there were some entertainers performing. We went to look at the day centre and returned as lunch was being served.

The lounge is a comfortable room with arm chairs all in a circle. There was a TV and on a table there were books from the book club for people to choose. There was a budgie in cage in the lounge and a small indoor chicken coup where they were hand rearing chicks. The plans are to build a hen house and run in the garden then put them outside when the warmer weather arrives. One resident in particular enjoyed this.

The dining area which was very light and airy joins the lounge area and runs across the back of the house to the kitchen.

There is no staff room, but coffee breaks can be taken in the little lounge upstairs. The expectation was that staff should be spending time with residents.

There is a laundry and another office at the end of the corridor going past the room used by the hairdresser. The beds are changed weekly or as required and the ironing is done at night.

The outside environment was well planned and provided an additional facility to give residents opportunities to maintain hobbies and well-being. There was seating at different places and a summerhouse for residents.

#### **Environment Observations**

<b>Positive Observations</b>
The built fabric was in excellent condition.
Good use of art work about the place, show casing the talents of past and present residents.
It was apparent that there was a sense of community within the home and



residents, many having come from the local area.

Simple and effective use of colour coding on residents doors for fire risk.

**Improvement Observations/Considerations**

Good use of hand rails on both sides of the corridors.

Consider if these could be further enhanced with the use of contrasting colours to aid those with poorer vision.

No designated area for staff to take their breaks away from residents.

Consider consulting with staff as to whether they would like to have a private staff break room.

## **Service Provision and Management**

The EV L concentrated on the management of the home, and asked to speak to staff and seniors to gain an insight into operations.

EV AR 1 & 2 spoke to residents in the main public areas of the home spending time in the hallway and ground floor reception rooms, as well as in the dining room. Conversations took place with residents and staff. There were no visitors at the time we attended.

Nicola, the manager, informed us that the home employs 30 staff in total and can accommodate 18 residents. Day care residents from the nearby locality are also catered for and can integrate with residents.

### **Staff**

There are 30 staff including those in the day centre:

- No agency staff used
- always 3 staff supporting residents and 2 managers who are primarily office based
- 2 cleaners @ 4hrs per day
- They employ a handyman who also drives the minibus
- 1 Full time cook and 3 assistants

### **Staff organisation**

- On shift senior does medication rounds
- 15mins for hand over time
- 1 x extra staff on 6.30 – 10pm, same 7 -10 am
- Staff shifts; 7.30 – 2.45, 2.30 – 9.45pm
- Waking nights 9.30pm – 7.45am
- Day care cover 3:1

### **Staff Training**

It was reported that 80% of staff are training for NVQ Level 2 and some are currently doing Level 3, a training matrix was presented to the E&V L. Two Staff members have gained the Six Steps End of Life training.

The training company 'KP Training' has carried out a "Train the Trainer" course on 'Moving and Handling', which has been rolled out to all staff.

It was evident that further training had been carried out including some training done as a joint project with a private home nearby, NCFE medications training, and dementia training via Stirling University.

Health and Safety and Fire Training are done "in house" by the head office.

## **Services**

The home opened in January 2000 and most of the residents are now frail elderly and unable to do what they did when they first came. It is not a locked facility and residents are free to go walking in the village etc. There is a signing in and out board at the front door.

When someone is referred to Bradbury House, they carry out an initial assessment, put together a care plan (which is reviewed after six weeks) and get their consent for personal care. The home can also provide respite care and has regular bookings.

Staff carry on call pagers and respond quickly to calls.

The day care centre offers EMI support, a bathing service, community use and a volunteer help day.

The local GP visits every Monday afternoon and Palliative Care is offered alongside Macmillan Cancer Support. Residents have access to a hairdresser and chiropodist.

Abbeyfield produces a national newsletter which is available to staff, residents and the general public.

## **Service Provision and Management Observations**

<b>Positive Observations</b>
Evidence of a Doctor's round book recording for whom and what the Doctor is attending.
Respite care is available which may assist in the transition from independent living to full time care.

<b>Improvement Observations/Considerations</b>
A notice about complaints was evident, and it was noted that concerns and incidents are addressed promptly, however they are all recorded in separate systems.
Consider a combined recording system for comments, feedback and

compliments from residents, family members and staff. This could inform further training and development for all of the staff.

**Comments from residents and staff**

A resident said the *'staff are extremely caring, I feel I am at the heart of any decisions.'*

The manager told us that *'the staff are proud of our name and reputation in area, we have excellent CQC reports. Always something new in discussion, can be improved on, share ideas'*

*'Abbeyfield HQ offer good support, we get a good maintenance budget'.*

A resident said they have *'been here a few years, seems like forever'* she *'doesn't want to be here of course'* but *'very happy here, the staff are very friendly'* and she can come and go as she pleases.

## **Nutrition (Meals and Diet)**

The kitchen provides meals for both the home and day service facility.

Tables were set for 4 to a table and residents had their own places. A choice of meals is provided.

It was explained that the kitchen would manage any requests or special diets, and that drinks were regularly brought around for residents. One resident likes to drink 'pink gin' and two others take wine down for meals.

The residents lunchtime was observed, many took a nap afterwards and then rejoined the group at 3pm for tea.

### **Nutrition (Meals and diet) Observations**

<b>Positive observations</b>
Lunch was observed to be treated as a social time, with time allowed for residents to chat to each other and staff.

<b>Improvement Observations/Considerations</b>
None.

<b>Comments from residents</b>
<i>'The food is good and plenty of it'.</i>

## **Exercise, Activities & Mobility**

The managers organize the activities.

Trips out are provided including one to the garden centre where residents can pick plants for the garden. The garden is a very well presented area that overlooks the school playgroup next door. There are raised beds so they can help with the gardening and seating areas with pleasant views. The residents are trying to raise more of their own seedlings in the greenhouse.

One resident talked about the library which was very good, by which she meant the Book People who had delivered some samples that day which had been put on display.

A chiropodist comes regularly. A hairdresser also comes once a week (a room is dedicated for this purpose), with another coming as and when required for certain residents with most residents using the weekly service.

One resident spoken to had 'had her feet done' that day and she said they felt much better, she also gets her hair done but not regularly.

Residents have to cover the cost of their own telephone, hair appointments and chiropody service.

The existence of 'Friends of Bradbury House', who help fundraise for the service, makes the home part of the village and wider community.

A range of community engagement activities e.g. church visits and local café outings, along with close links to the school next door further integrate the home with the community. The vicar also comes in to visit the residents once a month.

There is a weekly knit and natter group. Many of the residents chose to go to their rooms after lunch for a rest, and came back to the lounge for tea/coffee time. Daily at 4.30pm there is 'community time', when most residents can gather to watch TV together or have chats. This allows managers to informally speak with residents in a relaxed setting.

As previously mentioned residents have been encouraged to rear some chicks with the long term aim of a hen run being built in the grounds of the home. The resident that had looked after the chicks from eggs to hatching was clearly looking forward to seeing them outside.

The Deputy Manager has an old dog which has been taken on a dog patting course, it freely wanders the main area of the home but it is well behaved; residents seem to enjoy this kind of interaction with the animals.

One resident said she couldn't remember how long she had been in the home, it felt like a long time but it was very comfortable. She liked animals being around as it reminded her of home.

### **Exercise, mobility and activities, Observations**

<b>Positive Observations</b>
Trips are provided to local destinations.
Evidence of availability of hairdresser and chiropodist.
Meaningful long term activities take place, particularly having a greenhouse, growing plants and rearing chicks.
It was evident that there is a trusting relationship between staff and residents, exemplified when a resident was worried that she had her feet done but did not have enough cash on her to pay. She came to the office to tell them, the staff reassured her that they would resolve it before the chiropodist left.

<b>Improvement Observations</b>
An iPod for 'Face Time' is to be purchased from the 'Friends of Bradbury House' account.
Consider how to ensure the benefit of this is maximised by adequate training for staff and support for residents and families.

<b>Comments from residents</b>
<i>'I enjoy the Pilates and entertainment'.</i>
A resident said <i>'I love the dog, it is like one of the family'.</i>

## Personal Support & Choice

Residents reported that the care from the staff was good. Whilst in the office a resident came in to ask something and seemed familiar and comfortable in doing so. It was observed that resident's choices were respected and accommodated where possible.

Each resident has their own room which has a Tenancy Agreement. They are able to bring along their personal furniture and other items but if rooms are cluttered, the staff carry out a risk assessment and discuss options with that particular resident.

Washing is done every day. All clothing is named, residents can save their laundry and get it done together once a week or just put it in with everything else and get it done daily. There is a washing machine available for residents to use themselves but not many choose to use it.

A resident who spoke to us did admit to being a listener and not a conversationalist. This had been catered for by positioning a chair in a corner slightly away from the rest of the residents. She observed everything that went on and all the residents went to her with problems.

One gentleman who was a painter had great natural light and views in his room which allowed him to continue his hobby at the home.

A resident was observed clearing and laying tables in the dining room. She had been at the home the longest, almost since it had opened. She had an 'assisted place' meaning some residents were admitted in the beginning, some in couples, who helped in the home in return for reduced cost. She was the last one in this scheme and she said she had no regrets at all, saying it was the best move she had ever made. She enjoyed helping and had done a level 2 course in Food and Hygiene whilst resident at the home.

### **Personal Support and Choice, Observations**

<b>Positive Observations</b>
Residents can maintain their personal choices, e.g. drinks with meals, within the home.
Residents can get up when they choose and are supported to do this.
Residents are free to come and go as they please, the front door is not locked from the inside so they can leave when they want (an in and out board is located near the door), but they have to be let in as it is locked from the outside.
The presence of animals in the home seemed to be liked by residents who



were encouraged to be involved with looking after them.

**Improvement Observations/Considerations**

None.

**Comments from residents**

'I am very happy here – the staff are wonderful'.

'We all get on well with the staff'.

## **Summary**

Our overall impression was of a very well-run home with the residents and families reporting positively about their lives and experiences there. Where there were negative comments these related more to one off incidents. The staff and management at the home show good dedication to the home and its residents which is to be applauded.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from Bradbury House Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 27 May, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 2 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 27 June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208