

# **Enter and View Report - Care Home**

Brookview Nursing and Residential Centre Brook Lane Alderley Edge Cheshire SK9 7QG

Tel: 01625 582 328 Date of visit: May 5<sup>th</sup> 2015

This report describes our judgement of the quality of what we found at the date and time of the visit, information given from the Home Manager, residents, relatives and observations made by our Authorised Representatives

#### Overall observations for this home:

Promoted independence for residents	<b>Ø</b>
Encouraged mobility both inside and outside the home	
Provided stimulation and social activity	

### Summary:

Brookview is set in very pleasant grounds. There is a welcoming reception area. From the ground floor there is access to a sensory garden, with seating and access to the grounds in general.

Relatives praised the staff, finding them very caring and concerned and always available to talk to relatives. Relatives stated that the quality of care was good.

One lady resident reported "pretty good place to be. Good food, company free to come and go as we please" Another said "I am not really sociable but we get told about things -We see visitors in our own room"

The home had a relaxed welcoming atmosphere with residents very comfortable in their surroundings

# CARE HOME MANAGEMENT INFORMATION

The following information has been provided by the Care Home management

GENERAL INFORMATION				
Name of Home:		BROOKVIEW NURSING AND RESIDENTIAL CARE HOME		
Address and Postcode		BROOK LANE ALDERLEY EDGE CHESHIRE SK9 7QG		
Name of person completing this form:		MAUREEN THOMPSON SOUTHERN		
Position in the Care home:		HOME MANAGER		
Date the form was completed:		10 MAY 2015		
Telephone contact:		01625 582328 (Option 2)		
Email contact:		Maureen.southern@bupa.com		
Home Registration (62 rooms; all with en-suite facilities)	17	Resi	dential Dementia (one	e is potentially a double room)
	50	Frail Elderly Nursing (four are potential double rooms)		
How many permanent residents in the home today?		61		
How many short stay/respite stay residents in the home t		in the home today?	1	
Does each resident have a named or key worker?		✓		

# INDEPENDENCE AND MOBILITY

How do you assess residents' ability and mobility to keep themselves as independent as possible? Every resident undergoes a multi-factorial falls risk assessment using Bupa's Falls Risk Assessment Tool within 24 hours of admission and on a monthly basis thereafter, or earlier if the resident falls or their condition changes.

In addition the likes and dislikes regarding moving around is given detailed consideration e.g. does the person like to have someone walk with them or do they prefer to be independent, do they get anxious moving in a crowd, does the walking aid need to be left in a particular place where it can be reached, what footwear does the person like to wear etc....

Each resident also has a detailed moving and handling risk assessment regarding their specific requirements and personal factors to include relevant medications, medical conditions, any pain on movement, religious / cultural considerations when moving, day / night variations, any medical attachments (urinary catheter, artifical limb etc....).

A safe handling plan is identified with consideration given to any requirement for the use of a wheelchair prior to final sign off by the Home Manager. Residents are encouraged and supported to do as much as possible for themselves in order to retain the maximum level of independence. We work closely with a physiotherapy team to this aim.

Please give any examples of how you encourage residents to remain independent with daily living skills ie: personal hygiene, eating, drinking and dressing.

Each resident has a detailed pre-admission assessment which involves the resident, their family and associated health care practitioners (as may be applicable). We aim to find out what each person is normally able to do for themself. On admission a further assessment is conducted to confirm this understanding with a view to work with the resident and / or their close family as preferred. Staff offer support and guidance in all activities of daily living and will give each resident the time they need to do as much as possible themself. Some residents may only require occasional prompts / discreet reminders whilst others will require much greater input and support from staff.

Individualised plans of care are drawn up based on this information, our observations and overall assessments. The aim is always to encourage each person to retain the maximum amount of independence as possible whilst staff remain vigilant and available to give support as needed.

It is very important to us, at every level, that the residents have choice over their lives and the power to decide how much or how little they choose to be engaged in their care and remain an active citizen within their community.

How do you promote mobility for residents such as moving and walking?

Fun and Fitness sessions are always listed on the Activity Planners and residents are encouraged to join in or at least to try it out. Residents are encouraged to walk as much as possible. The majority of residents on the Residential Dementia Suite have short / medium length walks outside each day with an escort / companion.

# **ACTIVITIES**

Do you have a budget to cover residents 'activities, interest groups? Do you have a member of staff to co-ordinate activities? Full time-JOANNE ANGELL-SEDGWICK If Yes: Are They **VOLUNTEERS COMPANIONS** ALDERLEY EDGE METHODIST CHURCH What community links do vou have with local ST PETERS AND ST PHILLIPS CHURCH organisations and who are ST PIUS ROMAN CATHOLIC CHURCH they? ALDERLEY EDGE SCHOOL FOR GIRLS THE RYLEYS SCHOOL, ALDERLEY EDGE ALDERLEY EDGE PRIMARY SCHOOL WILMSLOW HIGH SCHOOL How are residents One to one discussion sessions are a daily feature within the Care approached / encouraged Home and enjoyed by many residents at different times of the day. to take part in There is a weekly planner in each resident's room which is also activity/interest groups? posted on the notice boards on each floor and at the Nurse Stations. Residents are reminded at bedtime by the night staff team about the activities planned for the next day and then reminded again by the day staff who assist them to get up. Residents are also invited to join in different sessions before each activity / event, particularly if this is something they would

	We also speak to interests the residifficulty communactivities in a resprogramme as valued Resident involvent which we listen to with them about involve them in differential previously mentices.	Ind encouraged to try something different).  Ifamilies to find out what type of hobbies / Ident would normally enjoy, especially if they have incating this to us. We always aim to try new ponse to resident requests and also to make the ried and interesting as possible.  Inent is a priority at Brookview and is any means by to, or receive feedback from our residents, consult changes to the running of the Care Home and also ecision making or shaping our service. As oned we aim to ensure residents have maximum lives at Brookview.
What activity interest groups do the residents like to take part in?	Choice over their lives at Brookview.  We have several "Clubs" and a variety of events within the Home that currently include: Gardening (indoor and outdoor); we aim to encourage residents to be outside whenever possible. We have raised flower beds, a small water feature, a greenhouse and are introducing a summerhouse into the rear sensory garden this year in response to resident feedback. There are several outside seating areas for residents and families to enjoy, particularly during the Summer months.  Home Baking Quiz Clubs Arts and Crafts Knitting and Sewing Poetry Music Appreciation Card and Board Games Excursions e.g. a day trip on the Mary Sunley Canal Boat (5/6 times a year) Trips to the local parks and various places of interest as decided by residents A wide variety of entertainers Reminiscence Therapy Animal visits and shows e.g recent visiting Birds of Prey and a flying demonstration and Natural History Animal Presentation (May 2015) Living Eggs (hatching chicks - incubator and brooder box within the Care	
Please specify the type of activity and the duration	Gardening (1-2 hou Entertainers (1-2 hou	
of each activity.	Other activities would normally be anything up to an hour.  Excursions vary depending on the venue / attraction	
Have after de very mus		ary greatly in timescales (decided by residents)
How often do you run these activities?		As weekly planner and any ad hoc activities as / requested by residents
arese activities.	Weekly Groove Baking,	C: Quiz Clubs, Exercise Groups, Zumba, Move and Sessions, Reminiscence, Arts and Crafts, Home Gardening, Poetry, Knitting / Sewing etc
		y: Excursions, various Entertainers
	I -	Summer Garden Party, Antique Road Show / e Appraisal, Cheese and Wine Party.
Do you have a residents gr	oup?	<u> </u>
How often is the residents		Daily: As and when anything needs to be

group engaged in the management of the home?		discussed (this does not need to wait until the next meeting)
		Weekly: As above
		Monthly: Monthly Resident Committee Meetings
		Yearly: Quarterly Resident / Relative Meetings; Annual Customer Satisfaction Questionnaire; (introducing bi-annual internal questionnaires this year)
Do you have a relatives grou	up?	<b>✓</b>
How often is the relatives group engaged in the management of the home?		Daily: We operate an "Open Door" policy and families know from Day 1 that they may approach the Manager at any time (she is also available any day of the week / weekend).
		Weekly: As above
		Monthly: Quarterly Resident / Relative Meetings
		Yearly: Annual Customer Satisfaction Questionnaire
If you have a Relatives group how often and where do they meet and would a Healthwatch authorised representative be able to meet with the group to get their views?	Monthly and quarterly meetings normally take place in the large lounge on Alderley Suite.  Healthwatch representative is welcome to attend any meeting.	
If yes, who would we contact to arrange this?	Home Manager	
Please give any examples of how you facilitate social interaction between residents and their local community.	Residents are supported to attend several social events within the local community e.g. Attending lunchtime concerts at Alderley Methodist Church. Swimming Gala, school concerts / drama productions, seasonal events at Alderley Edge School for Girls, The Ryleys, Wilmslow High School. Visits to the local shops, cafes, village library. All the local schools and churches visit the Care Home and each year we have a large group of senior volunteers from AESG every year. We promote Care Home events on the alderley edge.com website.	
Please use this space to tell us about any facilities/activities not covered in the above questionnaire.	Companion service for 1:1 activities (internal and/or external to the Care Home) Manicurist Beautician Aromatherapist / Reflexologist Chiropodist / Podiatrist Hairdresser Gentlemens Barber All sessions carried out within the private salon in the Care Home although each service provider will also visit a resident and conduct a treatment in the resident's room, if this is their preference.	

Is there anything else you would like to tell us?	The whole team retain an awareness that each resident is different /unique with their own likes and dislikes. We approach each person differently with a key aim to treat them as they would like to be treated.  We cannot provide high quality, person centred care without involving the people we are caring for - voice, choice and control.
	We believe that resident involvement needs to shape every element of the service we provide to our customers e.g. care planning and delivery, the environment within the Care Home, activities and well being and catering. Everyone in the Care Home is actively engaged in contributing to this.
	We are now introducing suggestion boxes and "You Said, We Did" display boards to extend resident involvement within the Care Home and also involve some residents in staff selection / recruitment and staff recognition.
	We are currently finalising a Resident Involvement Charter which will have been produced by residents in the Care Home and be included in the Home newsletter.
If a resident has a concern about their health and social care needs -who would deal with the issue?	Team approach; Home Manager, Senior Activity Co-ordinator, Nurses, Key Workers, family members, any associated healthcare practitioner.  Each case might be very different - it would be particularly important to give the resident as much reassurance as possible that we will support them at all times to address any concerns / issues. The Home Manager sees every resident at least once or twice each day, often on a 1:1 basis and has a daily detailed report from the person in charge on each Suite. The aim is to provide an environment in which people feel comfortable to express a concern and also be able to pick up any potential issue at a very early stage.

Are you aware that Healthwatch Cheshire East has a Signposting Service to point people to the organisation that deal with issues and can capture their story to forward to partners who can make a difference and inform trends?	Yes
If no, would you like more information	More information is always useful please

Authorised Repr	resentative Observations
Background	Brookview Nursing and Residential Centre was selected as part of our Summer 2015 scheduled visits to care homes
Observations	Welcome:
	The staff in the office were not aware of our visit. We were immediately introduced to the General Manager, Maureen Southern
	Security of building: The main door into the building was unlocked, with a notice on the door of the opening hours and times when the building would be locked. We signed the visitor's book, but were not asked for identity.
	Staff: We observed:- The manager, 2 admin office staff, 1 activities co-ordinator - Jo who showed us around the three floors of the centre, 3 catering staff, 11 carers, 2 nurses, 1 senior nurse. All staff were friendly and took time to talk to us if we approached them and they introduced us to some residents.
	We spent a lot of time with the General Manager who provided detailed information and, were informed in addition to care staff there are two senior nurses on duty each day on the ground and first floor, with more staff on the top floor which specialises in dementia care or more complex nursing care.
	Staff were not rushed, but when we entered the lounges/dining areas we did not observe them interacting with clients On one occasion we observed a staff member reading a newspaper with a small group of residents.
	A Nurse on duty in one lounge sitting away from residents
	Residents: The centre has facilities for 62 residents. There is a high demand for beds and usually a waiting list. Most referrals were by personal recommendation. Residents have a range of needs, occasionally Brookview may offer a service for short term, recuperative care. However, Brookview's residents need mostly longer term nursing and social care, with provision on the top floor for residents with a diagnosis of dementia.
	We talked to 11 residents.
	Most of the residents had chosen Brookview via their relatives because it was local. Many had lived locally and were under the

care of a local GP practice. Some clients had kept the GP they had before entering Brookview.

Residents were sitting in comfortable chairs around the room. Very little activity or interaction was observed with the exception of the ground floor where two ladies were sitting at a table, painting - colouring in a printed picture. Talking to these ladies they were rather confused and not able to say if they were enjoying the activity.

Residents said they had the freedom to go out, one commented "I am not comfortable going out."

Most residents said if they needed help someone was there to help

One lady who had recently moved into Brookview commented. "There is limited walking - I would like to be helped more with walking" This lady walked with a rollator and needed support with walking.

"Need stimulation more - nothing happening Food OK - difficult to judge I do not want to criticise they do what they can - they try So easy to sit here and go to sleep. I can only say I am being looked after"

Regarding the activities that are available, comments included:

- "I get the activity sheet I don't do them not really sociable"
- "I see visitors in my own room"
- "I join in when I feel like it"
- "I listen and ask" when activities are going on

One resident commented "activates are well planned and staff give us reminders."

One lady was very clear that she would love to have a piano in the home "one thing I would like is a piano"

We were informed all activities were geared to individual needs.

None of the residents we talked to had any knowledge of a Relatives Group.

#### Relatives/Friends:

We were able to speak to two relatives. They were not aware of any relatives group. The relatives had chosen Brookview with the help of their families and by recommendations from friends. One relative had looked at other nursing homes in the area and decided that Brookview offered the best value for money.

One liked the atmosphere and having the small separate lounge where could "chat on our own with J and the family"

Relatives felt their relative was being encouraged to live

independently, but recognised that they needed more help now as time progressed and their mobility deteriorated. Using a hoist for moving made one relative feel sad for the lack of dignity that followed.

Both relatives said there were always social activities going on e.g. singing. Their relative liked to sit in the lounge, where the list of activities was on the wall. One commented on a recent visit from a wild life ornithologist, who brought in some owls and other birds of prey.

Both relatives the Manger, Maureen, was very supportive and was available any time if relatives wished to talk about anything. They felt the staff did the best possible things to support their relative. They liked the fact that their own local doctor could go into Brookview.

#### Meals and Drinks:

A resident reported there are usually plenty of drinks on offer.

At the time of our visit we did not observe meals. The main lounge area also doubles as a dining room. One relative said this was good as residents did not have far to walk. But it does not provide a change of scene for many residents. We were given a sample menu with choices for starters and main courses 3 course luncheon and evening meal. There is also a Nite Bite Supper Menu selection. There is also a smaller quiet lounge where visitors can see their relative in a different setting

There is also a call off menu - where residents can order what they want.

### Communication and Social activity:

In addition to the resident's comments quoted earlier, the manager informed she felt community involvement was very important and visitors can attend groups.

We had a copy of the Monthly Activity {lanner for May 2015 a copy of which is put in every room and on notice boards

There is a TV in every main lounge area.

Activities are for both gentlemen and ladies

Visitors can join in groups

Links have been developed with local schools and links with local churches outings include attending concerts at the local Methodist church.

Visits into Alderley Edge for some residents take place with visits to a local cafe or supermarket.

Mary Sunley Can boat trips

For main outings a mini bus is hired

The 7 day programme of activities is available on notice board and in rooms. The monthly planner shows some type of activity every day. The range of activities includes, hairdressing, manicures, and beauty salon treatments taking place regularly. In addition there is

an activity each day examples include fun and fitness, reminiscence, cake decoration, pre-lunch drinks.

The Activities Co-ordinator informed us they were planning to introduce voluntary help.

There is an apartment block on the same site and residents from the apartments can join in any social activities or come for lunch on Wednesdays.

# Environment, furnishings and building:

Brookview is set in very pleasant grounds. There is a welcoming reception area. From the ground floor there is access to a sensory garden, with seating and access to the grounds in general.

Internally there is lift access to each floor. Each floor has a dark red carpet; some smell of urine was discernable on initial entry to each residential floor.

The layout on every floor is the same, a lounge with corner unit for serving drinks. The main lounge has a TV and also serves as a dining room, with small tables for four. The lounges were comfortably furnished with the same high backed chairs and one or two settees. We did not observe any meals being served.

In addition there is a smaller room on each floor which can be used when residents like a quiet time with their visitors.

There are grab rails along all the corridors. Mobility equipment, walking frames, walking sticks, and wheelchairs were evident. We did not see inside the bedrooms, but were informed that the mirrors in the bedrooms are too high for small people or those using a wheelchair. There are pictures or names of residents on the wall outside their room

All bedrooms have ensuite facilities and additional bathrooms were observed with hoist and moving and handling equipment.

In one of the day lounges there was a nurse on duty. Later on drinks were being offered.

On the top floor, used by we observed 7 people in the lounge and assumed the rest were in their rooms.

# **Conclusions/Summary**

Brookview Nursing and Residential Centre provides nursing, residential and respite care for up to 62 residents. Initially staff were unaware of a possible visit from Healthwatch. However, they were welcoming and the Manager, Maureen Southern, spent a lot of time giving us detailed information about services available at Brookview.

The exterior of the building is very imposing surrounded by very

pleasant gardens.

Internally there three floors for residents. The physical environment and furnishings are pleasant, with warming colours, red carpet, coloured seating and curtains. The bedrooms all have en-suite facilities.

There was a moderate odour in the residential wings of the building.

We did observe staff in the main lounge areas, but mostly one member of staff was on duty. One member of staff was observed talking through the newspaper with a group of three residents. This was the main interaction we observed. We assumed that other staff members were with residents in their rooms.

Relatives and residents were mostly very satisfied with the care and support they received from all staff.

The manager reported the last satisfaction survey concluded with a 98% satisfaction rate on behalf of relatives. A survey is due to be undertaken again.