
Bronswick House

August 2016

Healthwatch Blackpool



Resident's Voice - a Healthwatch Blackpool Review

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	16-20 Chesterfield Road
Service Provider	Pro Care Homes
Date and Time	10 th August @ 2:00pm
Healthwatch Representatives	Adam Evenson, Kim Rushton, Steven Robinson
Contact details	enquiries@healthwatchblackpool.co.uk

1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service provider, service users, and staff for their contribution and for facilitating us to carry out our consultation.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.

The views expressed in this report are primarily from those who reside in the home. It is acknowledged that some of the participants in our studies may suffer from conditions such as dementia or other memory impairments which do not enable them to give fully balanced and reflective views. However we feel that it is essential that every voice is heard and recognise our duty to all who receive care in Blackpool. In order to allow for this to happen we request feedback from the care home for clarification of the issues that are raised.

2 What is a Healthwatch Review?

Healthwatch Blackpool is the independent consumer champion for health and social care. Its purpose is to listen to the experiences of people using services and feed them back to those who run them to make positive change.

Part of the local Healthwatch Blackpool program is to carry out reviews of health and social care services to find out how services are being run from the service user perspective and make recommendations for improvement where possible.

Local Healthwatch are granted the ability to *Enter and View* premises to observe service delivery and talk to service users. Visits can take place if there are reported issues with a service, but equally, they can occur when services receive praise so that examples of good practice can be shared.

2.1 Purpose of Visit

To gather information about the experience of living in a care home in Blackpool directly from those who reside in them, including quality of life factors such as privacy and dignity, quality of care, and choice of activities and food.

2.2 Why did we do this?

In June 2016 Healthwatch Blackpool produced a [report](#) which asked Blackpool residents which health and social care services were of concern to them. Care Homes were reported as the 5th most concerning service in Blackpool.

As a result of this Healthwatch Blackpool set out a statutory annual work plan which included reviews of all Blackpool care or nursing homes deemed to be “requiring improvement” in any of the five inspection areas in their latest Care Quality Commission (CQC) reports.

The Blackpool [Joint Strategic Needs Assessment](#) (JSNA) notes that “*Dementia is the single most frequent cause of admission to care homes, and of the need for community care services for older people. The demographics of an ageing population indicate the number of people with dementia in Blackpool is predicted to rise to around 3,841 by 2020*”.

2.3 What were our aims?

Our aim was to allow the residents to have a say in the care that they were receiving. To do this, we required the cooperation of residents, family/carers, and the management and staff of the home. By collating this information, we could evaluate the quality of care within each care home we visited.

2.4 Methodology

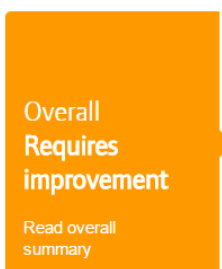
We did not wish to perform an enforced *Enter and View* visit to this home. We felt that to be invited to attend the home would give us a more balanced view and encourage openness and co-operation with the care home management. To do this we wrote to the care home we intended to visit with a comprehensive outline of our intentions and purposes of a review. We also supplied the home with a poster confirming the date and time of our visit and its aims. We asked that the home place the poster in a prominent position for residents, families/carers and staff.

All Healthwatch representatives wore identification badges during the review. Before speaking to any residents, it was explained who we were and the purpose of our visit. Those residents that were happy to speak to us were asked a series of open-ended questions about what they liked most and what they felt could be improved. We confirmed that the information they gave us would be anonymous and that they were free to end the conversation at any point. Healthwatch representatives also made informal observations throughout the visit and made notes of what was seen around the home.

Healthwatch reviews are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Blackpool's safeguarding policies. If at any time an authorised representative observes anything they have a query about, they will inform the lead reviewer who will either discuss with the service manager or make a judgement on whether this requires reporting to the Blackpool adult social care team.

Also, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) to find out more about whistleblowing guidance.

Bronswick House's most recent CQC report ([June 2016](#)) gives an overall rating of "*Requires Improvement*", as the home is deemed to be requiring improvement in its safety, effectiveness, responsiveness and in being well-led.



Overall Requires improvement

Read overall summary

Safe	Requires improvement ●
Effective	Requires improvement ●
Caring	Good ●
Responsive	Requires improvement ●
Well-led	Requires improvement ●

Healthwatch Blackpool aimed to assist the home in recognising any potential improvements in all areas of its service delivery from the perspective of residents.

2.5 Summary of provider

Bronswick House is situated near the coast in the Bispham area. It is a small home with a fourteen-bed capacity and has an adjoining independent living section of the house which supports three people. Healthwatch Blackpool representatives were shown around the home by Lesley Parker, the service manager. A recent change in management meant that the home was not aware of the visit.

Bronswick House supports residents with complex mental health needs, including depression, anxiety, dementia, and schizophrenia. All the residents suffer from dementia or memory impairment issues.

There was no designated or committed activities co-ordinator in the home, as this role was undertaken by the nine staff that work within the home. It was explained that staff play games and facilitate trips out to the local attractions such as the Blackpool Zoo, Illuminations and other events. The home actively encourages active mobility and inclusion.

Healthwatch representatives spoke with seven residents during this visit.

2.6 Results of visit

General

Residents gave mixed and varying views about the home. Some residents reported to enjoy living at the home and felt safe, whilst others had different experiences. Staff were praised by residents and were singled out as the best part of living at the home. Long-term residents reported that there had been recent improvements and changes that have made the home better and had a positive impact on their lives.

"[I have] been here over 10 years, I love it here."

"Some of the residents are hard to deal with and can be bullies. The staff don't do much about it."

One resident said that some of the people who live in the home make noise and leave cigarette ends around the home. The residents who raised this as an issue told us they had spoken to staff but the

staff had not always supported them the way they wanted.

Other residents also explained that they did not like the smoke in the house and would prefer that the residents who smoked did so outside and away from them. One resident explained that it is unfair that people living with dementia who cannot speak for themselves must breathe in the smoke.

Some residents reported that the staff at the home treated them with respect and that they liked living there very much. Five of the seven residents said they felt safe in the home. Two residents said they felt unsafe.

Food and drink

Healthwatch representatives gained mixed responses on this subject. Most residents reported that the food was good overall, although some said it was not good, and many did not think there was enough variety and choice. Others told us they liked the food and said there was plenty on offer, reporting that it was hot and adequate for their needs. Several residents also told us that if they wanted something different they could ask for it. All residents reported that they got enough food, and the food was always hot when served to them.

One resident explained that they were limited by the amount of beverages they could have. A few residents said they would like more input into their meals and that sometimes if they had a larger than usual lunch they did not receive much food for a later dinner. One person told us on the visit that they have sometimes wanted to make something small to eat like a sandwich and were told they were not permitted in the kitchen, but that they would appreciate the chance to be more self-sufficient.

Activities

Residents explained that they did not do much during the day and that they found themselves bored at times. The registered manager explained that residents have access to board games and other activities, though no residents told us this was the case. Most residents reported that they would like more to do in the home. Some residents described trips which they enjoyed and spiritual activities such as attending church, and reported that they appreciate the staff running these activities. One resident was encouraged to spend lots of time in the garden and was supported to become more active and mobile.

“[We] need more things to do, more activities.”

Staff & Safety

On this subject, residents gave mixed responses. All residents said the staff were friendly and visible. Some residents who had less favourable views of the home reported that they did not feel the staff cared for them or that they paid much attention to them. One resident said *“Staff are very friendly, they really care about me”* whereas another told us *“They don't pay us much attention”*. Representatives

were not given further clarity on negative views. Residents with positive views reported different situations where the staff had been kind and caring.

Involvement in key decisions around their care

Residents reported not being involved extensively with their care, but many explained that they did not see this as a problem. One resident reported requesting staff support when attending appointments which was not given due to staffing issues. When asked, this resident reported not being offered an advocate to support them, and that they were anxious to go outside. The resident said it was unfortunate but said that inside the home the staff were caring and supportive.

One resident highlighted staff assisting them to move to a better room, included them in the decorating and moving belongings which were all important to that person. Another resident was helping renovate a room they would soon be moving into.

Concerns & Complaints

All of the residents were aware of who to speak to and felt comfortable raising any issues that they might have directly with the manager. A majority of residents felt confident that staff would listen and their issue would be acted on, with just one resident reporting they did not have confidence they would be listened to. One resident explained that staff hold regular meetings with them to voice any issues they might have, which made a big difference to them.

Healthwatch Blackpool Representative Observations

While this review is intended solely for the purposes of reporting comments and views of residents, observations are infrequently made by Healthwatch Blackpool representatives, and where appropriate these are raised for comment. Representatives approach observations from a lay-person perspective.

The home was clean however there was a strong odour of smoke throughout the house. There is a smoking section of the house in between the connecting areas of the independent living section and the wider home. This area appeared not to be well ventilated and was situated adjacent to the dining area with no doors or methods of preventing smoke permeating the home. Representatives observed one resident who was not mobile being permitted to smoke in their room, but by choice this was done with their door open and facing one of the communal areas. This meant there was little room in the home for residents to escape the second-hand smoke. This issue was also raised by a resident.

2.7 Recommendations

This report highlights the practice that Healthwatch Blackpool observed and reflects the feelings that residents had about the care and support they were receiving. While it was not our intention during this visit to make recommendations, it was our intention to speak with residents and ask if there was anything that they felt would improve their quality of life within the care home. Residents felt that the following areas could be looked at for improvement:

Food & Drink

In order to increase and retain independence, where appropriate residents who are deemed able to should have opportunities to make food with support. Residents should also be consulted on all aspects of food including variety and choice.

This may be achieved through logging resident meetings and providing “you said, we did” snapshots to residents and families, and updating person-centred care plans when specific requests for independence are made, documenting how this could be achieved.

Activities

Often people in care homes do not know which activities they would like to do, and so when asked this can be less informative than making suggestions. Along with seeking resident choice, the home should also work towards presenting options and choices and actively encourage finding new activities and trialling them, even if they prove unsuccessful. These discussions could take place during meetings and could involve 3rd sector groups and organisations, or outside entertainment/activity companies.

Smoking throughout the premises

The home should ensure the potential for passive smoking does not impact on residents, especially those who may lack the capacity to communicate their wishes. This needs to be done by balancing the rights of individuals who smoke and those who wish to remain smoke-free. Safeguards need to be in place to ensure that residents who may lack capacity are not assumed to be content with smoking around them.

Resident Compatibility

Compatibility assessments should be ongoing in the home to ensure residents feel safe, consulted and as though their wishes, needs and preferences can be realistically delivered by the home.

2.8 Service Provider response

Please see the response from the provider below.

Action Statement

No:	Points for consideration:	Response or action from provider:	Improvements to be achieved by:
1	Some people make noise	Whilst some noise is inevitable in any home, particularly one caring for people with mental issues, staff are always on hand to help and calm any individual who may be causing distress to themselves, or others.	
2	Some people leave cigarette ends around the home	This is simply not the case, smoking is restricted to a particular smoking area, outside, or for a mobility impaired resident, his own room, of which a risk assessment has been conducted, no one smokes in any other area of the main house or dining area.	
3	Residents raising issues	When a resident raises an issue, the manager or staff member will always follow it up, the resident may, or may not always feel the result 'supported them the way they wanted', but it will have been carried out in a fair and unbiased manner. There have been no issues of the manner stated in para 2.6 - General regarding noise, smoking or resident safety brought to the attention of staff or management.	
4	To increase and retain independence, where appropriate residents who are deemed able to, should have opportunities to make food with support	This is currently practiced and already in place, and that all residents, having been risk assessed and recorded in their respective individual care plans, are afforded independence and support, dependant on their individual capabilities. There are a small number of residents who are deemed fully self-sufficient and have free access to the kitchen, some are capable of simple tasks such as breakfast or beverages, and there are those who are deemed incapable due to the severity of their illness and therefore not allowed in the kitchen.	
5	One resident explained that	There is no limit to the amount of beverages a resident may have, there are tea and coffee making facilities available in bedrooms for	

	“they were limited by the amount of beverages they could have”	those who are capable, the home provides tea, coffee, hot chocolate, milk, sugar, and snacks such as sandwiches, crisps, biscuits etc., these are made available when requested, and replenished regularly.	
6	A few residents said they would like more input into their meals	All residents are given a choice of two meals at lunch and tea times, and if these are not suitable, further alternatives are discussed for their choosing. The manager has often made special alternative meals for a particular resident who otherwise would not eat as he claims he is “not hungry”. Diet requirements and menu options are discussed at the regular resident review meetings.	
7	Some residents reported that “they would like to do more in the home”	Activities are actively encouraged within the home and regular reviews are held with residents and families on the subject, and all views and requests are considered. External trips to the pantomime have been arranged, in house parties such as Christmas and Halloween have been arranged, and simple games and activities conducted. Active encouragement will continue, whilst balancing this with the individual’s personal choice. (Since the inspection, a pool table has been procured, and there are plans to convert the front lounge into a Games Room, this is proving very popular).	
8	To ensure the potential for passive smoking does not impact on residents, especially those who may lack the capacity to communicate their wishes	Smoking is limited to the designated smoking area, outside or the bedroom of the single individual who has mobility issues.	
9	Regarding the smoking section:	This statement is wholly inaccurate; there are 3 doors to the smoking section, one of which is the door to the back gardens, which is always	

	<p>“This area appeared not to be well ventilated and was situated adjacent to the dining area with no doors or methods of preventing smoke permeating the home”</p>	<p>open when the smoking room is in use, particularly in the height of summer when the inspection took place. The other two doors lead to the dining room or independent living section, these doors are kept shut when the smoking section is in use, and only open to allow ingress/egress of staff or residents, when inevitably, unavoidably, some small degree of smoke may permeate, or the smell of smoke may be carried around the home on the clothing of the smokers, (since the inspection, air fresheners have been introduced around the home improving the situation for all). For assurity, the smokers will be reminded to ensure these inner doors are kept closed at all times, and the outer door is to be open for ventilation when the smoking room is in use (since the inspection, the door to the independent living section has been assessed by the Fire Brigade and upgraded to a fully compliant fire door). The resident who smokes in his bedroom has been instructed to only do this with the door closed, the amount of his smoking is controlled and his room has been assessed by the Fire Brigade and found to be compliant. The owner is to be approached and asked to consider the erection of an external smoking shelter, in the interim, signage is to be introduced as a visual reminder to the smokers of their responsibility to others.</p>	
10	Compatibility assessments	<p>Since the introduction of the new manager in June 2016, all residents have been involved in their respective care planning. There is a section in the care plan regarding anxiety, and any concerns are raised there, and support is provided where possible. Issues, concerns or complaints are dealt with swiftly and efficiently. Some residents have their own advocates, others have been advised an advocate can be arranged if so desired. Staff and management always provide support and transport to facilitate the attendance to outside appointments when family members are not available.</p>	

Actions we will take	When by
<p>Food & Drink: Continue to use the regular resident meetings, Care Plan reviews and cognisance of any ad-hoc requests to ensure residents needs and desires are assessed and supported whenever possible.</p>	<p>Continuous action</p>
<p>Activities: Continue to actively encourage all residents to be involved and offer their views and preferences, whilst respecting personal choice, also engage with families for their views and support. Procure and install a pool table and dartboard and convert the front lounge into a Games Room.</p>	<p>28/02/17</p>
<p>Smoking throughout the premises: Maintain current practice is adhered to, and engage with the owner to consider the purchase and erection of an external smoking shelter. In the interim, introduce signage in the smoking room to remind smokers of their responsibility</p>	<p>28/02/17</p>
<p>Resident Compatibility: Residents are to be reminded to take full advantage of the regular resident meetings and Care Plan reviews to raise concerns or requests of any type, including issues with menus, activities, noise, smoking, personal safety, development, needs or desires. They are also to be reminded that staff and management will make themselves available upon request.</p>	<p>Continuous action</p>