



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Bradeney House, Worfield, WV15 5NT
Service Provider	Holy Cross Care Homes Ltd.
Date and Time	Wednesday 30 <sup>th</sup> November 2016 11am - 2pm
Visit Team	Three Healthwatch Shropshire Authorised Representatives

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### Purpose of the Visit

To observe the quality of care and treatment experienced by service users in this care setting in relation to Dignity, Choice & Respect.

### 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 experience of all service users and staff, only an account of what was observed and contributed at the time.

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## Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced.

Healthwatch Shropshire's visit to Bradeney House was in response to comments received and discussion with local stakeholders. It was a semi-announced visit with the home Manager being given written notification that a visit would be made within the following three week time period.

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## What we were looking at

### How the home provides individualised care

We asked about:

- the choices residents have e.g.
  - the food they eat
  - activities available
  - personalising their bedrooms
- how staff find out about a resident's previous life and their likes and dislikes
- support for residents to use appropriate health services
- if residents are happy living in the home

### Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents

- lunch service, and how residents were supported to eat their meals
- if residents are dressed properly
- if privacy is respected in providing personal care
- how families join in with the activities of the home

### **Whether the home offers a safe environment for the residents**

We looked at or asked about:

- whether the home meets standards for being ‘dementia friendly’
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

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### **What we did**

When we arrived we met the Owner/Manager, who explained how the home is run and answered our initial questions. She showed us around the building, so that we could understand the layout then left us to meet with residents and staff. We also took opportunities to observe interactions between staff and residents.

There were very few residents who were able to tell us directly about their experiences of living in the home in the form of a conversation. However several were willing to respond to us with nods and smiles, and a few made brief but appropriate comments.

We spoke to:

- four care staff
- two nurses
- one activity coordinator
- three visitors

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## What we found out

### The Home

The Manager told us that the original building has been developed extensively over the last 10 years in order to provide new accommodation. It is set in eight acres of landscaped grounds. There are currently 98 bedrooms at Bradeney House, staffed and managed as three units.

- **The units**

Kensington Unit is in the original building, on the left of the entrance hall. It is on three floors and has 35 bedrooms in total. There are or two lounge/dining areas on each floor. The Manager told us that 12 bedrooms in this unit were 'residential', with some 'nursing' for the other residents with dementia.

The central part of the building is also managed as one unit of 35 beds, separated into Chatsworth and Sandringham. These residents have a level of nursing needs and many also have dementia.

The unit on the right of Reception is for people with advanced dementia. Windsor, on the upper floor, has a higher ratio of staff to the 19 (mainly male) residents than in the other units because of their form of dementia. Blenheim, on the ground floor, has 11 female residents who require intensive nursing care. We were told Blenheim has only female staff working in it.

- **The accommodation and facilities**

Every bedroom has an ensuite toilet, shower and wash basin. Each area on every floor within the home is secured by a keypad and the code is given to all visitors. It is also given to some residents who can safely move around the home independently. Several ground floor bedrooms open into secured patio or garden areas. It was cold and wintry on the day of our visit so we did not go outside. The temperature in the home was good and all residents seemed comfortable. There were no unpleasant odours. In most communal areas there was seasonal music playing.

Each unit has a number of separate lounges with chairs of different styles and heights. Some chairs we saw, for example in Kensington, were not made of a fabric that could be wiped down.

The home is very 'pet friendly' and is registered with The Cinnamon Trust. There are three cats who, we were told, are great favourites with some of the residents. We met these three friendly pets in different parts of the home as we went around. No resident at present has their pet living there, but we were told there have been some in the past. There were also photos of visits to the home by a pony, nuzzling the hand of an obviously delighted resident; and by an animal handler with a variety of pets.

The Activities Coordinators take a mobile 'shop' around the units twice a week and items can also be bought from Reception.

On the afternoon of our visit the home was holding a Christmas Fair in two of the lounges on opposite sides of the corridor in the central part of the building. The walls and every surface had Christmas decorations. We were told many of the small decorations had been made by residents, supported by the activities staff team. By the time we left, many residents were sitting in the lounge, several with visitors, as the festivities began.

## Individualised care

- **Choices - menus and food**

We saw the week's menu. There were two main course options for lunch and two for dessert, as well as a choice of a sandwich or another option in the evening. Diabetic and vegetarian options were indicated on the menu, as well as whether dishes had nuts, gluten, milk products or other ingredients that might cause problems.

It was unclear to us how choices were expressed by the many residents who could not communicate verbally, nor how potential food allergies were recorded<sup>1</sup>. However, we saw that there was a copy of the day's lunch menu for every resident with choices indicated, including whether a soft or other special diet was required,

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<sup>1</sup> The Manager of Bradeney House has told us that 'resident's allergies are clearly documented on their daily support booklets, which is the document the care staff use.'

and these were used by the team leader who was serving the lunches. A member of staff told us that if a resident needed a soft diet, they would have both the lunch main options each day: one choice would be pureed at lunchtime and the other for the evening, to ensure they were getting enough nourishment. We saw staff recording on the daily care notes the food residents had eaten at lunchtime.

The food looked very well presented on the plates although we did not see any variation in the size of portions to suit individuals. Two different residents told us there was too much food on the plate for them, and they both left about half of their main course. However one of these two residents, who said the size of the first course was “off-putting”, then took a spoonful of dessert. She said “It’s very nice”, and finished more than half the portion.

Before the meal was served, we asked one resident whether they liked the food. We were told “It’s pretty traditional. Some days are good, some are bad, sometimes it’s boring, sometimes it’s brilliant!”

In one unit, we saw a member of staff check with residents what they had asked for before food was served.

We saw drinks of squash being placed on the dining table at lunchtime. A visitor we spoke to said they were pleased that the care staff regularly encourage residents to drink plenty of fluids.

- **Choices - activities**

The Manager told us of the wide range of activities that are available for residents. We saw activity boards on the walls but were told these are no longer used, as activities are recorded in a folder. There is a team of three Activities Coordinators in the home. Two work two or three days a week and one works five days a week. They either work with small groups of residents- for example they had done some arts and craft activities to produce Christmas decorations for the afternoon’s Christmas Fair - or they do one-to-one sessions. An Activity Coordinator told us a lot of activities were done one-to-one, such as cribbage, jigsaws, dominoes but that “Not all residents want to play or do it. They like a chat and to hold hands”. Once a week staff play table tennis, which residents enjoy watching, and there are two residents who like to play the guitar.

We asked one of the Activity Coordinators how they find out about residents' likes and dislikes and they said they do this by chatting to the resident and the relatives. This member of staff appeared unaware of residents' care plans.

We were told by the Manager that several staff have musical talents and a popular entertainment is for a small 'band' to play in the different lounges, where the residents like to join in, or to visit bed-bound residents in their own rooms. We spoke to one resident who told us "I really enjoy the music, but I can't get down there without being pushed in a wheelchair. Often the staff don't have time [to take them to where the entertainment is being held]".

One visitor we spoke to confirmed this. "There's always a lot going on - as long as they've got enough staff to get people to it".

The Manager told us that the home has a car with a wheelchair ramp that can be used by family members to take residents on outings. We saw a poster saying there was a charge for the hire. When there are enough staff available individual residents may be taken out for local shopping trips etc.

A well-equipped hairdressing salon has been created in the central part of the building. It is open three days a week. We saw three residents making use of its services during our visit.

- **Choices - individualisation of care**

We were not invited by any residents to speak to them in their bedroom, but the doors to many rooms were open as we passed. In the two 35-room units most bedroom doors had the person's name written in large letters. All the bedrooms we saw looked as though they had been individualised, with TVs, photos and various other personal objects.

A visitor we spoke to said that personal care was generally good. However, they told us that the care record for their parent showed they have been given a shower at 5 am. The visitor said that this was not a normal time for their parent to get up and they thought that staff shortages led to some changes in personal care routines for people who could not communicate their wishes.



- **Memories of earlier lives**

The Manager told us that for every new admission the family is asked to contribute to a 'life history', which goes into the care plan. A visitor told us they had found this a very "comforting" thing to do. Care plans are kept locked in the office and care staff update a separate daily notes sheet. It was not clear to us how staff whose first language is not English are made aware of the individual histories of residents.<sup>2</sup>

For residents with advanced dementia, families are also invited to contribute photos or other reminders of important periods in the person's earlier life to go into a 'memory box' outside their bedroom door. The objects in the box can then be used as a prompt to staff of topics to talk about with the resident. We also saw a 'memory tree' on the corridor wall of the Windsor unit. The Manager told us this had been made by residents with the help of the Activities Coordinators. Each 'leaf' had a memory, for example a photo of a pet dog.

We met a resident who had worked at a football ground for many years. The nurse tried to encourage the resident to tell us about their memories, but they were not interested just then. The nurse told us this resident's bedroom has been decorated with football memorabilia and some other bedrooms are decorated to reflect peoples past interests too.

- **Access to healthcare**

The Manager told us that two local GP surgeries both hold weekly sessions at the home. All residents are registered with a GP, and the surgeries organise individual services such as physiotherapy and routine health checks. A GP was visiting a resident for a specific assessment while we were at the home.

The Manager told us the home has arranged for a commercial company to visit every three months to do eye tests and fit glasses. Similarly, NHS hearing aid services are used where appropriate. During our visit, an optician visited to repair a resident's glasses following a call they received direct from a family member. An NHS Dental Surgery from Shrewsbury makes regular visits also.

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<sup>2</sup> The Manager of Bradeney House has told us that 'the team leaders advise their staff on a resident's admission.'

A visitor we spoke to told us their parent had had several falls before they moved into Bradeney House and the home was working with the Falls Prevention Team to continue the exercises that were needed, although they often had to remind the staff about this.

- **Whether residents are happy living in the home**

It was very difficult to learn from individual residents what they thought about the home. However, one resident who was not able to tell us much about their experience of living in the home said very clearly: “I like this house. I can walk around. I go out into the garden”. Another told us “99% of the time it’s alright. The staff are brilliant - mostly”. In answer to a question from us this resident told us “They’ll take action if I ask for something”.

One visitor we spoke to said their parent had settled in well and “gets on well with both residents and staff. The staff give really good care and relate really well [to my parent], even if their English is not very good”. This visitor also said that they think the owners and senior staff are very committed to changing things that were identified as needing improvement in the recent Care Quality Commission (CQC) report.

One visitor told us that their spouse had been at the home for three years and that they are “very happy here”.

## **Dignity and respect**

- **How staff interact with residents**

Throughout most of our visit staff were busy preparing residents for lunch, then serving it and feeding people who were unable to eat unaided. We observed one resident who sat in front of a meal but seemed unable to eat it. The resident twice attempted to pick up a fork but was unable to manage. After 30 minutes a member of staff went up to the resident and repeatedly asked if they wanted to eat the lunch. The staff member reheated the meal and started to cut it up but the resident was no longer interested in the meal. The staff member then fetched a banana for the resident whom we later saw eating it.

One resident refused to eat their food. The carer tried to encourage them to eat several times, but then removed the lunch and informed the other carer that they would try to see later if they wanted any food.

In Windsor, all the residents were able to eat unaided, but a carer sat at the table with the residents, chatting with them and encouraging them to finish their meals.

In other dining areas, we observed six residents who needed to be fed. Each time the member of staff sat down beside them, gently encouraging them, and showing care not to put too much on the spoon or fork, as well as great patience.

- **Lunch service, and how residents were supported to eat their meals**

In the communal areas in all units we saw staff prepare residents for lunch, helping them to a shared table, or placing a small table close to their chair. We observed that there was not enough space for all residents to sit at the shared tables. A care assistant went round refilling each person's plastic mug with water or squash. Staff took care to protect the clothes of some residents before they started eating. Not all residents needed this and it was obvious staff knew who did and who didn't.

On the Windsor unit we saw that the dining chair legs were fixed on narrow runners, allowing the staff to slide the residents in their chairs to the tables.

Each place was laid with a knife and fork, and usually a spoon. We saw that in most cases staff serving the meal did check that the resident was comfortable and that the plate was within reach, but we saw several residents who were unable to cut the food into bite-sized pieces and this seemed to go unnoticed by staff. For example, we saw several residents with whole roast potatoes on the end of a fork that were far too large to put in their mouths. Sometimes these difficulties were noticed by staff who were going past and who cut up the larger pieces of food, but often staff did not appear to think about whether the resident could manage to eat the meal when they first put it on the table before them.

In Kensington Unit, meals were plated up from a heated trolley on the ground floor. For those residents on that floor, food reached them while it was hot and appetising. However meals for residents on the other two floors were plated out with a metal plate cover, and put on individual trays. The trays were stacked on an unheated trolley before being taken by lift to the dining areas on the other floors.

The time taken for this process meant that the food was no longer hot by the time residents on the upper floors received their meals.

In the dining areas in Kensington, as soon as individual trays had been placed before the residents who could manage to eat without help, staff moved to those who required assistance. We observed great patience and consideration from every member of the care staff engaged in this task and they took care not to rush the resident. There were however many other residents requiring support and encouragement and it was apparent the staff found it hard to give enough time to them all while the food was still hot.

On one upper floor a resident, who was lying in their bed, was heard to call out several times for help to “sit up”. A carer repositioned pillows. Following further loud calls from the room, this adjustment of pillows was repeated twice more by different carers. On the fourth occasion the carer understood that the resident wanted to be sitting out of bed to eat their food. The carer explained calmly that they would have to wait as two carers are needed to do this and they were busy serving lunch to other residents. The resident accepted this but as soon as the carer left the room the resident shouted for help to use the toilet. Staff then immediately fetched a hoist and two carers assisted the resident to get out of bed. The resident told them that lunch was cold, “as it always is”.

On Windsor, a heated trolley was brought into the dining area. All food was warm when served. It was noted how all the residents enjoyed lunch and the atmosphere was calm. One resident who was sitting on their own became slightly upset when a carer moved a side table closer to help them and they then refused to eat their lunch, The member of staff calmly and gently asked the resident if they were sure they didn't want to eat, and then encouraged them to have their dessert, which they appeared to enjoy.

Three visitors we spoke to commented on the food. All said the food and menus are excellent. One however felt the food was always cold by the time their parent received it. There is a microwave in the dining area that can be used to re-heat the meals, but this relative went on to say that the staff are often too busy at lunch time to use it. Another visitor said their parent was eating much better at Bradeney House than they had when they had meals delivered to their own home.

One visitor told how their relative was now on pureed food. They said that the staff were “very kind” and the unit lead nurse was “superb”.

- **If residents are dressed properly**

Residents we saw in the various lounges were appropriately dressed. Most were wearing bedroom slippers which are easy to put on. Spectacles were clean and free from smears. We asked on one unit whether residents needed help with hearing aids, but the nurse told us no one on that unit had one.

- **If privacy is respected in providing personal care**

We observed a care assistant knock on the toilet door and ask if the resident would like assistance before discreetly entering to help.

In one lounge, before lunchtime, a resident was half-lying in a chair with their bare legs exposed. The care assistant in the room did not appear to have noticed but as soon as a nurse entered, the nurse fetched a blanket to cover the legs and helped the resident into a more comfortable position.

We heard call bells ringing for more than two minutes and the Manager said “yes, you hear them all day long, because of the number of residents”.

The Manager told us there is a trained Dignity Champion, and we saw a notice board with her contact details and examples of good practice.

- **Keeping in touch with residents’ family members**

There is a monthly newsletter with details of activities that is available at Reception for visitors.

The Manager told us they always welcome the involvement of family members. The home pays for an independent advocate who visits each week. As well as talking with individual residents, the advocate facilitates a monthly ‘Tea and Chat’ session for relatives. The Manager said many relatives appreciate the opportunity to talk with others who are experiencing the same difficulties, such as coming to terms with the changes in their loved ones caused by dementia. One visitor we spoke to told us they had attended one of these sessions. They felt it was really useful in helping relatives to raise issues of concern in a safe environment, with the confidence they would be acted on.

## A safe environment for the residents

- 'Dementia friendly'

It was clear to us that the great majority of residents have some degree of dementia and that the home has gone to considerable lengths to follow recognised good practice to help residents feel at home and to enable staff to relate well to people with dementia. These included:

- Each bedroom on Blenheim and Windsor has different coloured doors for residents to find their own rooms.
- Toilets throughout the home are clearly indicated with large text and pictures.
- Communal rooms on different floors were decorated with specific themes or different colours so that residents can orientate themselves, such as a seaside theme in the dining room on Windsor.
- Memory boxes and life histories have been developed to support reminiscence work.
- The Manager told us a Registered Mental Health Nurse (RMN) is the lead for dementia, and puts on training sessions for staff as well as helping with care planning for individual residents.

The Manager showed us some recently purchased some dementia-friendly furniture. This was light in colour and the drawers had cut-outs and wardrobes had open spaces so clothes were visible from the outside.

The Manager told us that all qualified staff are trained in doing assessments in accordance with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) and a nurse we spoke to was well aware of these processes.

- **Response to complaints**

The Manager showed us the home's forms and a box in Reception for complaints, but said that almost all issues can be dealt with at the time they arise. Relatives can also share any concerns they have at the monthly 'Tea and Chat' session run by the Independent Advocate without fearing it may affect the care of their relative. The Manager told us the home also holds a residents and relatives meeting every one or two months that may also pick up potential problems before they escalate.

One visitor told us that when they had raised any issue, it was dealt with very quickly.

Although not many residents could communicate, one told us "They [the staff] listen to me, and they'll take action if I ask for something".

- **Staffing levels, staff recruitment, qualifications, training**

The Manager told us there are about 140 care staff employed, including 12 qualified nurses. They are always seeking to recruit new staff, but she explained that recruiting staff is a problem affecting the entire care home sector.

The Manager said around 25 of the staff are from Romania. She praised their caring attitudes to working with older people and those with dementia. They always work with an English-speaking colleague until their language skills are adequate. We were shown the daily care record sheets with guidance for filling in sections written in Romanian as well as English. The home has invested in a City and Guilds programme and a teacher comes each week to help the Romanian staff improve their English. One of the care assistants used to teach English in Romania and helps staff by, for example, providing translations on the daily care notes.

The Manager told us that they send out teaching notes (handouts) on a topic to all staff with the monthly payslip, and sometimes this includes a DVD for staff to use. They have held care conference days for all staff on different subjects (e.g. diabetes, skin care). Staff from other care homes are invited to these days.

The Clinical Services Manager provides training, particularly for new staff, on standard techniques such as manual handling or dementia awareness.

Staff were generally too busy during our visit to ask them about these training opportunities. However one nurse told us that “the job is rewarding and not boring” and “I don’t see them as dementia patients but as individuals”.

We observed a few hand sanitiser dispensers around the home, but we never saw anyone use them during our visit.

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## Additional Findings

- We noticed that there were packs of ‘evacuation sheets’ at the top of every set of stairs leading to clearly-indicated fire escape doors. We did not ask at the time how staff are made familiar with how these work. The Manager had earlier told us there had been an emergency some months ago. Staff who live in homes in the grounds had been there to help within minutes and the situation had been quickly resolved.
- We were told by the Manager that the extension to the building was designed and built as separate pods, which means the residents can control the heating in their bedrooms.

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## Summary of Findings

- Bradeney House is a large care home. The residents appeared well cared-for and visiting relatives all praised the staff and the attitude of managers.
- The home is well-equipped, with care taken to meet the needs of the high proportion of residents with varying levels of dementia.
- The menu offered daily options and special (e.g. soft) diets. It was unclear to us how choices are expressed by residents who cannot communicate verbally.
- At lunchtime we observed that staff on several units were fully engaged in feeding residents who could not eat unaided. We saw many other residents having difficulty in cutting up their food to feed themselves.



- Staff attended to residents already in the lounge areas to prepare them for lunch.
- When plated meals arrived on unheated trolleys, residents and visitors said it was cold by the time it was served.
- There is a wide range of appropriate activities available, which seek to engage individuals as well as groups of residents. However we were told there are often too few staff available to take the residents to the activity or entertainment.
- The home pays for an independent advocate who visits each week. As well as talking with individual residents, the advocate facilitates a monthly 'Tea and Chat' session for relatives. One visitor told us how much they appreciated attending this session.
- The home has taken many actions that promote a 'dementia-friendly' environment. These include the colour schemes and furniture; involving families in life stories and creating 'memory boxes'; encouraging pets and animal 'therapy'.
- There are effective arrangements to meet residents' needs for routine health care.
- In almost all interactions between care staff and residents we saw residents treated with respect, good humour and patience. However we also saw a few examples of an apparent lack of awareness of difficulties residents were having e.g. in cutting up their food; in wanting to get out of bed to eat their lunch.
- Senior staff take specific roles e.g. Dignity Champion, Dementia Lead, to support all staff in developing appropriate skills.

- We observed that the detailed care plans appear to be kept in the office and care staff use daily sheets to record the care given. It was unclear to us how life histories, or wishes expressed by the many residents who could not communicate verbally, are recorded and shared with the care staff, especially care staff who cannot read English well.<sup>3</sup>
- We saw busy care staff in all areas we visited. The Manager told us there are recruitment problems that affect the whole care home sector. Visitors were also aware that there are staff shortages that influence the quality of care given e.g. one visitor thought that their parent who is unable to communicate had been got up at 5am for a shower because of staff availability.
- The Management takes an active approach to meeting the training needs of care staff, including college-run sessions in the home for care staff to improve their English.
- Visitors and family members are welcomed into the home and a variety of approaches are used to promote family involvement, and to resolve potential problems quickly. The visitors to whom we spoke appreciated this very much.

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## Recommendations

- Consider new ways to ensure food is still hot and appetising by the time it reaches the resident; as well as sizing portions appropriate to the individual resident.
- Continue to encourage individually-designed activities for residents. Sharing the life histories and care plans with the Activities Coordinators may support a review of activity folders to ensure all residents are involved in meaningful activities.

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<sup>3</sup> The Manager of Bradeney House has told us that 'this is documented on the daily support booklets that care staff use and is translated.'

- Continue to make visitors and staff aware of the importance of good hand hygiene whenever coming into contact with residents as part of infection control.

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## Service Provider Response

Healthwatch Shropshire have received the following response to the draft report from the Manager of Bradeney House:

### p.8 Choices - Activities

- Residents 'Life plans' are available in the daily support booklets used by staff.
- All residents are asked if they would like to join in activities provided in the home. There is always time to facilitate this.

### p.13 If privacy is respected in providing personal care

#### Call bells:

- Call bells ring throughout the day and night. We have some residents that have capacity that can ring for themselves and some residents that lack capacity that motion sensor detectors enable residents who lack capacity to be independently mobile but their whereabouts monitored by staff. Secured doors are also linked to the nurse system.

### p.16 Staffing levels, staff recruitment, qualifications, training

#### Hand sanitisers:

- There are notices throughout the home encouraging relatives and staff to use hand sanitiser, however we encourage our staff to use soap and water when washing their hands. On reception the hand sanitiser is replaced very regular indicating this is used very frequently on entering and exiting the home.

We have received the following response to our recommendations from the Manager of Bradeney House:

**Consider new ways to ensure food is still hot and appetising by the time it reaches the resident; as well as sizing portions appropriate to the individual resident.**

- Purchased a hot service Bain Marie (used to keep food warm)
- Discussed with the Unit Manager
- Information leaflet has been designed and issued to all staff
- Residents feedback at next residents and relatives meeting along with feedback forms

This will be overseen by the Manager and be completed by January 2017.

**Continue to encourage individually-designed activities for residents. Sharing the life histories and care plans with the Activities Coordinators may support a review of activity folders to ensure all residents are involved in meaningful activities. The activities co-ordinators have a file with a copy of everyone's life map.**

- The activities co-ordinators already have a file with a copy of everyone's life map
- Ensure all residents life maps are shared with Activity Coordinators, nursing and care staff
- Coordinators write a daily report so we can conduct an audit on this documentation

This will be overseen by the Manager and be completed by January 2017.

**Continue to make visitors and staff aware of the importance of good hand hygiene whenever coming into contact with residents as part of infection control.**

- Notices are around the home encouraging staff and relatives to use sanitiser
- We also have hand wash posters up in all toilets

- We will also remind them at the residents and relatives meetings that it is our duty of care to protect our residents from infection with good hand hygiene

This will be overseen by the Manager and completed by January 2017.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

## Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

## What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

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