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# Brooklands Nursing and Care Home

June 2016

Healthwatch Blackpool

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*Resident's Voice - a Healthwatch Blackpool Review*

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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service Address	Brooklands Care home
Service Provider	Alexandra Specialist care LTD
Date and Time	29 <sup>th</sup> June 2016 at 11am
Healthwatch Representatives	Laura Zakubinska, Steven Robinson and Wendy Stevenson
Contact details	hello@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?

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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 5<sup>th</sup> 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.

The most recent CQC report ([July 2015](#)) gives an overall rating of "Good".

Healthwatch Blackpool aimed to assist the home to recognise any potential improvements in all areas of service delivery from the service user and family/carer perspective.



Overall Good

Read overall summary

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

## 2.5 Summary of provider

Brooklands nursing and care home is a specialist home in Blackpool for adults with acquired brain injuries (ABI). The home is designed to support people short/mid-term and specialises in supporting ABI recovery and rehabilitation. The home generally caters for adults aged between 30-40 years old but on the day Healthwatch visited it found that residents were aged from 23-72. It is a small home with an eight-bed capacity, with lift for access between two floors. On the day of the visit seven residents were living at the home. All residents required complex clinical care and were largely non-verbal. Some residents communicated through the use of assisted technology which the home frequently sourced.

The home has a large number of staff to meet the complex needs of the residents. There are over 30 staff members, with at least one clinical nurse available at all times in the home. All staff had been trained in clinical procedures and underwent regular training reviews. Due to the nature and complex needs of the residents in the home, the service often supports them outside of the home in the hospital and has close links with Blackpool Victoria Hospital and neurosurgeons further afield.

During the visit, Healthwatch representatives spoke to two family members and three residents whose responses were frequently interpreted by the manager of the home. The Healthwatch Blackpool *Resident's Voice* Survey had to be adapted to closed questions as many at the home were only able to communicate by "yes" and "no" answers through the use of blinking or eye movement. The home also distributed the surveys to family members to complete at their leisure.

The home has an activities co-ordinator, who works with both families and residents aiming to include physiotherapy and knowledge of past hobbies into activities. Healthwatch representatives were given many examples of person centred activities which went beyond the expectations of family members. The home also incorporates physiotherapy into personal care and rehabilitation is always at the forefront of any activity within the home.

## 2.6 Results of visit

### General

Both residents and family members were very positive about the home. Healthwatch representatives were often given examples of when staff had gone "*above and beyond*" what was expected to support those in recovery. The home was clean, tidy, free from odours, and very active with the volume of staff without feeling overwhelmingly busy. On arrival Healthwatch representatives observed staff sat with residents talking to them about what was happening on TV, and female staff were supporting female residents to have their nails painted. The staff were spending time with the residents and supporting them to do various individual activities. The

atmosphere in the home and nature of the communication with residents was relaxed and comforting.

Communal rooms were decorated with pictures, but the hallways were bare due to re-decorating which was being done by staff during evening shifts.

### Food and drink

All residents were in need of Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes. All food is prepared off-site for the residents and their nutritional intake is monitored by their individual GPs. All staff (including apprentices) have been trained in the correct use of PEG feeding. There is a kitchen in the home but this is for staff and visitor use.

### Activities

It was difficult to ascertain the contentment of the residents regarding activities as limited communication only allowed for closed questions. Healthwatch representatives agreed that further details could be sourced from relatives or carers, and through enquiry with the staff.

Relatives explained that the home allows visits whenever needed, and that the person being supported is given opportunities to go for walks and local cinemas with staff. Relatives also explained that the staff play indoor games with the residents.

Staff members explained that the home takes a holistic approach to activities while allowing for financial considerations. Due to the high cost for the expertise and level of treatment required to support the residents, budgeting for activities can be difficult, and so fulfilling activities must be sourced. Staff explained that they often ask family and friends about activities the residents had enjoyed before they sustained their injuries. All interests and hobbies are recorded, and staff then co-ordinate person centred activities with the resident and their family to take them to relevant places. For example one resident who wanted to become a pilot before their accident was taken to an airport.

### Staff & Safety

All residents and family members said that they felt safe. On further discussion with family members, Healthwatch representatives were informed that safety standards were very high and that they had no concerns.

*“Brooklands is a very special place because of how it is managed and the people who work there. Their care and compassion give us a great deal of peace of mind. We know that our Grandson, Brother and son is given the best of care.”*

*- Family member*

### Involvement in key decisions around their care

Although this was difficult to assess directly from service users, further discussion with family revealed that every aspect of care which staff can get feedback on is sought from the person. One family member reported that they had been consulted on what clothes their relative would prefer to wear. The manager of the home explained that dietitians, neuro-surgeons and doctors often perform home visits as this is easier and better for the residents and that the home has a close working relationship with Blackpool Victoria Hospital. To maintain continuity of care the home provided nursing staff when the residents need to go into hospital and additional staff if required.

### Concerns & Complaints

All residents explained that they were happy with their care. A key challenge for the home is assessing if a service user wished to complain or indicate other issues such as discomfort. Staff members explained that vigilance plays a major part in ensuring the comfort and contentment of residents in the home and nature of the communication with residents were relaxed and comforting. It was also explained that a monitoring policy is in place to ensure residents feel safe, warm, and comfortable.

One family member explained that if they ever had any issues they would speak to any of the staff, and that the issue would be immediately resolved. Another family member reported that they have confidence in the manager and that if they ever needed to voice concerns they would have no problem speaking to them directly.

## **2.7 Findings and Recommendations**

This report highlights the practice that we observed and reflects the feelings that residents had about the care and support that they were receiving. While it was not our intention during this visit to make recommendations, it was our intention to talk to residents and their families to ask if there was anything that they felt would improve their quality of life within the care home.

### Good practice highlights

- Staff were attentive, patient and friendly when sat with residents during person centred activities.
- Specific person centred activities are sourced where possible for each person.
- All staff (including apprentices) are trained at a high level on a rolling training programme.
- Physiotherapy is prevalent throughout the daily activities in the home, and along with rehabilitation is a focus when sourcing other activities.
- Family involvement in decisions of care was crucial to good relationships with the home, resulting in better person-centred care for the individual.

## **2.8 Service Provider response**

The service provider did not provide a response to the report or recommendations.