



## **Enter and View Report**

Bradley House Care Home

Wednesday 23<sup>rd</sup> August 2017

# healthwatch

## North East Lincolnshire

### Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit .....	6
Recommendations.....	8
Service Provider Response .....	9
Distribution.....	9

## Report Details

Address	Bradley Road Bradley Grimsby Lincolnshire DN37 0AJ
Service Provider	Dryband One Limited
Date of Visit	23 <sup>rd</sup> August 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Sue Hobbins & Freda Smith

### Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

### Disclaimer

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

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

## What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

### Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

## Methodology

### **This visit was an announced/unannounced Enter & View visit.**

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

### Summary of Findings

- Residents were treated with dignity & respect
- The home was fresh, clean and welcoming
- We did not notice any Personal Protection Equipment (PPE) in the bathrooms
- A room that was used for when district nurses came in to visit patients was left unlocked and unattended. Potential hazard if sharps etc. are left in there
- Concerns around the dignity of one resident who was having a dressing changed on his leg in his room with the door open and he did not appear to have any clothes on his lower body
- Residents appeared clean, well dressed and happy

## Details of Visit

The manager of the home, Wayne Willis, was not on site but we were met and shown round by Sharon Grafton the Acting Manager who had worked at the home for 7 years. Her enthusiasm and care for the residents there shone through in all she said and did.

### Environment

Bradley House is a large converted farmhouse in the village of Bradley on the outskirts of Grimsby in large grounds surrounded by woods and fields but situated on a very busy road. The house has recently been refurbished. The wide spacious corridors have laminated flooring, the plain walls have pictures, paintings and photographs on them. All doors have signs on them so they can be easily recognised and resident's doors have names and photographs on them. The home was fresh, clean and welcoming. There were packs of hand-sanitizer in all parts of the building.

In the entrance hall there was a signing in book which we were asked if we had signed, a large board with photographs of all members of staff, dignity champions listed, how to complain and other information.

The home accommodates 48 residents but only had 30 when we were there. The upstairs of the building had 5 rooms in it but these had been de-registered and were no longer used.

There was a patio/garden area off the main lounge with raised flower beds and "potting tables" which could be used by disabled people. There was another courtyard garden which was being upgraded with new raised flower beds and tables and chairs. There was a quiet lounge, a relative's room with kitchen and a activity/reminiscence room.

### Food and Drink

The dining room was large with separate tables and some residents were still having their breakfast while we were there. There is a large board with the menu for that day on it in pictures so they could easily see what food was available. There was a choice of 3 main courses at lunch time. Breakfast was served from 8 a.m. onwards, lunch at 12 and then afternoon tea, evening meal and supper. Food and drink was available to residents whenever they wanted it. We noticed cold drinks were available in most rooms.

## Safeguarding, Concerns and Complaints Procedure

All staff had been trained around complaints procedures. Any problems were dealt with by acting manager or team leader.

### Staff

All staff were helpful and friendly particularly when talking to residents. Staff wore uniforms but not name badges.

The Care Plans have been re-vamped and they are now easier to use and understand. They are updated monthly. Sharon showed us one and it looked good and easy to understand.

Some Training is undertaken by Singletons, Heritage House or Beacon House and there is a booklet for distant learning which is working well.

There were 2 Team leaders with 4 carers on that morning plus 2 kitchen staff, 1 domestic assistant, 1 laundry person and 1 administration assistant working. At night there is 1 Team leader and 2 carers.

Sharon knew all about the Mental Capacity Act and was still studying.

## Promotion of Privacy, Dignity and Respect

Residents were treated with dignity and respect in a caring, friendly manner. Staff seemed to know residents well. Staff knocked on doors before they entered them and were respectful to residents.

We were concerned to see a resident having a dressing changed on his leg in his room with the door open and he did not appear to have any clothes on his lower body. If a member of staff did not want to close the door because of safety issues perhaps a screen could be provided.

## Recreational Activities

There was an activity room which was a reminiscence room as well with an old sewing machine, pram, furniture and photographs of a bygone age. There was a board with pictures on listing daily activities e.g. music and movement, hairdressing, nail treatment, party day and quiz. On a Wednesday morning 3 or 4 residents are taken to a Dementia Class at St. Aidans in Cleethorpes by the Activity Co-ordinator. Some residents preferred to sit in their rooms and watch television.

## Medication and Treatment

The medication trolley was kept in a locked room when not in use and carefully supervised when in use. District nurses came in to visit patients and there was a room specifically for their use. The room was not locked and it looked as if there were some used “sharps” in there which could be a hazard.

There was a notice in the bathroom about water temperatures but it did not say how you would know what the temperature was. There were no gloves or aprons in the bathroom for staff use.

## Residents

All residents we saw were clean and well dressed and pleased to talk to us. Some even came out of their rooms to chat. They all seemed happy and friendly except one gentleman who seemed a little distressed. It was explained to us that he was new and was having problems settling in. A member of staff was with him and talking to him.

## Relatives and Friends

Relatives and friends were welcome to visit at any time. The only visitor we spoke to said her relative was pleased with the home, the food and the company was good. She had knitted lots of clothes for the fair and had had a stall there.



## Recommendations

- Provide a screen for when residents are having treatment which necessitates the removal of clothes
- Keep District Nurses room locked if unattended if there are potential hazardous items to residents in there.

## Service Provider Response

We did not receive a response from Bradley House after numerous attempts via phone and email.

## Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew ( CQC Inspection Manager Hull, NEL, & NL)
- [www.healthwatchnortheastlincolnshire.co.uk/enter-view](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)