



Enter and View Visit



Place of Visit:	Brooke House Care Home
Service Provided:	Residential Care
Number of residents:	34
Service Address:	Brooke Gardens, The Street, Brooke, Norwich NR15 1JH
Service Provider:	Kingsley Healthcare
Date and time:	Thursday 23 November 2017 2-4pm
Authorised Representatives:	Judith Bell and Helen Jackson
Report Published on:	December 2017



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About Us

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

This report relates to the visit on Thursday 23 November 2017

The visit also takes into consideration the fact that some of the residents spoken to may have a long-term illness or disability, including dementia, which will have an impact on the information that is provided.



What is Enter and View?

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

Acknowledgement

Healthwatch Norfolk would like to thank the staff, residents, carers and relatives at Brooke House Care Home who spent time talking to us. Thank you also to the Manager of the home for helping us to arrange the visit.

We recognise that providers are often able to respond to us about any issues raised and we include their responses in the final report.



Summary of findings

This is what we found as a result of speaking with the staff at Brooke House Care Home.

- It felt that all residents were treated as individuals and staff had good knowledge and understanding of their likes/dislike and their past history.
- A wide variety of activities are offered to residents
- Residents appeared clean and tidy in appearance
- The building is clean and well maintained with large gardens/grounds.
- A choice of food is available
- Residents and relatives spoke highly of the care provided.



Purpose of the visit

We are carrying out a number of visits to care homes over the coming months to look at how the wellbeing of the residents is being catered for.

We will be looking at the environment and surroundings in the care home, the relationship between residents and staff and how residents are involved in decision-making about their activities and food choices.

We will speak to staff and residents about the meals they are served, the care they receive from the staff and the activities which are arranged for them both in the home and within the community.

We will also talk to family members and visitors if they are at the home when we visit.

What we did

These visits are being carried out using our power to Enter and View. This is Healthwatch's legal right to visit places that provide publicly funded health or adult social care services, to see and hear how people experience those services. Each visit is carried out by a team of trained volunteer and staff Authorised Representatives.

Our focus is on the wellbeing of residents and to obtain an overview of the care they are receiving.

We selected the care homes to visit in liaison with the Care Quality Commission and Norfolk County Council and notified them of the visits.



Findings: Observations

We were greeted at the front door by a friendly member of the maintenance staff who let us in via the digital lock controlled door and after signing in, were offered seats in the entrance hall. We were then met by the Care Home Manager. The spacious entrance hall was clean with pictures on the wall and with noticeboards displaying photographs of the staff team and the weekly activities schedule.

The Care Home Manager took us to the main lounge initially and then accompanied us round the home and we were able to talk with staff and patients freely.

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Physical Environment

The main unit is a large 1930's-built two-storey house and was clean, well-appointed and maintained with a pleasant environment for residents and visitors. The newer annexe was slightly less spacious but adequate. It is situated in the village of Brooke in South Norfolk, 10 miles south of Norwich. It provides accommodation and support for up to 34 people who may have physical disabilities, mental health needs or are living with dementia.



Brooke House is interesting in terms of its architecture and retains many original features. The original building is light and spacious, the newer annex slightly less spacious but adequate. The communal areas are well furnished and functional. Chairs in the lounge are upholstered with vinyl seats and are in keeping with the period surroundings. There is a large television in the lounge.

There is a small lounge with 1950/60s retro furniture and objects. This has a radio and CD player but is free from TV.



There is an upright piano in that room and a grand piano in the dining room.



One resident and relative told us that one of the pictures in her room had been brought from her bungalow where she lived previously.

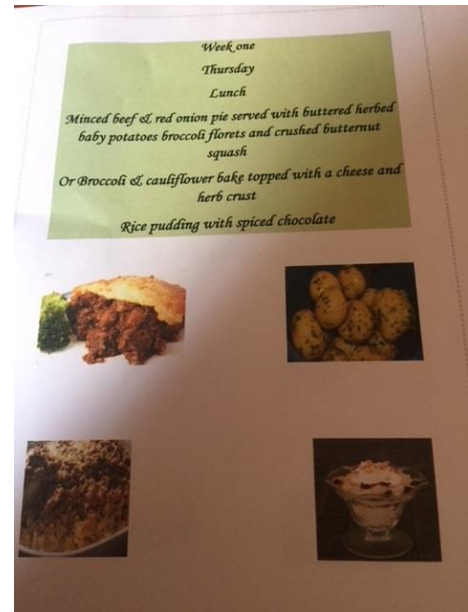
Gardens

The gardens/grounds at the rear of the property are large and very well maintained. We viewed the gardens from inside and could see seating areas where residents could spend time outside in better weather. One resident spoke of gathering lavender from the gardens and making lavender bags which were evident around the home. The Manager said they had held a sports day in the gardens for staff and residents and also a summer fete with a bouncy castle for carers' children. The Manager said they have raised flower beds in the garden so residents can more easily get involved with gardening. Some residents do have direct access to the garden from their rooms. The Manager told us that gates to the garden are padlocked for residents' security.

Meals and Nutrition

We spoke with three different residents at some length and each one spoke highly of the food. This was endorsed by three relatives who were visiting that afternoon. They all mentioned that the home makes visitors welcome to eat with their relatives at meal times.

Breakfast is between 8.15am and 9.15am and many of the residents choose to have it in their rooms. There are two cooked options available for lunch (which is the main meal) and also choice of lighter food for dinner. We were shown sample menus which appeared varied and well balanced. There is a four week rotating menu and seasonal vegetables are used whenever possible.



The manager is using visual aids on the printed menus to aid informed choice. In the complex care annex residents are showed both options on the serving tray to assist their choices.



The mid-afternoon cake looked very good and residents were clearly enjoying it with their tea.

There is a kitchenette in the dining room where juice, tea and snacks are available throughout the day.

The manager was introducing more of a 'restaurant' style to meal times, with staff wearing waitress-type aprons and using order pads for meal choices and this had been well received by residents.

We were told by the manager that the staff are very flexible about food and will ensure that particular requests are met, e.g. buying in specific breakfast cereals. This was endorsed by a resident who



sometimes liked cornflakes at tea time and jam sandwiches for breakfast and had his wishes accommodated.

The manager told us that they are aware of the need to ensure residents are properly hydrated and fluid intake is monitored.

Activities

There is a weekly programme of activities available on the main notice board with copies available in the bedrooms of those residents who chose to spend most of the day in their room and only join some of the activities. This was shown to us by the daughter of a resident who we were invited to visit in her room. This programme is colour coded for each day of the week which was good but unfortunately the day that was printed in yellow was very hard to read.

DAY	MORNING	AFTERNOON
MONDAY	Butterfly Sessions & Games Fabrics	Messy Monday Flowers
TUESDAY		
WEDNESDAY	Joseph Brooke House	Butterfly Sessions
THURSDAY	Butterfly Sessions	Something Sensory
FRIDAY	Brooke's Bake Off	Tea with the Queen
SATURDAY	Massage therapy and Butterfly Sessions	MOVIE AFTERNOON
SUNDAY	Brooke Church Service And on TV	Afternoon Walks and garden activities

About ten of the residents in the main home were engaged in a range of activities during the afternoon. These included a jigsaw, scrabble and craft activities. The activities co-ordinator has left by the time we visited the dining room but other staff were still facilitating activities. We were also told of other activities e.g. a singer who comes in on a monthly basis, theme days and evenings and visits from an 'exotic zoo'.

Other activities included a "Vintage Day", an "Elf Day" and a "Champagne, Canape and Harpist" event. These generally take place in the main house but some residents from the specialist unit are able



to join in. There have also been trips out to the theatre and to the seaside when a minibus is hired.

The residents in the annex were largely occupied by their tea and cake when we visited their lounge. There were objects available to support them in activities.

The Manager told us that resident meetings are held on a regular basis and residents are encouraged to say what they like and don't like. Also a relatives meeting was held in August and another one proposed after Christmas.

A resident told us that she had had her nails polished by the staff and that she was able to have her hair done on a weekly basis at the home.

The Manager also told us that a local vicar comes monthly to conduct a service for any residents that wish to attend.

Dignity and privacy

It felt as if the residents were all treated as individuals and that the staff had a good understanding of their likes etc. One resident who had become distressed was being comforted by two others. The manager was quick to spot this as we walked past and went and gave her reassurance, displaying knowledge and understanding of her anxieties and helping orientate her with reference to specific members of her family.

We were impressed by the total lack of any unpleasant odours. Although we did not directly witness residents requesting help to go to the bathroom it would seem that continence needs are being well managed. The manager told us that staff had learned to monitor the body language of one of the residents with an urgency problem and anticipate her need.

One resident mentioned that there had been an issue with a member of staff talking to her in a brusque manner but this was said to be some time ago and the member of staff was no longer at the home.



Staffing and Resourcing

Staff seemed to be well deployed, with systems in place to ensure they could keep residents safe. The Manager told us that staff resourcing is assessed by looking at residents' dependency.

The home is supported by the wider management system of Kingsley Care Homes.

Staff have received Dementia Training and are also supported by NHS community nurse visits.



Ideas to take forward

We did not speak to any relative or resident that could suggest how any aspect of the care may be improved.

- Consider the colour font being used in posters to ensure all are easily readable.
- Consider establishing a procedure with regard to the hand held “tablet” devices to ensure high standards of infection control (this is not something that is a part of our current visit focus but this cropped up during a conversation with the manager at the end of our visit).

Response from Brooke House

Thank you for your lovely comments. It was nice to meet with you both and for you to look around the home and chat with staff and individuals that live in the home. I have made some amendments already regarding the colour on the Wellbeing planner. It is nice to have positive feedback and that the individuals that live in the home would not make any changes.

Thank you
Hayley Hirst
Home Manager



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