



Enter and View Report: **Brampton Lodge Care Centre**

Date of visit: Wednesday 29th November 2017

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List of Contents

Background

- What is Healthwatch Warrington?
- What is Enter and View?
- Disclaimer
- Acknowledgements
- Purpose of the visit

Pages 3 - 4

Page 3

Page 3

Page 3

Page 4

Page 4

Details of the Visit

- Details of the service
- Location, Date and Time
- Healthwatch Warrington Representatives
- Service Staff/ Named Contact
- Spotlight on Values - Dignity and Respect

Pages 4 - 5

Page 4

Page 4

Page 4

Page 4

Page 4

Results of the Visit

- First Impressions, Entrance and Reception Area
- Activities and Leisure
- Food and Refreshments
- Clinical Observations: Cleanliness and Infection Control and Medicines Management
- Smoking
- Administration, Staffing and Staff Training
- Admission and Discharge
- Privacy, Dignity and Treating People as Individuals
- Safety
- Encouraging Positive and Respectful Attitudes
- Other Comments

Pages 6 - 16

Page 6

Page 7

Page 8

Page 9

Page 10

Pages 10 - 12

Pages 12 - 13

Pages 14 - 15

Pages 15 - 16

Page 16

Page 16

Recommendations

- Distribution List
- Appendices

Pages 16 - 17

Page 17

Pages 17 - 18

Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, opticians and pharmacies. E&V visits can happen if people identify a problem. Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

Disclaimer

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users / residents and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered.

Acknowledgements

Healthwatch Warrington would like to thank everyone at Brampton Lodge, and in particular Debbie Davison (Registered Manager) and Martin Clark (Owner) for welcoming the visiting team and taking the time to answer their questions.

Purpose of the visit

As part of Healthwatch Warrington's Enter and View programme, visits are made to local residential homes and care facilities in accordance with information received from the local public, service users, carers and monitoring authorities. Healthwatch Warrington published an intermediate care journeys summary report in October 2017. Included in the report's recommendations was the proposed undertaking of Enter and View visits to both Padgate House and Brampton Lodge, in order to observe service delivery and talk to patients, carers and staff to gain further insights and make recommendations for service improvement. It is important to note that although the team may identify specific areas of focus ahead of the visit (based on intelligence received); they also take into consideration a provider's stated values when making observations at the home.

Details of the Visit

Details of the Service

Brampton Lodge is a purpose-built residential care home (split into four areas), operated by Care Concepts (Appleton) Limited and located in Appleton. The service provides intermediate care, accommodation, nursing and personal care for up to 59 older people (some of whom are living with dementia). There is also a Day Centre providing care and activities to people with dementia. Care Quality Commission (CQC) conducted its latest inspection at the home in February 2017 and subsequently rated the service as overall 'Good'. The full CQC inspection report can be found online: <http://www.cqc.org.uk/location/1-131736725/reports>

Location, Date and Time

The visit took place at Brampton Lodge Care Centre, 102 Bridge Lane, Appleton, Warrington, Cheshire, WA4 3AH, on Wednesday 29th November 2017, from 1:30pm - 3:30pm.

Healthwatch Warrington Representatives

Adrienne Roberts - Healthwatch Warrington, Enter and View Authorised Representative

Esstta Hayes - Healthwatch Warrington, Engagement Officer and Enter and View Authorised representative

Hilary Mercer - Healthwatch Warrington, Enter and View Authorised Representative

Michelle Hill - Healthwatch Warrington, Volunteer Co-ordinator and Enter and View Authorised Representative

Service Staff / Named Contact

Debbie Davison (Registered Manager)

Spotlight on Values - Dignity and Respect

According to Care Concepts' website (<http://www.careconcepts.co.uk/>), the provider's mission is to be a: "a care provider that clients, staff and relatives are proud to be part of".

The provider's values centre on the concepts of 'dignity' and 'respect'. This is reflected in Care Concept's aim to provide support for older people "in the way that they want to be cared for...to live a fulfilling and independent life for as long as possible".

As such, the visiting team would expect to see these values reflected in the lived-experiences of residents and care recipients, which would allow the team to consider whether the provider is meeting their stated mission objective.

Results of the Visit

First Impressions, Entrance and Reception Area

Brampton Lodge is situated in a residential area of Appleton. The entrance sign for the facility was clear and inset into the brick front wall. The visiting team noted that the facility is housed in a well-presented, modern building, which features a well-maintained landscape area. The building is set back from the road, with parking available in front of and to the side of the building. Parking spaces appeared to be relatively limited, as the area was virtually full with cars parked up on the kerbs (as opposed to the allocated bays). However, in terms of access by public transport, a bus stop is located nearby.

Upon entering the building, visitors are required to use an electronic signing in and out system, which is a useful security feature. The reception area is equipped with seating and is located in a large, bright, airy and welcoming open space. A 'profile tree', which displays information about each member of staff (along with their photo) was situated in this space. This resource is especially useful for service users and visitors, as it helps them to identify members of staff. There was also a 'Dementia Friend' tree on the wall, which included statements such as "what people appreciate about me" and "what is important to me".

Brampton Lodge is a multi-use facility. Therefore, the main entrance serves an intermediate care unit, a residential/nursing unit, a dementia unit and a day care facility. The intermediate care unit is located on the first floor and can be accessed via stairs and a lift located in the waiting area. There is no visitors' lounge within the intermediate care unit. However, most visitors visit people in their rooms, or occasionally, in the large residents' lounge/dining room (visitors can also access the home's lounge/dining room and residents bedrooms from the reception area).

On arrival, the visiting team were greeted by the home owner, Martin, and the home's Registered Manager, Debbie, who then accompanied the team and answered questions.

Activities and Leisure

Brampton Lodge has a full-time and part-time Activities Coordinator. However, activities are limited intermediate care service users as they are often receiving therapy, treatments and recovery (which leaves little time for other activities). Unit residents can join home based activities, if they wish, but it appeared that this was not encouraged. Most of the organised activity on the unit is initiated by the Occupation Therapist and Occupational Therapist Assistant, working with individuals and groups.

The visiting team saw that books were available in the lounge area and a hairdresser attends the site every Tuesday and Wednesday; service users in the Intermediate Care Unit can make appointments with the hairdresser. Martin told the visiting team that there funds are also allocated for a holistic therapist to visit; with massages and other treatments being offered to service users.

In addition to the above, all bedrooms in Brampton Lodge have their own televisions. However, there did not seem to be enough remote controls available and residents who have limited mobility cannot change channels without assistance. Martin later clarified that a total of two rooms did not have remotes and this was due to residents taking these items home with them upon discharge (efforts are then made to retrieve these). At the time of the visit all of the residents were in their bedrooms. There were no activities taking place and the lounge/dining room, which is the main social area, was empty. This was surprising because it is a spacious room, which is decorated to a high standard and had a beautiful Christmas tree and Christmas decorations in place.

When asked why the room was unoccupied, staff commented that the current residents prefer to return to their bedrooms after eating meals in the lounge/dining room. Most residents receive visitors who they prefer to see in the privacy of their bedrooms and the GP also attends every afternoon and sees residents in their bedrooms.

Food and Refreshments

Brampton Lodge uses the Appetito Catering Service (used by a number of local care establishments), which provides a range of good quality and balanced meal options (the facility is able to cater for all dietary and cultural requirements). The menu rotates daily, which means that service users have a variety of meals to choose from. Additionally, one of the cooks enjoys home baking and the facility has themed food events, such as Italian day and occasional afternoon tea sessions.

All meals arrive frozen and are heated on site; there were some appetising smells as the food warmed, during the visit. Meals are served by General Assistants from the kitchen. The facility has found it difficult to recruit enough qualified chefs to prepare fresh food; however, there is a chef on site who can cook different meals for individuals, if requested.

Drinks and snacks (such as biscuits, cake and crisps) are provided as required, throughout the day. The Occupational Therapists provide a breakfast club as part of their assessment, working with groups of 4 to 5 people in a session to prepare their own breakfasts.

The reviewers arrived at mid-afternoon and did not observe a meal being served. Those residents who took part in discussions with the team gave mixed impressions of the food. One lady described the food as usually being dry and stated that “I think it is kept warm for too long”. Another resident stated that “the food could be better, but you get a choice”. It was also reported that if you do not like the choices available you can request an alternative option, such as a jacket potato. On being invited into the room of one of the residents, a member of the visiting team observed that a cup of tea and slice of cake had just been taken into a service user’s bedroom.

Clinical Observations: Cleanliness, Infection Control and Medicines Management

Individual medications are kept in a locked cupboard in each resident's room. Staff undertake assessments to determine whether service users can administer their own medication independently, although in general, nursing staff will administer medication for the first 24-72 hours, with residents being gradually encouraged to manage their own medication.

Any relevant medication information is recorded on a huddle board and there is a folder for all records; which are locked away in the Occupational Therapist and Physiotherapist's room. Records are all currently handwritten. The facility is starting to introduce electronic records in the downstairs unit (St Monica's Suite) and there is a longer-term aim to create a multi-disciplinary booklet for all staff to complete. Brampton Lodge uses the same assessment systems as Padgate House and managers are working together to improve these.

All residents are temporarily registered with the Stockton Heath Medical Centre and GPs from this surgery call in each weekday afternoon. Residents can also access a chiropodist, which they must fund themselves. In terms of dental provision, service users would visit Bath Street clinic and an optician also comes into the facility.

Staff working on the Intermediate Care Unit do not wear uniforms. The visiting team asked what they wear when carrying out nursing, or personal care, staff said that they wear blue or white disposable aprons and gloves - blue when handling/serving food and white for clinical procedures. Staff did not have hand gel on their person. However, hand gel dispensers were situated at the entrance and in toilets/bathrooms and these areas also had pictorial signs in place to help residents locate them easily.

Smoking

People are able to smoke outside of the facility. A visiting team member spoke with a resident who smokes, who stated that they can only go for a cigarette if their visitors take them outside. This resident told the visiting team that when they have asked staff for assistance, they were told that staff are not allowed to take residents outside. The resident was not sure why this was the case.

Administration, Staffing and Staff Training

Brampton Lodge is part of 'Care Concepts' a group of facilities owned by Martin Clarke and his wife, Paula. They also have two other Care Homes, Marion Lauder House in Wythenshawe (specialising in dementia care) and Madison Court in St Helens which is leased. Brampton Lodge was purpose built in 2008-9 and opened in 2010. Brampton Lodge has access to a Physiotherapist, a Physiotherapy Assistant and an Occupational Therapy support from Bridgewater Community Healthcare NHS Foundation Trust. Social workers also visit Warrington Borough Council and GP support is available for two hours, per day. The facility finds it very difficult to recruit night time nursing staff and often have to rely on agency staff to cover these shifts, usually people who are familiar with the home (with the same agency is used to recruit cover, so that a level of consistency is maintained). At the time of the visit, there was one Night Nurse vacancy and this post had been filled (the home was waiting for the appointed person to serve their current job's notice period).

Staff said that agency nurses work well with other professionals such as GPs, Physiotherapists and Occupation Therapists. At the time of the visit, there were 12 intermediate care residents and two beds were unoccupied. There is a separate (30 bed) Dementia Care Unit, a 15 bed General Nursing Unit, and a 20 place Day Centre for those with dementia. Staff try to keep the Units as separate as they can. The staff on duty appeared to be busy; which reflects the trends of increasing numbers of residents being admitted with complex needs (with staff having recently provided end of life care at the site).

In terms of personal development, Debbie completes appraisals for the nursing team and the nurses undertake appraisals with other members of staff. Brampton Lodge has also devised a new role - a 'Trainee Nursing Assistant' - to help upskill care staff. Management is also looking at setting up a banding scheme between 4 and 8, so that staff can see progression in their career. It is hoped that this scheme and the new post will also provide more incentives to attract new recruits. The provider has also adopted the innovative approach of employing a full-time Training and Development Manager, which the visiting team felt is an initiative that should be praised.

Further to the above, on the day of the visit, there was one qualified Nurse, two Care Assistants and one Senior Carer on duty at the Intermediate Care Unit. These staff are supported by a Physiotherapist, an Occupation Therapist and an Occupational Therapist Assistant, all of whom are provided by the Bridgewater Community Healthcare NHS Foundation Trust. Overnight cover for the two upstairs units (30 residents) is provided by one Nurse, one twilight shift Carer (8:00pm - 12:00pm) and two Carers.

A trainer is employed by the provider to offer training for all staff. Additional training, such as SALT, is bought in as required. Staff receive regular supervision and annual appraisals. For example, Senior Carer is currently undertaking Associate Nurse training, along with three other members of staff. This is a new healthcare qualification, which has been introduced in England and bridges the gap between health care assistants and qualified nurses. The visiting team spoke with the qualified Nurse on duty and when asked about opportunities for professional development and training at Brampton Lodge, she described this as being very good. This Nurse has recently attended training on revalidation and has successfully revalidated with the Nursing and Midwifery Council (NMC). This was completed by Debbie. The qualified Nurse has also joined a tissue viability network run by Bridgewater Community Healthcare NHS Foundation Trust.

In terms of general maintenance, the kitchenette, dining area and lounge are all open plan and very tastefully presented. There were pictures on the walls and Christmas decorations, which made the area, look very attractive. The outside area of the facility was visible from the lounge and appeared to be well-maintained. There is an in-house maintenance team that undertake general repairs and there are also contract gardeners.

In relation to administration and leadership, the owners share oversight of their three homes. Martin is based at Brampton Lodge, but visits Marian Lauder House every Wednesday and goes to Madison Court once per week; with an owner usually being present at the Warrington site. Martin specialises in contractual and strategies issues. There is a Facilities Manager who oversees the maintenance team across all three homes. There is a Quality Action Plan in place, which is reviewed every month and this considers issues such as management, training, etc. Furthermore, staff take part in a 'huddle meeting' every morning; with red or green status attached to the progress of each resident. Overall, the visiting team gained the impression that Debbie, who has worked at Brampton lodge for 2 years, appeared to be committed and professional.

Admission and Discharge

In relation to admission and discharge processes for intermediate care at Brampton Lodge, there are 14 residents in Brampton Lodge any one time, with a range of physical health issues; some of whom are also living with mild dementia. At the time of the visit, there was a large waiting list of about 50 people for general admission to the Dementia Unit and General Nursing Unit. People are largely admitted following an admission to hospital (all admissions from hospital are assessed and referred by the specialist community team). The qualified Nurse on duty in the Intermediate Care Unit appeared to be very busy completing clinical records and when asked about this, she said that the number of admissions and discharges completed could prove difficult to manage. In general, the unit only admits one person a day, in order to properly process and settle that individual. Currently, there are two service user vacancies, with two new admissions due to arrive over the next three days. During the day prior to the visit, this Nurse had two discharges and one admission to oversee.

Staff added that sometimes, the information provided to Brampton Lodge by external services is not as up to date as it should be. In turn, this means that staff have to chase up information (such as medicines management and crucial data) when services such as the local Hospital are transferring patients to the Intermediate Care Unit. Furthermore, admissions are sometimes late in the day - often due to transport issues (which means that people are left waiting in the hospital lounge for some time), although Brampton Lodge does not usually operate admissions after 8:00pm, owing to reduced staffing in the evening. On the day of the visit, one lady had been admitted earlier on and there were further admissions pending because of vacancies.

Resident turnover is relatively fast, with most people staying between four and six weeks and most service users returning to their own homes. Staff working in this unit have significant experience of admission and discharge. Prior to discharge, a home visit will be completed (with Brampton Lodge staff accompanied by an Occupational Therapist, Social Worker, etc.); with the aim of assessing the equipment that may be needed for an individual to return home. For those residents, who require residential or nursing care, the discharge process is managed by Local Authority Social Workers, in partnership with families. Once a suitable placement is selected, the prospective residential or nursing home undertakes its own assessment of the service user. In complex cases, therapy staff will accompany the individual to their home and ensure that all is well. Furthermore, the visiting team spoke with two service users in relation to discharge. Both services users were waiting for a package of care and would eventually be returning to their own home. One resident had been on a home visit, which had gone well and was hoping to go home the following week.

The visiting team also noted that some people were residing at Brampton Lodge over the six week limit; with the majority of these delays attributed to people waiting for a suitable care packages (which was described as particularly difficult to source if 24 hour cover is required), or adaptations to be made to their homes. In addition, Martin feels there is often a gap in psychological support for service users.

Privacy, Dignity and Treating People as Individuals

During the visit, staff were observed to be caring, respectful and professional.

In terms of facilities, the Intermediate Care Unit was clean and the residents that the team saw appeared to be well-presented. Resident's rooms are a good size (with wide door openings that can accommodate wheelchairs and bariatric patients). All rooms are ensuite facilities with 'wet room' style showers.

The corridors are mixed sex (male and female), which staff said does not cause any problematic issues. These bedroom spaces appeared to be clean and well-maintained, with personal items allowed. One of the bedrooms had been decommissioned and converted into an office/clinical space for the Occupational Therapists and Physiotherapists.

Brampton Lodge also has laundry staff on site, who complete their duties overnight (each service user has their own laundry bag). Relatives are encouraged to take individual laundry home to wash in order to make sure that resident's clothes are not misplaced. However, staff may complete separate clothes washes for any resident who does not have any relatives or carer to help them in this respect.

Relatives do not visit in the mornings, due therapy taking place. However, relatives can visit from 2:00pm onward and in the evening. When visitors do come, service users tend to invite them into their own rooms, rather than use the lounge space.

Service users are very involved in their own care (although formal meetings are not conducted with those people using the Intermediate Care service). Although there are no regular relative/carer meetings at present, relatives were involved in the selection of Appertito as the catering firm for the Unit. Staff try their best to support people's wishes, for example, one gentleman is going to play Santa for the last time and the staff will play elves in the home's Christmas celebrations. Furthermore, residents have access to an independent advocacy service

In terms of socialising, the visiting team did notice that there were no service users present in the lounge area, during the visit. Staff responded by saying that people "keep to themselves". It was explained that there had recently been a changeover in a number of service users and the new people had not got to know each other, as yet. However, more people were being encouraged to use and eat in the lounge.

Safety

Debbie manages any safeguarding issues raised at the facility and Social Services provide further support, as required. For example, Debbie was briefly called away by a member staff during the visit to address a safeguarding related issue. Most safeguarding issues relate to St Monica's (Dementia Unit), as residents sometimes display challenging behaviour (in which case, the Local Authority will support the facility with additional funding for staffing). Deprivation of Liberty Safeguards (DoLs) are used as necessary (currently, one resident is subject to safeguarding monitoring).

Staff are responsible for ensuring that all safeguarding issues are logged appropriately. The facility has experienced a number of safeguarding related issues, some of which have included residents being admitted to mental health services as the result of sectioning in accordance with the Mental Health Act 1983. Staff mentioned that they sometimes encounter a lack of information about mental health issues, especially from Hollins Park.

The visiting team also considered aspects of the physical environment in terms of safety. For instance, the assisted bathroom observed by the visiting team was clean, although cluttered (which could present an accessibility hazard). A member of staff was also asked about the availability of hoists and she said that these were stored on the adjacent residential/nursing unit as they were not required to meet the needs of any current residents.

The team also noted that the Intermediate Care unit's entrance/exit door featured an electronic lock (with key code access), which was considered to be a positive safety feature

Encouraging Positive and Respectful Attitudes

The visiting team observed that staff were respectful in their interactions with residents. Furthermore, during a discussion with one of the residents, staff were described as being "helpful" and "always listening". This resident was very complimentary about Amy (physiotherapist) stating that she "is brilliant" and also praised Kate (a carer) as being "very good and nothing is too much trouble".

Other Comments

Overall, the visiting team gained the impression that Brampton Lodge is a well-run facility, which has a luxurious, 'hotel like' feel in communal areas. The Intermediate Care Unit (the main focus of the visit) was clean, modern and well-maintained. The atmosphere was calm and quiet, but could be made to feel more homely and active if ways were found to encourage service users to spend more time in communal areas, rather than their own rooms. It was also highlighted that Brampton Lodge staff had identified gaps in services and problematic issues relating to information not being provided in a timely manner by external partners, which are issues that Healthwatch Warrington will flag up as an area of concern.

Recommendations

1. **TV Remotes:** TV remotes were not available in every bedroom, which meant that service users with limited mobility were not able to use their TVs without calling for assistance. As service users spend considerable time in their rooms, and given the impact this may have on staff capacity, it would be a good idea to make sure that enough TV remotes are available, moving forward (service users are given the choice, and use may be variable).

2. **Encourage Service Users to Make use of Communal Spaces:** This would help to improve the atmosphere in the home and could also impact positively on the wellbeing of service users. However, the visiting team appreciate that this will be made easier once service users had been in the facility for a longer period (as it takes time to encourage this to happen).
3. **Staffing levels and Staff Development:** Although some staffing issues were identified (particularly in relation to catering and night shift staff), Brampton Lodge is taking positive steps to improve staff conditions, training and attract new recruits. This good practice should be encouraged and this will hopefully contribute to further progress being made on these issues.

Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

Appendices

Appendix A

Response from provider

Recommendation 2. Personalisation is what we aim for and if a person wishes to spend time in their room watching TV and seeing their visitors, and they are used to living alone, then that is their choice. Nearly all the service users live alone so are not used to mingling on a daily basis with others, and unfortunately they know they are returning home alone. However at other times you might find other users who like to socialise and we find when this happens others tend to join.

Recommendation 3. Staffing issues. We have no vacancies for catering staff and we have the correct number of staff to deliver the appitio service. We also have no issues with night staff either as the vacancy was because we were awaiting the start of the new night manager who required to work her notice and who is now in post.

Since your visit Warrington Borough Council and the CCG have agreed in January 2018 to additional funding for a 15 hour a week administrator, 16 hours of additional nursing support a week and 21 hours of additional night supports.

Thanks for taking the time to talk to me this afternoon and please get in touch if any of my comments above need clarification. I know you need to have a report which reflect the findings and I am pleased you found the service well-led.

Thanks again

Martin Clark (Owner)

your **voice** **counts**

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