



# Braeside Care Home Enter and View Report

## July 2018

**healthwatch**  
Rochdale

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# Introduction

## About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at [www.healthwatchrochdale.org.uk](http://www.healthwatchrochdale.org.uk)

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at [http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi\\_20130351\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Braeside Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

## Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

# Visit Background & Purpose

## Background

Healthwatch Rochdale visited Braeside Care Home on Thursday 12<sup>th</sup> July 2018 at 2pm - 4.15pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The visit was based on eight care quality indicators developed by Independent Age. According to the indicators a good care home should:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used

## Methodology

This was an announced visit, and so Braeside care home management and staff were expecting us. Enter and View representatives who took in this visit were:

- Alex Leach
- Claire Birch
- Dave Logan
- Elizabeth Williamson
- Karen Kellend

We were greeted on arrival by the manager and given a tour of the home. Questionnaires and observations were conducted based on the eight care quality indicators. We spoke to:

- The manager
- Two staff members
- Two residents
- Five family members

After the visit was completed, the lead representative spoke with the manager to give a summary of the visit and inform them a report with recommendations will be written and sent over. An opportunity to comment on the recommendations will be given.



# Results of visit

## A good care home should have

### 1. Strong and visible management

The manager told us she had worked in the healthcare profession for a number of years and has previously worked in a deputy position and then moved into a managing position. The manager told us that what she enjoys most about her role is “making sure residents are as well as possible and cared for from a personal aspect”.

Two staff members told us that they felt the manager is open to approach to discuss concerns and difficult issues, for example, problems with the standard of care given. When asked how easy it is to talk to the manager both staff members said that it “feels open” and is “very easy” to raise an issue or ask a question.

Two residents confirmed they knew who the manager was. When asked to give an opinion on the manager responses were “She’s very efficient, very caring. If all the staff were as good as her this would be the best care home in Manchester” and “always very helpful and can be spoken to at any time if necessary”.

All five friends and family members of residents knew who the manager was and confirmed she was friendly and helpful with descriptions including “Extremely helpful and friendly” and “wonderful”.

### 2. Have staff with time and skills to do their job

The manager told us that there are 22 staff members, all trained to NVQ Level 2 and that all staff are informed of passport training.

Two staff members said they felt “supported to undertake relevant courses” and that attendance was supported on courses for “professional development”. One staff member told us that they felt they had enough time to care for residents with another saying they feel they have enough time to care for residents but “would like more time for one to one time”.

One resident told us that staff members “on the whole (were) okay, but as always some are better than others” and another said “three or four staff members are outstanding but there are also three or four bad ones. Just fifteen minutes in the morning can affect my whole day depending on if the carer is good or bad”.

Two residents felt that staff didn’t have the time to stop and chat with them saying “very rarely do they have enough time to chat as only always a few on duty” and that staff are “rushed off their feet and don’t get a minute. Very short staffed all the time”.

Family members gave a mixed response when asked if they thought staff had the time and the skills to do their job saying “Yes, nothing is ever too much trouble for them\* “some do, some don’t” “I think they do their best, think they could do with more staff but on the whole, I have no complaints” and “as far as I know they do and they have the skills”.

During the visit, we observed staff members chatting with residents and speaking in a correct tone of voice as well as using and touch. We also saw staff members treating residents with dignity, respect and calmness.

In other observations we saw that two emergency cords in the upstairs toilet were broken and had gone unreported. We reported this issue to the manager whilst on the visit.

### **3. Have good knowledge of each individual resident and how their needs may be changing**

The manager told us that all residents have a basic pre-admission assessment which includes an initial pre-visit discussion, assessments from health and care professionals and discussions with family members. The manager also told us that staff members monitor residents on a daily basis and the care plan is updated monthly.

One staff member told us that they get to know individual residents through an “assessment with family to gain information and then a care plan is formulated”. A second staff member told us that residents have their “life history in their file” and if they don’t have the capacity to provide information “family are included”.

Staff members told us that information on a resident’s tastes, health and care needs are “reassessed as part of a team and care plans are updated monthly and sometimes weekly”.

One resident told us that they know “all staff by name. Don’t think they know me as a person, they have no time to get to know me” and a second resident said that staff know them “to a certain extent, they do for food etc”.

One family member said they felt staff knew their relative “as much as they need to know” with a second saying “they’re not really aware of his medical history” and a third saying staff know their family member “quite well in all aspects”. Another family member said staff “know him well but he doesn’t communicate a lot” and another said “they seem to (know him well) but he’s only been here for a couple of weeks”.

On the Elderly Mentally Infirm Unit it was observed that some residents were showing signs of agitation at noise levels within the lounge. We did not observe a quiet room where residents could be taken for calming or a sensory room for stimulation.

### **4. Offer a varied programme of activities**

The manager told us that the home has a combined total of 50 staff hours per week for activities, with entertainment taking place every other week including a singer or dancing. The manager told us that there are always opportunities to go out of the home if fit to do so and that residents are always encouraged to participate in activities.

One staff members told us that there are “two activity staff who are responsible for activities for residents and fundraising with daily activities and monthly entertainment available” and “efforts are made to tailor activities to interests and are improving”. Another staff member told us that “afternoon activities are encouraged” and for those with Dementia “activity staff develop reminiscence tools and provide access to films and music”.

One residents spoke of having mobility issues so didn't "partake in many activities" either inside or outside the home but did get "to read books". A second resident said "one of the weak points is not enough activities - singers on but are usually too loud. Gentle chair exercises are good".

When asked what activities they would like to see in the home, one resident told us they would like "some simple quizzes and simple talks about different things" and a second resident said that they would like to partake in doing "a DJ afternoon" to "give something back to the home and save on the cost of a singer".

One family member told us they had "no real knowledge of any outside activities but the inside ones are good" but "my relative has no real interest in almost anything". A second family member said that activities were "good" and their relative was "never left out of anything". A third family member told us that activities were "getting better but there was nothing up until last week when we got a new activities co-ordinator" and an activity they would most like to see in the home is "having somebody in to sit and speak with them". Another said that "there are some good activities" and would like to see "games for sitting and perhaps bowling".

During the visit a singer was providing entertainment in the downstairs lounge with residents and family members observed to be enjoying themselves.

## **5. Offer quality, choice and flexibility around food and mealtimes**

The manager told us that a midday meal is served at 12pm - 1pm and the evening meal is served at 4pm - 4.30pm. Breakfast is flexible to meet the needs of the resident.

One staff member told us that there is a "mealtime routine with breakfast served at 7.30am - 10am but can be served later and intake is reported daily". We were told that mealtimes were sociable as "ladies eat together, and men eat at another table, it depends on who enjoys being with who".

A second staff member said that the home is able "to offer alternatives if preference and habit change" and residents can "eat at tables with others or alone if preferred".

Two staff members told us that residents are able to eat and drink outside of mealtimes as the home is able to "accommodate late breakfast" and "snacks are offered, and residents have a fridge. Some relatives keep snacks in resident's room and ask staff to give them to the resident".

One resident told us that the food is "as good as any five-star hotel. The food is the best thing about the place" there is "two or three different choices at lunch and two choices of sweet. On a Sunday I get a full English breakfast but on the other days it is just tea and toast". A second resident said that there are "good choices available but would like the evening meal around 6pm". Both residents told us that they enjoy mealtimes and have the choice to eat downstairs or in their room with one resident enjoying the "chance to mingle with other residents".

At the end of our visit when asked if there was anything they would like to change about the home one resident said "yes, the mealtimes could be more flexible".

Four family members spoke positively regarding the food saying the “food is excellent. She eats better than me” and a second saying the food “always looks good and there is always a good choice”. However, one family member said the food “wasn’t bad but there isn’t a lot of choice and there is no supper available. They eat their evening meal at 4pm and then that’s it until breakfast the next day. The evening meal is too early, especially after having a big lunch”.

All family members felt that mealtimes were sociable with one family member saying, “she always enjoys mealtime and doesn’t miss me if I go and run some errands at mealtime”. All family members confirmed that they are invited to stay and eat with their relative if they wished to.

## **6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**

The manager told us that the home is part of the dental buddy scheme and took part in the initial pilot.

One staff member told us that “dentists and optometry visit annually and chiropodist every three months” but if there any health problems visits will be made individually. Another staff member said that “opticians visit annually and dental visits to check gums and teeth are annual”. Both staff members confirmed that the home has weekly access to a hairdresser or barber.

One resident told us that they “see the optician at least once a year but no need for the dentist as have false teeth” and a second resident said, “I have false teeth and when I cracked them the dentist came and fixed them but I’m unable to use the optician in the home, so I haven’t got one”.

Four family members told us that an optician comes into the home, saying “I believe an optician comes in regularly” “they have new reading glasses” and “got new glasses” but a fifth told us there is “no regular, standard eye test”. Only one family member said their resident had been seen by a dentist but “not sure how often” another three family members said they “don’t know” “not sure but I know a doctor comes in regularly” and “don’t know has no teeth”.

## **7. Accommodate residents personal, cultural and lifestyle needs**

The manager told us they accommodate residents’ cultural, religious and lifestyle needs through the care plan.

Two staff members said that residents’ cultural and religious needs were accommodated through being “asked on admission if they have any religion” and having “community links to arrange for communion”

One resident told us that there was respect for their religious and cultural needs and a second said “don’t know, never asked. I practice my religion privately, but I do receive a religious magazine to the home”.

Three family members said that their resident has no personal, cultural or lifestyle needs, a fourth family member told us “yes, I am allowed to take him to Mass” and a fifth said “yes, been offered communion numerous times but she just runs off”.

## **8. Be an open environment where feedback is actively sought and used**

The manager told us the home run an ‘open door policy’ for all residents and family members to have their say and run a formal survey with everyone being notified of the results.

One staff members told us they didn’t feel able to have a say in how the home is run as “there is no mechanism in place” but a second staff member said “yes, feel able to discuss issues with the manager”.

Two residents told us that if they wanted to make a complaint they would “speak to the manager” with one resident saying, “never had to but I would speak to the manager if necessary and she would listen” and a second resident saying “wouldn’t get me anywhere. Everyone closes rank and its all the patient’s fault, not the staff. It’s not a level playing field”

Family members didn’t seem sure on the complaint procedure, but all stated they would “speak to the manager”. All family members felt confident that complaints would be acted on appropriately and felt as know they were a welcome participant in the home.

Observations noted a comments and suggestion box located near the signing in book.



# Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Braeside Care Home meet the requirements of some of the indicators. However, the requirements of some of the indicators are not fully met and the following areas of improvement have been identified.

Therefore, considering this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced issues of staff not having time to spend personal, quality time with residents. Therefore, in accordance with indicator 2 ‘Have staff with time and skills to do their job’ we recommend:</p> <p>“To have enough staff on duty to ensure staff can spend quality time with residents to prevent feelings of isolation and loneliness”</p>
2	<p>Our findings evidenced that two emergency pull cords located in the upstairs toilet were broken. Therefore, in accordance with indicator 2 ‘Have staff with time and skills to do their job’ we recommend:</p> <p>“Ensure staff are all aware of the importance of working emergency cords and that they are regularly tested to ensure working order with this being evidenced in a written format”</p>
2	<p>Our findings evidenced a lack of quiet room or sensory room on the Elderly Mentally Infirm Unit. Therefore, in accordance with indicator 3 ‘Have good knowledge of each individual resident and how their needs may be changing’ we recommend:</p> <p>“Create a calming/sensory room for residents to use as required and if there is already a room ensure it is used when residents are displaying signs of agitation”.</p>
3	<p>Our findings evidenced issues of lack of outside activities and minimal inside activities. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>A) “To build on current progress of improving activities by ensuring that residents and family members are involved in decisions about what activities are available”</p> <p>B) “To offer more outdoor activities in the form of day trips out to contribute to feelings of well being”</p> <p>C) “Ensure the availability of sensory activities on the EMI unit to stimulate the senses with the intent of gaining the interest or attention of a person in the later stages of dementia”</p>

4	<p>Our findings evidenced a lack of flexibility around mealtimes. Therefore, in accordance with indicator 5 ‘Offer quality, choice and flexibility around food and mealtimes’ we recommend:</p> <p>A) “For mealtimes to be more flexible and patients to have more choice when they eat.</p> <p>B) “For light snacks to be made available for residents outside of meal times”</p>
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# Response from Provider

BRAESIDE CARE HOME  
8 ROYAL STREET  
SMALL BRIDGE  
ROCHDALE  
OL16 2PU  
01706 526080

2<sup>nd</sup> August 18

Dear Alex

**Re: Enter and View visit at Braeside on the 12<sup>th</sup> July 18**

Please find below the response to the above visit.

Firstly on behalf of the staff and residents I would like to thank Healthwatch for taking the time to visit Braeside, as a care provider we are always looking for areas of improvement and we feel that following the visit we can address any issues raised and improve the care delivery within Braeside Care Home.

1. It is welcoming to see that the residents, families and staff feel that there is strong and visible management structure. The current manager has been in post for over ten years and practices an open door policy at all times.
2. The care home has 39 staff in total, a full face to face training schedule is in place for all staff, all of the care staff have completed the necessary NVQ's to enhance care delivery. 85% of the staff have also completed the 'Passport' which is provided by Springhill Hospice, this is a six day course which is around end of life care; further modules are available which are around dementia and learning disabilities. Staff are required to complete a portfolio and attend a presentation at the Hospice. (1) To ensure that there is enough staff on duty the manager use's a dependency tool which ensures that there is enough staff on duty at all times. Occasional staff may report sick at short notice and the home do the utmost to replace the individual to ensure adequate staffing for each shift. Currently the dependency tool indicates that the home employs enough staff for the resident's dependency, over a 24 hour period there is three trained nurses, 8 carers, 2 activities coordinators as well as necessary ancillary staff for 34 residents. (2) Staff are aware for the need to report equipment that is not working, this will be reinforced following the publication of the report and within the next staff meeting, the emergency pull cords are now in working order and there is a system in place to evidence regular testing in a written form.
3. A full and comprehensive care plan is compiled for each resident ensuring that staff have a good knowledge of each individual and they adapt to their changing needs, where

possible residents are involved and if not then their relative or representative in involved. The 'this is me document' is used for all of our residents and more recently we have began using 'life story' document. (3) whilst it would appear that some of the residents were showing signs of agitation, as you are aware the unit is for residents with advanced dementia, the same staff work closely with the residents and are fully aware of their needs, currently we do not have the facility for a calming/sensory room, however it may be that we can look to provide this when a room becomes available, in the meantime we will ensure that residents are safe at all times and if necessary will take them to their own bedroom which will provide a calmer area.

4. The home employs two activity coordinators with 50 hours in total, 35 for the whole home and three hours per day for the EMI unit, the later only came into post the week before the visit, this was as a result of the last survey sent out to families which highlighted the lack of activities within the EMI unit. (4)A There is a varied daily activity programme in place and a monthly programme for external entertainers, there is a formal record in place for all activities, whether this be group or one to one. The home will continue to involve residents and families when implementing activities. B. The home does encourage day trips when residents are able, however we have to take into consideration that the home does accommodate a high number of residents who are receiving end of life care, so this may not always be possible. C. the home recognises that there is a lack of sensory activities and we are in the process of purchasing assisted technology to provide sensory stimulation for the home.
5. The home has always had excellent reviews of the food provided by the chef at Braeside; he is extremely accommodating and will always try to ensure the residents have the food they like. The home is extremely accommodating towards meal times and we are more than happy to change meal times to meet the needs of each individual resident. Suppers are available on a daily basis and snacks are also available for when needed.
6. The home recently became involved with the 'dental buddy' scheme provided by the CCG, this ensures that the resident are seen by a dentist every six months and if needed they are referred on for further treatment. All of our residents are registered with an optician and a podiatrist visits 6-8 weekly.
7. The home will always try to accommodate individual needs respecting their personal, cultural and lifestyle needs.
8. The home manager has an open door policy with a no blame culture; we strive to learn from any mistakes to improve our service. The home is also responsive to issues that are raised with the manager and will always listen to any issues. The home would not close rank in any way and the manager will be ensuring that all residents and families are fully aware that transparency and honesty is at the forefront of our care.

I hope that I have addressed any issues raised within the report and any changes made will of course improve care delivery.

Please do not hesitate to contact me if I can be of any further help.

Kind Regards

Christine Baines

Registered Manager



# Contact us



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