

<b>Details of visit</b>	<b>Brackenfield Hall Care Home</b>
<b>Service Provider:</b>	<b>Anchor Care Homes Limited</b>
<b>Service address:</b>	<b>66a Fox Lane, Frecheville, Sheffield, S12 4WU</b>
<b>Date and Time:</b>	<b>12<sup>th</sup> February 2019, 10am-12noon</b>
<b>Authorised Representatives:</b>	<b>David Boddy and Mark Smith</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

## 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 and staff, only an account of what was observed and contributed at the time.



## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives 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 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 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 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of the visit

The visit is part of a planned series of visits to residential and nursing homes, looking at the quality of care provided. The experiences of care home residents and visitors are often seldom heard, and exploring this is one of our 2018-2019 priorities.



We would like to find out whether the care provided meets people's needs by discussing this with residents and their visitors, and through observation. In particular, we aim to find out how the home provides opportunities for people to have a good quality of life and promotes their well-being.

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## Strategic drivers

- Healthwatch Sheffield's statutory duties include the need to highlight good practice and encourage those providers requiring improvement to do so.



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## Methodology

The visit was organised in advance with the Care Home Manager. However, it was rearranged due to an outbreak of illness at the home. A poster was sent to the Care Home Manager to let residents and visitors know when the visit would take place. Upon arrival, we noted that the poster had not been put up in the reception area.

We recorded observations and asked questions to the residents, their visitors, and staff at the home. The questions were focused on the Quality Indicators from a collaborative project between Healthwatch Camden and Independent Age, which you can access [here](#).

The home was rated as 'Good' by the Care Quality Commission (CQC), following their inspection in October 2017. The report can be accessed [here](#).

When we arrived, we met with the Care Home Manager. We were informed that it would not be suitable to approach two residents due to their health. Following this, we were given a tour of the home.

We spoke to:

- Nine residents and one relative
- Six members of staff

## Summary of findings

- We saw warm and friendly interactions between residents and staff members, and residents praised staff attitude.
- The 'street theme' decoration of corridors is a creative, dementia-friendly way of helping residents to find their rooms, however we did not see signs to point residents to communal areas.
- The menus on display in both dining rooms were headed with the wrong season and year, which may be confusing for residents.
- Two residents are members of the home's Care Home Committee, which enables them to have a say in the running of the home.
- A relative said they were not aware of residents and relatives' meetings, despite a staff member saying families are encouraged to attend.

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## Results of visit

### General environment

Brackenfield Hall is registered as a residential and dementia home, and is owned by the company Anchor. The home has 60 bedrooms over two floors, and a kitchen, laundry room and staff area on the third floor. There were 52 residents at the time of our visit.

The home is purpose built and was tidy and clean. There is a dining room and a living room on each floor, as well as a small shop on the ground floor, which helps to generate funds for the home. A resident has a key role in the running of the shop. On the first floor, there is a mock bar with a small dance floor and disco lights, a playroom for children who visit, and a family room for relatives of residents who are receiving End of Life Care.

When asked if there was anything they would change, one staff member suggested that more funding was needed to complete works to improve one of the dining rooms.

A staff member said that Team Leaders are encouraged to be responsible for a particular area of the home, and use their own ideas to make improvements for residents. For example, some areas of corridors had been designed in a dementia-friendly manner to look like residential streets. One of the corridors was being redecorated in this way during our visit.

Plans are in place to replicate this for all areas of the main corridors, as it is thought this will help residents to find their rooms. However we did not see any signage to point residents to communal areas.

There were measures in place to make the home secure for residents. The entrance to the home was locked and visitors are given access by a member of staff responding to a buzzer. The garden is secluded, and residents can use the garden whenever they wish. A staff member said the medicine rooms are kept locked and that members of staff are trained in dispensing medication safely.

The home has taken steps to support residents' relatives when residents are nearing the end of their life. There is a family room, which a staff member told us is for relatives of residents receiving End of Life Care, to use as a private space if they experience sad news or would like to rest. A staff member said there are plans to get a sofa bed to help make this more comfortable for families, and that they are happy to put a mattress on the floor in a resident's room if a relative needed to stay for any reason.

When asked how long they had lived at the home, all of the residents we spoke to said they had lived there for ten months or longer. Residents and visitors generally complimented the home. One resident said “this is the best care home in Sheffield. I am happy, comfortable, well-fed and well-looked after... this place is perfect”. Residents were also positive about their rooms; one said their room was “nice and comfortable”.

## **Management**

The management team came across as motivated when they spoke to us. A member of the management team said their goal is to achieve an ‘Outstanding’ rating from the Care Quality Commission (CQC), and talked about the importance of clear and open communication with the CQC.

Managers said they valued their team of Care Workers. A Care Worker told us “the management love the carers because they know what is going on with the residents”. When we arrived at the home, a member of the management team asked us to wait in the reception briefly, as they needed to attend to some of the residents. We felt this showed that residents’ needs were their priority.

## **Staff**

There are 54 staff members including a maintenance worker, Care Home Manager, two Deputy Managers, and experienced Senior Care Workers. The Care Workers we spoke to had worked at the home for over a year.

Residents praised the attitude of staff members. A resident said “the staff are very nice”, and another two residents were similarly positive, although one said “some are better than others”.

## **Staff training and support**

The staff we spoke to said they felt they were well-trained and supported. A staff member said the majority of training is done through e-learning, and that they appreciated attending conferences to share good practice. One member of staff said that although training is good, they prefer face-to-face classroom-based training rather than e-learning.

Staff said they were well-supported by Anchor, the company who run the home, in the event of any issues.

## **Interactions between residents and staff**

We saw several members of staff talking to residents. They knew residents’ names and were attentive and friendly. A staff member said they were going to put up some picture frames for one resident, and we saw them chatting to residents as they worked.

## **Activities**

A staff member told us that the home does not have a designated Activity Coordinator, as all care staff members are expected to get involved. Several residents remarked that a variety of regular activities take place, and we saw residents dancing, singing, using iPads and painting. A staff member said that karaoke is a regular activity. We also saw staff gently encouraging residents to sing and dance during a planned session.

A member of staff said there is a monthly session where relatives can bring their children into the playroom to see the residents, and that Brownies occasionally visit the home.

In addition to organised activities, a resident told us they run the small shop in the home, saying they were very proud of this, and joked that it kept them out of mischief. A staff member said the shop helps to generate funds for projects and activities.

### **Meals**

A staff member said meals are made with fresh food and are cooked at the home by the chef. All of the residents we spoke to were happy with the food. One resident said that the food was “very good”.

The menus displayed in both dining rooms were headed ‘Autumn 2018’, so it was unclear whether the meal options set out for each day of the week were the same as during autumn.

A staff member said Care Workers have their meals with residents so they can chat to them and provide support when required. Staff informed us that relatives are asked not to visit during meal times; however, residents can arrange in advance to have meals with their relatives.

### **Access to health professionals**

A staff member said the home has a strong relationship with a local GP practice, which all residents are registered with. They said a doctor from the practice had brought their family in for a social visit with the residents. They also stressed the importance of staff listening to residents if they say they want to see a doctor, and that this could be arranged.

Both the residents and management confirmed that regular visits from health professionals take place, and residents expressed satisfaction with the health services provided to them.

### **Involvement of residents and relatives**

A resident told us that there are two resident representatives on the Care Home Committee, and they felt that residents were involved in the running of the home because of this.

A staff member said families are encouraged to come to residents and relatives’ meetings with the management team, to discuss how to make improvements. However, the relative of a resident who had been at the home for a significant period of time said they were not aware of this.

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## **Recommendations**

- To review how residents and relatives’ meetings are advertised to relatives.
- To continue to have residents on the Care Home Committee, enabling them to have a voice in the running of the home.
- To involve residents and relatives in deciding how to make the family room more comfortable, and providing more opportunities for residents to help out around the home.
- Add signs in the corridors so that communal areas can be found more easily.
- To consider alternatives to a mattress on the floor for relatives who need to stay overnight in their relative’s room.
- To ensure that menus on display have up-to-date information on them.

## Service Provider Response

First of all many thanks for your visit. There do not appear to be any factual inaccuracies to the best of my knowledge.

We always welcome visits of this nature as it helps us to get an independent view of the home. We felt the report was generally positive and we note the areas where improvement is recommended.

We would hope by the time of your next visit that all your recommendations and comments will have been acted upon in a professional manner.

We were happy with the arrangements prior to the visit. We were happy that sufficient notice had been given, although we welcome visits at any time unannounced.

The staff and residents were happy for the visit.

We suggest that perhaps two visits per year would be more beneficial. One announced, one unannounced.

Kinds Regards

Skander Khayati  
Regional Support Manager

