

# Enter & View

## Report

### Brookside Residential Home

26th November 2019



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

## **Provider Details**

Name: Brookside Residential Home  
Address: 159 Eccleshall Road, Stafford ST16 1PD  
Service Type: Adult Residential Care  
Date of Visit: 26<sup>th</sup> November 2019

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

## **Purpose of Visit**

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

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

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## **Physical Environment**

### **External**

The building is situated on a main road but set back with car parking easily accessible. Although the car park is small there is on road parking available. There are plans to extend the car parking as part of a scheme to improve the home.

The building is well maintained with clear signage and a ramp to the front door. There is entry by keypad and a bell for visitors. There are flower beds at the front of the house which are in the process of being replanted.

Gardens at the rear of the property slope down towards Doxey Marshes and are not easily accessible for many residents. However, the home has a conservatory, so outdoor events can be watched from there. The gardens are well kept although due to the proposed building work they will become smaller and contain a decked area which will be accessible for residents.

### **Internal**

Interior decoration in the hall is good with laminated floors and good lighting. There is a visitors book which we were asked to sign. A stair lift is immediately visible as the staircase faces the front door. On the right hand side of the hall there is a lift which is large enough for a wheelchair and attendant.

There is a dining room at the front of the house which has seating for some 12 residents around tables for 4. This is not sufficient for all the residents, but many prefer to eat in the lounge or their rooms. It is pleasantly decorated and comfortable. The digital assistant "Alexa" has been installed and is much enjoyed by residents to provide music and other information.

As Brookside was originally an Edwardian family home the layout is challenging for a care facility. The rooms can be quite small but are pleasantly decorated and residents are encouraged to personalise them. All rooms have a wash handbasin and some have a toilet ensuite. We were shown one of the large bathrooms which included all the necessary equipment for safe bathing and was very clean. Carpets are gradually being replaced throughout the home by the laminate flooring. A few rooms still retain some worn carpeting but are scheduled for refurbishment as they become vacant.

The corridors have been decorated with large, bright pictures of the royal family and film stars which we were told were very popular with residents. All the necessary Health and Safety notices are on display as well as posters emphasising the importance of dignity and respect in the caring professions. The main corridor is very long and slopes gently downwards towards the lounge which is located at the back of the house.

This is a disabled toilet on one side and the far wall is formed by the large windows of the conservatory: Consequently it is light and airy. There were large, flat screen televisions at either side of the room playing the different programmes at a low volume. This allowed all the residents who sat around the edges of the room to see the screens if they wished. There were newspapers and magazines around the lounge plus a range of books and games. Staff were very much in evidence and the Activities Co-ordinator was working with some of the residents on their physical reactions through some light exercise. Drinks of squash and water were available in the room plus biscuits and sweets. All of these were displayed in a prominent position and accessible to the more mobile residents.

The manager admitted that the conservatory at the end of the lounge is under used and currently more a storage facility. It provides excellent views of the local nature reserve and provides access to the garden. There are building plans to extend the home which will include 3 more rooms for residents and a lounge extension which will remove the conservatory and utilise the space more efficiently. A decking area will also be included above the remaining garden which will be accessible to all residents. The garden is sloping and is not currently accessible to everyone, so this plan should be beneficial.

The building is fully secure with keypads on main doors.

## Resident Numbers

The home can accommodate 25 residents, at the time of our visit there were 23.

## Staff Numbers

Brookside is currently fully staffed with a total of 30 with the breakdown being 1 maintenance person, 2 cooks, 2 domestics with the remainder being care staff at various levels of experience and seniority.

## Agency Usage

We were advised that no agency staff are used.

## Management

**Management - A good care home should have strong visible management.**

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

## Our findings

On arrival the manager was happy to talk us through any aspect of the management of Brookside that we wished and to show us all the facilities. She explained that the home had changed ownership just over a year ago and that it was going through some major changes. This will include a major programme of building work (see above) which will improve the overall facilities at the rear of the building.

Later as we walked around the home it we noted that the manager interacted with all the residents very well and chatted easily with them. She showed a level of personal concern by trying to make a room more homely for a resident by buying posters about his favourite football team. It was obvious as we toured the building that she knew all the residents very well.

The manager undertakes some of the staff training herself, particularly around interpersonal skills as she finds this more effective for some staff. She also ensures that all staff files include a training record which appears when the individual signs into the electronic record keeping system. This record flags to the staff member and to their supervisor that training may need to take place. Where additional cover staff may be needed for specific tasks around the more dependent, she is happy to provide an enhanced level of pay.

## Comments

It was clear that this was a well run home with an effective manager and team. The manager was friendly and approachable and seemed to get on well with both staff and residents.

The manager holds an "open house" policy for anyone who wishes to visit the home at any time. She has realised the usefulness in modern technology and introduced it across all the record keeping by supplying iPads to all staff on duty to ensure that all information about residents is recorded and available.

## Staff Experiences and Observations

### Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

#### Our findings

There is a full training rota in existence which is online as are all the staff records and resident care plans. The training is delivered by a mixture of personal and online. Staff are always encouraged to take formal qualifications in care work if they wish. Supervisions take place 6 weekly or more frequently if required due to an incident. Staff are encouraged to report any issues to their senior in the first instance but are made aware of the process of complaint escalation to external authorities. As the home is moving towards becoming fully dementia friendly there is an increase in training in this specific area.

During our visit, which covered a lunchtime, it we saw that the staff were very busy in ensuring that hot food reached those who were not in the dining room. The staff were also alert to anyone who needed assistance with their food. Prior to lunch we had noted that the staff in the lounge had the time to sit and talk to residents and to check that they had everything they needed.

We spoke briefly with a couple of members of staff, one of whom was the compliance supervisor the other a care worker. Both seemed happy and motivated in their work and relaxed about our presence.

#### Comments

Although there was limited direct conversation with staff it was clear that they were motivated in their work and had all the relevant equipment and training. The manager told us that it was important that all staff understood their role and that she had designed systems to ensure staff were supported in their roles.

### Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

**Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.**

#### **Our findings**

All staff used an iPad to access and update resident records. All relevant details, from food intake through to mood changes, are recorded here. This information is then uploaded and checked regularly to identify any developing patterns of changed condition or new difficulties for a resident.

We observed staff working closely with residents providing support and care at a level which indicated they fully understood the needs of the residents. In one case where a lady was very mobile but confused, at least one member of staff stayed with her as she moved around the home. They also knew that if this lady became distressed, she was comforted by a doll to hold.

#### **Comments**

The staff we observed seemed to know the residents well and were fully supportive of their needs in different situations.

### **Activities**

#### Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

**Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.**

#### **Our findings**

The home currently has 2 activity coordinators, one of which is on duty each day. They devise a range of activities ranging from crafts through to light exercise and flexibility sessions for all the residents. We saw some of the decorated boxes made by the residents in which they could keep their personal belongings. There are "exercise to music" classes at least weekly, one of the class organisers also sings, which is much enjoyed. The residents have access to both books and talking books through a local organization. Volunteers are also used in supporting the activities programme; recently a third year speech and language student spent some time working with individual residents.



Outings involving any distance tend to be limited due to the cost of transport, but staff do take residents to the local pub and into town for shopping. The home organises celebrations and activities around significant dates such as Bonfire Night, Christmas and Halloween. Relatives are always invited to these events.

There are plans to increase the range of activities with a particular emphasis on the intergenerational aspect. A young mums club will be visiting shortly.

## Comments

There is a wide range of activities available for residents with excellent support provided towards increasing physical mobility and flexibility. A few outings to interesting places might be pleasant for residents.

## Catering Services

### Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

### Our findings

Menus are changed on a weekly basis with most of the food prepared onsite. The kitchen is compact and central to the building but a distance from the lounge. Residents always have a choice of meals and if they want something else then the cook is happy to provide it. To help with choice, flash cards with pictures of meals/foods are used with some residents. A buffet breakfast service has also been introduced to encourage residents to leave their rooms which has proved very popular. Where pureed food is required the cook has perfected the use of molds to enhance the look of a dish to the extent that a relative of a resident believed it was not a puree. In the new year the home is going to introduce an "armchair travel" theme to entertain and stimulate residents, a part of this will be meals based around the specific countries.

## Comments

We visited over a lunchtime and saw that the meals were appetizing and fully appreciated by residents. One gentleman told us that the food was excellent. Staff ensured that any help needed with feeding was available without being intrusive.

## Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

### Our findings

All residents are registered with the local GPs surgery which is quite close to the home. The manager was very positive about the service provided by the surgery. The complex needs of the residents mean that their status and medication may change frequently so the surgery must be flexible. District nurses visit twice a week as a minimum and dental and ophthalmic service are arranged as required for residents according to their care plan or immediate need.

### Comments

Residents have excellent access to all relevant medical and health services they may require.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

### Our findings

The home appeared to be very flexible in its response to residents needs. The manager encourages staff to talk to relatives and visitors in the presence of the resident to try to ensure that as much as possible is known about their likes and dislikes. All staff are required to become familiar with the lifestyle requirements which are on the patients records. There is no restriction on how much rooms can be personalised even if this makes cleaning a little more difficult. In a brief chat with one of the residents she said she was very comfortable and happy in the home but the food was a little boring. The manager said she was aware of the comment about the boring food and was trying to remedy it for this lady.

Some residents prefer to remain in their rooms despite encouragement to leave them and the home accepts their wishes but has concerns for ongoing mobility. There is a choice of activities available for residents to enjoy or not as they prefer. Two residents who currently smoke are accompanied by staff to a small smoking area outside the building.

Currently the home has struggled to establish a connection with a church but as no resident has expressed an explicit need this is not a major priority. There are no residents from an ethnic or non-Christian background at the moment.

### Comments

The residents appeared comfortable and contented during our visit. The home provides a homely and inclusive atmosphere with sufficient flexibility to cope with individual differences.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

### **Family and Carer Experiences and Observations**

We did not see or meet any family or carers during our visit. As stated earlier by the manager the home has no problem with anyone visiting at anytime. There is a formal complaints procedure available and displayed as well as a comments section. Family and visitors are encouraged to talk to staff or the manager if they have any worries and concerns about a resident. The manager will then attempt to resolve them as quickly as possible.

#### **Comments**

All necessary systems are in place to ensure communication between residents, family and management in order to provide and improve the experience of residents.

### **Summary, Comments and Further Observations**

This is a small, well run nursing home. It deals well with the limitations and challenges of an older building. There are plans for an extension and renovations which will provide an improved environment for residents.

The manager and the staff are very caring and concerned about residents as individuals.

The residents appeared to be happy and content and we were very pleased to hear about the activities that are available to the residents and that the two Activity Co-ordinators cover each day between them.

### **Recommendations and Follow-Up Action**

We do not feel it necessary to make any recommendations following this visit

### **Provider Feedback**

Healthwatch have not received any feedback at the time of publication.

#### **DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. 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.*



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