

Healthwatch Greenwich

Enter and View Report:



Brook House Care Home

January 2020

1. Details of the visit

1.1 Purpose of our visit

Healthwatch Greenwich is carrying out a series of visits to Residential Care Homes in Greenwich to ascertain the quality of life, experience and views of residents.

Name and address of premises visited	Brook House Care Home 20 Meadowford Close, Thamesmead, London SE28 8GA
Service Provider	Bond Care
Care Home Manager	Jacqueline Perdrix
Date/time of visit	9 th January 2020 - 11:55AM - 2:30PM
Healthwatch Greenwich Authorised Representatives	Sam Greaves, Jummy Alabi
Admission Information	Residential and Nursing care home for adults with disabilities, dementia, and elderly nursing requirements
Number of beds	74 - there were 71 residents in-house at time of visit
Staffing levels	Daytime: 14 care assistants, 4 nurses, 1 team leader Night time: 7 care assistants, 2 nurses
At our visit	We spoke to 3 residents, and 4 members of staff. We observed the care and interaction between staff and approximately 50 residents in 3 lounge areas. In addition, we viewed all communal areas and several resident rooms.

1.2 CQC inspection

The Care Quality Commission (CQC) carried out an unannounced visit to Brook House Care Home on the 25th September 2018. The home was rated as ‘good’ overall (https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4406318218.pdf), however, the leadership element was rated as “requires improvement”



1.3 Other ratings

Brook House had a rating of 8.4 from Carehome.co.uk (<https://www.carehome.co.uk/carehome.cfm/searchazref/20001005BROD>)

1.4 Healthwatch Greenwich Enter and View 2017

In November 2017, we conducted an enter and view visit to Brook House Care Home, in which we provided 6 recommendations:

- Ensure the car park is kept clear and free from waste.
- Ensure all handrails are in contrasting colours to the walls and that they are free from paint chipping or damage. If these rails were made from a more durable material (i.e. plastic) they would need less maintenance.
- Ensure all toilets and bathrooms are of an equal standard and all fittings are fixed and safe.
- Include photos and names of key staff for each suite.
- Ensure resident’s meetings take place to ensure a regular feedback for the residents.
- It is essential that a good relationship is built between the care home and the primary care provider. Clover Health Centre must be responsive, and Brook House must be able to reach the provider easily especially in an emergency.

1.5 How our visit was conducted

The visit was unannounced.

We notified the registered manager that we would be attending at some point in January, without specifying the date or time. During our visit, we provided the home with leaflets and letters (to share with residents, relatives, carers and visiting healthcare professionals) giving an opportunity for further feedback.

1.6 Acknowledgements

Healthwatch Greenwich would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

2. Summary

Brook House Care Home provides a clean, homely environment for residents. Communal areas are clean, odourless, and well-lit. Staff are approachable and friendly and have good relationships with residents. The home covers three floors, each for different needs: disabilities, dementia, and elderly nursing, and each floor has its own activity coordinator. Each floor has a different colour scheme, all of which are dementia friendly.

At the time of our visit, parts of the home were undergoing refurbishment and redecoration, and we are pleased to report all previous recommendations from Healthwatch Greenwich have been implemented.

Areas for improvement include:

- a lack of permanent staff and, as a result, a reliance on agency staff affecting continuity of care within the home.
- the lift system can be accessed by residents without the use of a security code or key; therefore it is not safe for residents with dementia or other mental health issues.
- a television in an activity room that had been broken for over a month, affecting resident's enjoyment in the home.

3. Our Findings

3.1 Communal spaces

External space

The front of the home is clean and spacious with a good amount of plant life. In our 2017 report, we recommended ensuring that the car park was kept clean and free of waste, and we are pleased to say this has been acted upon.

A communal patio at the back of the home offers space to sit and provides a large open area for activities. In warm weather, this space is often used for parties, barbeques, and events.

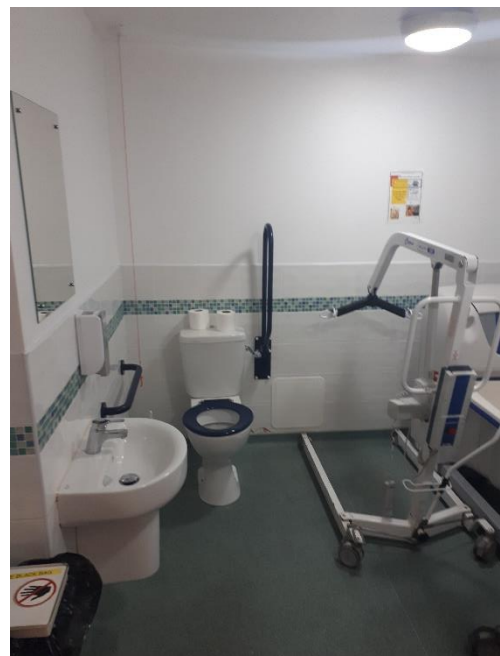
Reception area

The home has a secure entry system and a peaceful reception area. Various certificates are displayed, including the latest CQC report. There are several leaflets advertising local events and services, and a guest book where all visitors must sign in.

Bathrooms

All resident rooms include a toilet. Bathrooms and showers are communal. There are five bath and shower rooms on each floor, with the ground floor bathroom offering specialised facilities for residents with mobility issues. Bathrooms and shower rooms are clean, spacious, and well kept. The use of dementia friendly signs enables residents to locate the bathrooms and shower rooms.

The number of bathrooms and showers is low for the number of residents (74). However, the home uses a timetable system to bath or shower residents at different times.



Lounge and dining areas

Lounge areas across all floors are open plan with comfortable armchairs, board games, a television, and a clearly displayed activities board. The layout of tables and chairs encourages interaction between residents and staff. Books and videos are available for residents on request.

Dining areas are warm and comfortable, with the atmosphere of a café. Dining tables and chairs are arranged in a sociable manner, with a small window into the kitchen so that staff and residents can easily interact.

Some residents we spoke to said they spent most of their time in these communal areas, whilst others said they spent most of their time in their rooms, or outside of the care home.

Corridors

It is possible to exit the second floor without the need to pass through a security door, or enter a passcode, and use the lift. This represents a danger to residents with advanced dementia or mental health problems.



3.2 Personal spaces

Resident rooms are spacious and personalised with photos of family members and personal effects. Residents can have their room custom decorated with their own wallpaper. Dementia-friendly signage is in use.

Residents can have a TV in their room, as well as smaller items, such as radios on request. Residents told us they are happy with their room, and none of those we spoke to want any changes to be made.

3.3 Activities

Each floor has an activity room and a dedicated activity coordinator. Activity rooms have comfortable armchairs, a large television, as well as board games, books and newspapers. Activity rooms are large enough to accommodate wheelchair users.

Activities are designed to meet the needs, abilities and preferences of



residents. A weekly activity timetable is displayed on each floor, with dementia-friendly pictorial representation.

At the time of our visit, one of the activity rooms (on the ground floor) was used as a storage area, resulting in the underutilisation of a large, spacious room and reducing activity opportunities for residents.

The home provides a weekly (paid for) hairdressing facility on the ground floor.

A room on the second floor is being refurbished to resemble a pub for residents. Staff told us that, for residents who can safely drink alcohol, they often simulate a pub on Fridays, before residents have their hair cut, and get fish and chips for dinner after.

Not all residents engage in organised activities, but many do enjoy playing bingo, movies nights, and storytelling.

The lack of a television in one activity room meant that many residents no longer sat together to watch programmes and spent more time alone, in their room, instead.

“The television in the activity room has been broken since last year. People used to sit in there but not anymore”

Residents have multiple ways to practice their faith. Residents, who are able, visit nearby religious centres, and religious practitioners visit the home on a regular basis for those who have difficulty leaving the home. A small budget is available to support cultural and religious practices. For example, lights were provided and set up for Diwali.



3.4 Food and mealtimes

Food is prepared by the in-house chef, and the menu is changed daily. Residents can choose to eat in the communal areas or in their room. Residents and family members can make specific dietary requests or preferences. For example, a small number of Ghanaian residents have West African meals made for them. Residents are very happy with the food on offer.

“The food here is lovely”

The home has protected mealtimes and all other activities stop to encourage residents to come together and eat. Friends and family members are encouraged to join and take part at mealtimes.

3.5 Staff and resident relationships

Brook House has a keyworker system. Staff have specific responsibility for 3-4 residents, in addition to supporting a larger group less intensely. Key workers have oversight of daily duties carried out by other members of staff, such as checking residents' rooms are adequately cleaned.

Care plans are regularly reviewed, and relatives are given monthly updates on changes, with the opportunity to feedback. **There are issues with continuity of care as Brook House does not have enough permanent staff and uses a staffing agency to compensate.** Whilst there are systems in place to integrate agency staff, differences in training can result in poorly completed care plans. A shift to digital care plans may help with this issue.

During our visit, we observed interactions between staff and residents sitting together in the dining and lounge areas, throughout the corridors, and within their rooms. Staff have good relationships with residents and seemed relaxed and familiar with them and their needs. Residents told us that they are happy with the staff and the care they receive.

“They are all very nice.”

“I have never had to make a complaint here.”

3.6 Relative and resident feedback

In addition to monthly care plan reviews, relatives receive regular updates following GP or hospital appointments. On a day-to-day basis, the home encourages residents, relatives, and staff to feedback to the care manager whenever they need to.



3.7 Addressing Healthwatch recommendations from 2017 enter and view

The table below demonstrates changes the home has made following our previous 2017 Enter and View report:

Recommendation	Action
Ensure the car park is kept clear and free from waste.	The car park was spotless during our visit, and there is now a new cleaning system in place to ensure this is maintained.
Ensure all handrails are in contrasting colours to the walls and that they are free from paint chipping or damage. If these rails were made from a more durable material (i.e. plastic) they would need less maintenance.	Handrails are contrasting and dementia friendly. Ongoing maintenance work is underway to ensure the home is kept to a high standard.
Ensure all toilets and bathrooms are of an equal standard and all fittings are fixed and safe.	All necessary maintenance work has been completed and all bathrooms, toilets and fittings are well-maintained.

Include photos and names of key staff for each suite.	Photos and names are clearly displayed on each floor.
Ensure resident's meetings take place to ensure a regular feedback for the residents.	Residents have their care plan reviewed every month.
It is essential that a good relationship is built between the care home and the primary care provider. Clover Health Centre must be responsive, and Brook House must be able to reach the provider easily especially in an emergency.	Brook House now works closely with Clover Health Centre to ensure that responsive care is always available to their residents.

4. Recommendations

Recommendation 1: Repair the broken television on the ground floor

A resident told us that they often used to watch television in the activity room and noted that other residents no longer come to the room since the television stopped working. It should not go unrepaired for months, especially as residents have repeatedly asked for it to be fixed.

Recommendation 2: Continue to work towards creating a robust system that ensures continuity of care

A robust system must be implemented in order to ensure continuity of care despite high use of agency staff. A digital care plan may partly resolve this, however additional training for agency staff would also help.

Recommendation 3: Ensure that the lift system in the home is secure

It is possible to exit the second floor without the need to pass through a security door, or enter a passcode, and use the lift. This represents a danger to residents with advanced dementia or mental health problems.

5. Service providers response

All providers are given the opportunity to review our Enter and View reports prior to publication, check for factual accuracy and provide a formal response.

Comment from provider:

Recommendation 1: Repair the broken television on the ground floor

I acknowledge that the TV in the lounge broke down over the weekend by the Monday a new TV was ordered. It was due to be delivered to the home a week and a half by Curry's, they did not deliver as agreed due to their own logistical issues, this was out of the control of the home. This was explained to residents. I should have been asked about the TV situation at the time of the visit. Also I would like to add that as a home we do not hesitate to purchase TVs for residents who do not have their own funds.

Recommendation 2: Continue to work towards creating a robust system that ensures continuity of care

The period from January to March are usually higher on use of agency due to staff taking their remaining annual leave but has been well managed with the staff rota and continuity of care was not compromised, this was explained to the auditor at the time of the visit.

Recommendation 3: Ensure that the lift system in the home is secure

This is not correct. There are two lifts and both lifts are operated with a security code from the second floor, residents are unable to use them without assistance.

Jacqueline Perdrix, Care Home Manager

6. What is an Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised 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 2012 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 good practice, from the perspective of people who experience the service first hand.



6.1 Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible, we also speak to residents, service users, patients and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.

6.2 Disclaimer

Please note that our reports relate to findings observed on the specified date of our visit. Our report is not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.

7. Contact us

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If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and family.

That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

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