

Enter and View Report Brook House Care Home



June 2022

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About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them;
- We gather service users' experiences through surveys, focus groups and face-to-face discussions;
- We act by carrying out Enter and View visits to talk to patients, services users, carers and staff;
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same;
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Executive summary and recommendations

Brook House Care home is situated in the centre of Thamesmead. The closest bus stop is 5 minutes away connecting the home with the centre of Woolwich making it an easy commute for visitors. The area is quiet and residential with shops and amenities, like the local library, close enough for residents to visit. The building is well maintained with spacious and bright rooms. Some of the furniture and the decoration is outdated, however, the general feeling is homely and inviting. We observed the interaction between staff and residents, all examples we saw displayed an ethos of kindness and respect. Technology is used to accommodate and engage residents living with dementia, such as a projector to create exciting tableaux for games. Beautiful gardens surround the care home where residents and relatives can visit and join activities such as barbeques and weekly afternoon tea.

Recommendations

- 1. Recommendation: Display photographs and names of key staff members in communal areas to assist both residents and visitors.**
- 2. Recommendation: Increase training opportunity for staff to develop greater skills and knowledge to promote and maintain the wellbeing of residents.**
- 3. Recommendation: Develop activities and encourage engagement with spiritual leaders and local community groups.**
- 4. Recommendation: Refurbish parts of the walls, handrails and doors that are in disrepair.**
- 5. Recommendation: Modernise lounge/dining areas to make a more inviting space for residents.**
- 6. Recommendation: Improve display of residents' dietary requirements in the kitchen.**
- 7. Recommendation: Organise and facilitate regular dental care visits for residents.**

Acknowledgements and key details

Healthwatch Greenwich would like to thank the service provider, service users, 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.

Name and address of premises visited	Brook House Care Home 20 Meadowford Cl, London SE28 8GA
Service Provider	Bondcare
Care Home Manager	Jacqueline Perdrix
Date	9 th of June 2022
Healthwatch Greenwich Authorised Representatives	Kiki Bourcha Jahan Foster
Admission Information	Accommodation for persons who require nursing or personal care, Treatment of disease, disorder, or injury. Caring for adults over 65 yrs. Caring for adults under 65 yrs. Physical disabilities
Number of beds	60-bed capacity in 4 Units in Nursing Home At the time of our visit there were 56 residents.
Staffing levels	1 nurse, 2 nurse assistants and 5 carers per unit in the morning and 1 nurse and 4 carers at night
At our visit	We observed the care and interaction between staff and 15 residents in both the communal areas and the residents' rooms. We were able to speak to one resident and two relatives. We spoke to 6 staff members, including the Deputy Manager.


CQC Inspection






The Care Quality Commission (CQC) carried out a visit to Brook House Care Home on the 10th of April 2018. The home was rated as Good across all areas.

Overview

Latest inspection: 10 April 2018

Report published: 7 June 2018

Latest review: 5 May 2022 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Introduction

Enter and View visits

Healthwatch has the legal power to visit health and social care services and see them in action¹. Enter & View is not an inspection; we do not look at care plans, medicines management, or clinical issues – the Care Quality Commission (CQC) looks at the clinical aspects of service. We offer a lay perspective. We ask residents, families, and carers, what they think of the service they receive. Our focus is on whether a service works for the people using it.

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, relatives, and carers.

¹ Enter and the view is a statutory duty of Healthwatch, mandated by the Health and Social Care Act 2012

Healthwatch Greenwich Enter and View Visit 2020

On the 9th of January 2020, we conducted an Enter and View visit to Brook House Care Home¹. We made the following recommendations:

Recommendation 1: Repair the broken television on the ground floor.

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

Method

The visit was unannounced. We contacted the care home manager to let them know we would be visiting but did not give the specific date and time. Two members of Healthwatch Greenwich staff visited Brook House Care Home. All members of the team were DBS checked and received training on how to conduct an Enter and View visit. We spoke to residents and staff. We spoke to two relatives of two residents and six members of staff. In addition, we spent time in communal areas observing interactions between staff and residents. After the Enter and View visit, our report was shared with the care home manager. Their response to our findings and recommendations are published as part of the final report.

Limitations

Many of the residents we saw and spoke to in communal areas were living with dementia and lacked the capacity to speak to us. Our findings are supplemented with our observations of interactions between residents and between residents and staff.

Findings

External Environment

Location

The care home is in Thamesmead, directly off the main Thamesmead road and is surrounded by residential streets. It is well served by several bus routes, with a bus stop five minutes walk from the care home. There is a car park available within the grounds.

The site has an outdoor area with seating, a BBQ area and a small basketball hoop set up, which is accessible from one of the communal rooms on the ground floor.



Internal Environment

Reception

The reception area is friendly and inviting, with a seating area and themed decorations. At the time of our visit, it was decorated for the Jubilee weekend.



Covid protocols are in place, with visitors asked to show a negative Covid result or take a lateral flow test on arrival.

Relatives do not have open access and must book an appointment to visit. This is a continuation of practice introduced during Covid but has continued. We note that other care homes we've visited during the same period do not require relatives to pre-book appointments to visit loved ones.

Notice boards contain a variety of information, including Covid safety and complaint procedure. However, we did not see a display of photos and titles of staff which would be helpful for both visitors and residents.

1.Recommendation: Display photographs and names of key staff members in communal areas to assist both residents and visitors.

Access and Mobility

The home is separated into three floors and 4 units. On the ground floor and additional unit is situated for younger residents, ranging between 30 and 65 years. The middle floor provides nursing care, and the top floor is for those living with dementia. The younger residents can move freely between rooms and corridors on the ground floor. However, for safety and security, all doors between floors, stairways and lifts require access codes to open. All corridors are clean and wide enough for walking frames and wheelchairs.



Information and Signage

Fire exit signage is clear and visible from all points in the home. Notice boards in each unit contain a range of information. Most of this contained information for staff, such as health and safety or hygiene procedures. We did see notice boards with information for residents, outlining activities and updates.



Residents' rooms

Resident rooms vary in size but are generally spacious. Residents or relatives can choose their room if available, but as the home is often at full capacity, rooms are largely allocated according to availability. The rooms on the ground floor, for residents with physical disabilities, are generally larger than rooms on the first and second floors. Information on the complaint procedure was observed in residents' rooms.



Rooms are personalised with photos of family members and mementos. Rooms can have additional items of furniture if provided by families. The door of each room displays the name and photo of the occupier, as well as the name of their nurse and carer. Rooms do not have a memory box outside to remind staff of the likes/dislikes and the rich life of each resident prior to arrival or to confirm to residents they are entering their room.

Activities

Brook House employs three full-time activity coordinators, Monday-Friday. An art teacher employed by the Bond Care Homes group also visits weekly. Activity coordinators do not have any specific or specialised training. Training has been requested, but they are yet to receive any.

2.Recommendation: Increase training opportunity for staff to develop greater skills and knowledge to promote and maintain the wellbeing of residents.

Residents' interests and activities are discussed with relatives as part of their care plan. Staff told us residents are offered activities according to their capacity. For instance, board games or bingo for those with greater cognitive capacity. Mobile residents can go into the garden with a member of staff or visit nearby shops or cafes. We observed a 'balloon tennis' match between residents and staff during our visit. However, one resident with low needs told us she prefers to stay in her room, doing her own hobbies, because many of the communal activities are aimed at higher-need residents and don't suit her.



The ground floor has a physio room, and we observed a resident taking part in a physio session. The care home also has a salon. A hairdresser visits every 2 weeks. The salon is clean and welcoming, and residents alternate in groups to get their hair done.



The home does not engage with the local community – such as with local schools or religious leaders. Visits have not resumed since Covid restrictions were lifted earlier in the year and staff did not appear to know that legal restrictions are no longer in place.

3.Recommendation: Develop activities and encourage engagement with spiritual leaders and local community groups.

Communication with relatives

The home does not produce a newsletter. Staff told us general updates are provided via a recently started Facebook group and family meetings are held on-line every 3 months, with plans to return to an in-person format. Relatives we spoke to did not mention the Facebook group or the family meetings but told us they are happy with the level of communication received and get updates whenever they visit.

Dementia Friendly Environment

The upstairs floors are for residents who require nursing care and residents living with dementia. Residents in the nursing units are offered sensory activities and we observed residents using a light table as part of an activity. Signs for toilets and bathrooms are consistent, well situated/easily seen, and use pictures as well as words.



Floors are laminate wood. Floor colour, doors, and handrails contrast with walls and furniture, making it easier to distinguish between different parts of the room. Some parts of the walls, handrails and doors are in disrepair and need attention.



4.Recommendation: Refurbish parts of the walls, handrails and doors that are in disrepair.

Lounge/Dining Areas

Each of the units has an open lounge with a small kitchen, containing a sink, fridge/freezer, kettle, and an area with a selection of cups, crockery, and cutlery. Residents and relatives cannot use this area freely to make their own tea or snacks and must request staff to do this for them.

Lounge areas contain armchairs and a mix of chairs and tables in the dining area. Communal lounge/dining areas also contain a TV, books, radio, and games Furniture is outdated and mismatched. Staff suggest smaller tables in the lounge area would make it a more comfortable space and encourage greater interaction between residents. We heard low-level music playing in each of the communal rooms we visited giving it a cheerful feel. However, work is needed to modernise lounge/dining areas to make a more inviting space for residents.



The ground floor offers access to the garden area. Residents can go into the garden area if accompanied by a staff member or relative. The garden contains



a small seating area, a BBQ area and a small basketball hoop set up for residents to use.

5.Recommendation: Modernise lounge/dining areas to make a more inviting space for residents.

Food and mealtimes

Food is cooked in the main kitchen. The kitchen is clean and spacious, with hygiene notices and stations prominently displayed. A record is kept in the kitchen of all residents' dietary requirements. We observed this was on an A4 piece of paper and not clearly displayed.

Staff in each unit serve food using hot trolleys. The menu changes weekly and residents are given two options to choose from per meal. Although approximately 5-10% of the residents are from Black and Minority Ethnic backgrounds, there is little cultural variety in the menu. Staff said that following feedback from the CQC, the menu will become more varied and seasonal. No timetable was given for the changes.



Alternative meals are available for residents who do not want the menu choices and 'special' requests can be made for culturally specific food.

We observed a lunchtime meal served in one of the dining rooms. Portion sizes were good, and some residents were feeding themselves, while others had support. One resident told us that she doesn't like the food at the home or how it is presented, describing it as 'unappealing'.

6.Recommendation: Improve display of residents' dietary requirements in the kitchen.

Medical and dental care of residents

Residents are all registered with a single provider - Clover ([Clover Health Centre \(clover-health-centre.co.uk\)](http://Clover Health Centre (clover-health-centre.co.uk))). Staff told us that Clover don't offer face-to-face/in-person visits, and all appointments are delivered on the phone or through video calls.

There are no regular scheduled visits from a dentist. Residents and/or relatives are responsible for organising trips to the dentist, including paying for dental care (if required) and funding transport to appointments. Given that many of the

residents do not have the capacity to manage their dental care, and not all have visiting relatives, regular dental care visits should be a priority.

7.Recommendation: Organise and facilitate regular dental care visits for residents.

Hygiene

Overall, Brook House is very clean and tidy. Every bedroom contains an ensuite with a shower and toilet. There are also communal bathrooms with showers and baths. Residents have showers every 2-3 days, and on-demand, as needed. Relatives and residents with capacity can request a higher frequency of showers or baths.



Staff and resident relationships

The home has a busy and active feel. We observed interactions between staff and residents sitting together in the dining and lounge areas as well as during activities and a physio session. Staff are friendly, attentive, and know their residents well. The two relatives we spoke to said they are very happy with the level of care their family member receives, that staff are kind, and the home provides them with regular updates and information.

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Copy of newsletter, February 2022



Response from Provider

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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 your 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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