

# Brocklehurst Nursing Home

## Enter and View Report

<b>Contact Details</b>	65 Cavendish Road, Withington, Manchester M20 1JG
<b>Visit Date and Time</b>	18/01/2023 13:00pm-14:30pm
<b>Healthwatch Manchester Representatives</b>	Thomas Carr (HWM Staff) Neil Walbran (HWM Staff) Lyndsey Norman (HWM Staff) Zahra Mulla (HWM Volunteer)



### Disclaimer

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.

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## Recommendations

The management team at the nursing home need to implement new measures for staff progression and training after this was raised to us by one of the staff during our visit.

Healthwatch Manchester needs to report the growing need for more staff in care venues to Adult Social Care at Manchester Local Care Organisation.

A review of consistency of care between day and night is needed after numerous issues were raised about the difference in care given from day staff and night staff. We suggest an action plan is made to address any inconsistencies.

Healthwatch Manchester needs to include the findings around the lack of dental care in this venue in its wider reporting to organisations such as GMHSCP and NHS England.

## About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

## What is Enter & View?

Local Healthwatch representatives carry out Enter and View 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.

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

## General information about the service

Name of the Care Home: Brocklehurst Nursing Home

Type of Care: Residential

Number of Residents: 41

Description of Facility: Brocklehurst prides itself in being recognised as a trusted provider of quality nursing care for the elderly. The home's well trained, dedicated, enthusiastic staff deliver 24-hour care and support to help our residents maintain their chosen lifestyle by providing an effective individualised service.

Specialism: Nursing, Dementia and Respite care

CQC Rating: Good (Published [here](#) 16 January 2019)

**See Care Quality Commission (CQC) website to see their latest report on this service.**

*\* Care Quality Commission is the independent regulator of health and adult social care in England.*

## Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

## Executive summary of findings

Management of the nursing home was visible and strong leadership was evident, although staff progression appeared to be an issue.

Staff have a well-developed skills base although there was indication that more staff were required and that administration requirements could be time consuming.

It was clear that residents' needs were understood regarding all aspects of care but that the consistency of care could require some improvement such as during the night shift.

A dedicated activities coordinator was in post and present during the visit clearly evidencing activities and stimulation for residents.

Although no mealtimes were displayed the kitchen staff were on-site and robust communication regarding meal times and menus was in place.

GPs and opticians were reported providing regular visits although dentists were not available for on-site care and this is an ongoing area of concern across the care sector.

The cultural personal and lifestyle needs were not able to be established by interviewing residents although there appeared to be capacity for adjustment to accommodate residents' needs.

Staff reported managers as approachable and feedback was heard and acted upon. The one resident interviewed reported a good relationship with staff in the nursing home.

## Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- 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

### Prior to the Enter and View taking place

We informed the care home of our intention to conduct an Enter & View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance due to the ongoing COVID-19 pandemic.

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report.

### During the visit

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff and residents using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of three service users and conducted short interviews about their experiences of the service using guided questionnaires. Two members of the staff team were also interviewed.

### Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

## Enter and View Observations

### The external environment

- Front access was good with a ramp making the building wheelchair accessible
- On arrival into the carpark we noticed the entrance sign had been damaged by graffiti
- There was litter outside in the car parking area
- There was a good amount of parking for staff and visitors

### The internal environment

- The nursing home was brightly lit in all areas we visited
- There was no clutter in the corridors which were wide and clean
- The corridors were equipped with grab rails through the building for resident safety
- There was a heater above the door making the entrance and reception warm
- The building had a warm temperature throughout
- The lounge area we visited was large and brightly lit with nice decorations and plants
- The lounge had a large television for residents to use which also had numerous DVD's available
- Each resident's room had a television inside
- Pictures on the walls were frequent and relaxing
- Visitors had access to chairs and space to visit including the lounge room and entrance
- There was a good level of COVID information on the walls
- The menu was visible however meal times were not
- The entrance had a security door which was operated by the staff to let visitors in
- There was a large outdoor area for residents to use with plants and green space
- The nursing home had an in-house hair salon for residents
- Multiple hand sanitization stations were accessible however the one in the communal area we attempted to use was empty
- Easily accessible washrooms with many rooms having them included

### Staff

- The staff were all very friendly and welcoming to us both on arrival and during our inspection. For example, when passing by we noticed that most of the staff said hello first
- The staff were not wearing name badges, this included the General Manager and Deputy Manager
- All of the staff were provided with phones to use the Nourish App
- There were no staff on duty signs or any indication of a workplace rota
- The kitchen was clean and well organized by the staff

### Signage

- We found a safeguarding poster on the wall for residents to use if necessary
- There was clearly labelled fire safety equipment at the main entrance
- There was only a small entrance sign on the tablet at the entrance
- There was a sign pointing to different departments which was visible from the entrance however the signage was only in English



- There were plenty of signs to encourage feedback/reviews on the home
- There was a wet floor sign out on the stairs which clearly acknowledged the hazard for the residents

### **Responding to people's needs**

- There were wheelchairs to move less mobile residents around
- There was also a lift next to the stairs to help residents who are less mobile
- We noticed that the menu did not have a vegetarian option at every meal for the residents
- After speaking to the staff we found out that the menu was changeable based on a patient's needs
- A priest visits once a week and a Muslim lady is allowed to use the entire lounge area on religious holidays

### **Social Activities**

- There was an activity timetable on the wall
- There are numerous televisions accessible for the residents

### **Dignity and Care**

- Residents were all dressed appropriately
- Residents have sensors mats as well as air pressure mattresses

### **Overall Atmosphere**

- The atmosphere in the nursing home was relaxed and friendly

## **Findings from speaking with residents, friends or family members, and carers**

In total, one resident was interviewed

- Overall the resident was happy with the care they received, saying that they had a good relationship with the day staff however the night staff were not as good

### **Have Strong, visible management**

- The resident was able to identify who the manager was

### **Have staff with time and skills to do their job**

- The resident told us that the staff are 'like her daughters' however they emphasised that there are 'good and bad days' with the staff
- Residents can tell the day staff if they are not happy with anything
- A resident told us they believe there is a smooth transition between shift changes but there is a difference in care between day and night

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

- Once again the resident described 'good and bad days' when it comes to the food service in the Nursing Home
- The resident said they can be 'open' with the day carers about making a complaint about the home

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

- They feel as though they are able to express themselves
- Apparently it is slightly harder to make your needs known to the night staff compared to the day staff
- The resident said there are chances to go outside on day trips etc. however this particular person likes being alone more so than going out

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

- The resident said they liked tomato soup and they were able to get this when they asked for it

### **Ensure residents can regularly see health professionals such as GP's, dentists, opticians or chiropodists**

- They have good access to the GPs in the area
- Feel taken care of in this respect
- They had a recent complaint about their eyes and feet which was seen to

## **Findings from speaking to staff**

In total we interviewed three staff members during our visit

- Supervision is timetabled in for every three months however some ad-hoc training is done between this time
- Manager offers staff the chance to do Leadership and Management training with NBQ at different levels. The General Manager is currently doing Level 5
- Manager has an 'Open Door Policy' with her staff which both the DM and another staff member agreed with
- General Manager said her Regional Manager is approachable

### **Have Strong, visible management**

We interviewed both the General Manager(GM) Hollie and the Deputy Manager(DM) David when we visited the nursing home

- The Deputy Manager told us he believes the GM supports us as much as she can

### **Have staff with time and skills to do their job**

- General Manager told us that it is busy in her nursing home, often finding there are not enough hours in the day to do her job
- The Deputy Manager also echoed this view telling us they don't have enough time to care for them all despite their best efforts
- The DM said the handovers are efficient however it is harder to do one when they use agency staff due to the time constraints they have at the end of and start of shifts
- The staff are given handling training such as blanching training where they learn how to properly manoeuvre a patient with bedsores
- An anonymous member of staff told us they were not encouraged to continue to develop their skills

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

- The manager does a pre-assessment sometimes when they get a request for a new resident
- The staff are given full information about a resident before they join so they know how to interact with them
- A lot of the staff have been working at the care home for some time and so they can open a rapport with them, therefore they are able to detect any health deterioration quite easily
- The staff use an app called Nourish which contains all the resident's information such as previous/upcoming medical appointments, dietary requirements and accident records
- The nursing home's GP service has provided them with a back of house number that they can contact rather than the reception
- The nursing home apparently does not experience many falls from their residents however some residents have sensor mats near their bed to inform the staff of any trips or falls
- The GM told us it is increasingly difficult to access ambulance services, we quoted her saying that ambulance strike days 'Worry Me'
- The staff member we spoke to informed us that there is a long wait for dentist appointments to the home with the DM backing this up in a separate interview describing them as 'gold dust'

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

- Staff are able to suggest improvements at staff meetings that are held every 2 months
- The General Manager Hollie told us she has an open door policy with her staff who want to talk to her
- The DM told me that the staff try to accommodate the needs of residents as much as possible such as taking residents from the top floor to outside if they wish to smoke
- The GM also informed us of an in house Human resources service who check whistleblowing via email which is all done anonymously
- A visitor suggested at home testing before visiting the nursing home as opposed to testing in the lobby and having to wait for half an hour, this meant people had more time to spend with their relatives in the home when there were time constraints i.e. lunch breaks
- An anonymous member of staff told us they would like a more cordial relationship with the owners and to feel better appreciated by them

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

- Services from optometry professionals are frequent, every 6 weeks to be exact. However, if something happens before then the patients can be seen between visits i.e. if someone's glasses are broken or contact lens run out.
- Dentist appointments are increasingly difficult to obtain. The home has decided to send residents directly to the dentists as the waiting list for at home services are too long
- The GP comes to see the residents in the home regularly

### **Offered a varied programme of activities**

- The home employs an activities coordinator who organise the activities
- They have had pantomimes, parties for residents, singing and dancing days
- The DM told us that they try to encourage everyone to get involved in the activities

### **Offer quality. Choice and flexibility around food and mealtimes**

- Meal times are set however there was no evidence of the times that they are at
- In-between meal times the residents are given snacks such as milkshakes, biscuits, cake and hot drinks
- The kitchen assistant goes to all the residents in the morning letting them know what the menu is for the day. The residents may request other food within reason such as steak however it may not be available on the day if the kitchen need to buy it in
- The carers there also have an idea of what the residents like based on their rapport together

### **Accommodate residents' personal, cultural and lifestyle needs**

- Some residents are able to get food for themselves from the kitchen/dining area however others are assisted by the careers depending on their physical condition
- The activities coordinator has organized a Priest to visit the home weekly
- The DM told me that people are encourage to celebrate and practise their religion free however not many residents are religious in the home
- They do not have a prayer room however they acknowledge that they can make adjustments to the care home if it was necessary
- The GM told us that in the past they have had residents who eat Halal food and so the kitchen was made aware of this at the time

## Response from service provider

Response to Health watch visit on 18th January New signs for the outside of the home had been ordered, the new signs will be laminated, so if it happens again, they are wipeable. We have attempted with several different chemicals to clean the signs.

The grounds are checked weekly for litter, I have fed this back to maintenance.

Alcohol dispensers are checked daily, I have fed this back to the house keeping team

A staff meeting did take place in January between day and night staff which was productive.

We are in the process of creating a staff photo board, with photos and role designation, to identify staff. The staff rota is kept in the nurses office and staff also have access it via an app.

Times have been added to the menu picture board, although residents can choose what time they would like their meals. The menu is currently been updated for spring, (V) will be added to identify vegetarian meals.

We have put a recent order in for staff name badges, for staff without name badges. Name badge daily checks have been commenced by the manager.

## Acknowledgements

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



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