

Bracknell Care Home

Enter and View Report 4th March 2024

healthwatch
Bracknell Forest



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What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Bracknell Forest to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Bracknell Forest can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, (known as Authorised Representatives), access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views, and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Bracknell Care Home was purpose-built in the 1980s and is located in a quiet, residential area of Bracknell. There is parking to the front of the home with a parking area across the road. It has outdoor space at the back for residents, in the form of a garden.

The home has a capacity of 26 residents (with some double rooms available). On the day of our visit there were 23 residents.

The care home has been taken over by a new provider 'Their Perfect Care Ltd' and registered with the Care Quality Commission (CQC) on 23rd May 2023, Its most recent CQC visit was in October 2020 and it was rated as 'requires improvement'. The manager welcomed this opportunity for Healthwatch Bracknell Forest to visit.

More recently the home has seen an increase in the number of residents being admitted who require nursing care and this has meant that more people are staying in their rooms than in previous years, which has presented new challenges for the staff both in terms of increased caring time and fewer residents visiting the lounge/dining room and mixing with other residents.

The home is well run and well-managed with an open-door policy and low staff turnover.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Bracknell Forest Advisory Group who agreed the visit to Bracknell Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 4th March. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

During our time there we spoke with seven residents. Only one resident was unhappy with being in the care home: this resident was significantly younger than other residents and had been there for twelve years. We discussed this with the manager who informed us that, when the resident had first arrived, they needed a greater amount of care. Since this manager's arrival she has been working with a social worker and a supported living trial has been arranged.

Additionally, we spoke to/received surveys from six relatives/friends, and eight members of staff. Two of those members of staff worked nights. We also spoke to the manager.

Observations

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

We noted that Bracknell Care Home is not a dementia care home and this was taken into account when using the assessment tool.

The layout of the building gave it a homely feel, although this also presented challenges when moving around, as the corridors were quite narrow, and people had to stand aside to let us through. It was most noticeable when the medication trolley was being taken around. We noted that the corridors were uncluttered.

The living area featured a television and a piano, as well as plants, and again had a homely feel.



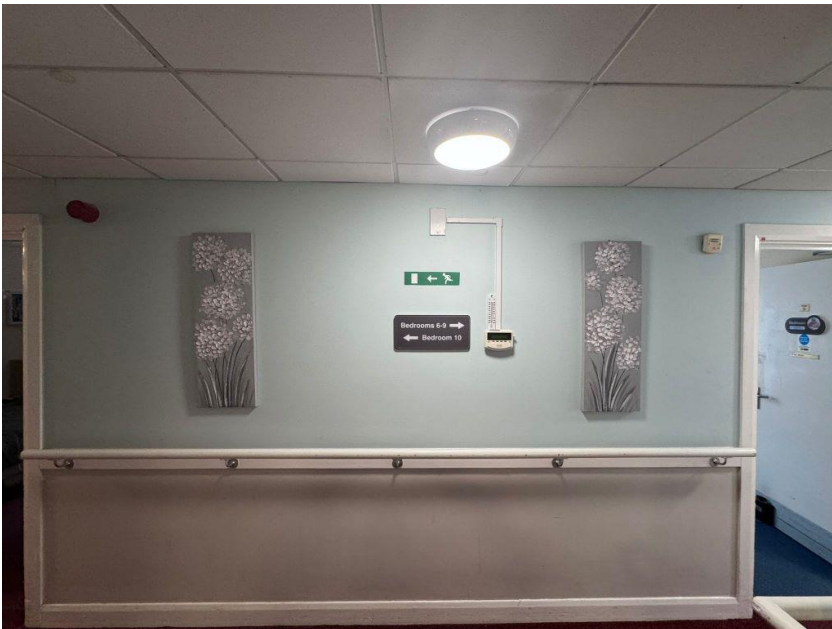
There were photographs of the staff in the hallway and our post box and surveys were in full view.



There was a stair lift and a separate lift located in the centre of the home which went up to the first floor. The buttons in the lift were quite small and this was hard for one of our volunteers to read, as they were visually impaired.



There were handrails along the corridors, and these were a similar colour to the walls, which could make them hard to distinguish for anyone with a visual impairment, or dementia.



The rooms were being decorated in rotation and were clean and bright. We noticed in the bathrooms that we looked in that the toilet seats were the same colour as the toilet and could make it challenging for some people to see. It was also hard to see which taps were hot or cold.



The lounge/dining room was bright and well-lit and had a mural of a café on the wall, which gave it a welcoming feel. There were no noticeable smells.



There was a garden, which was not in use on our visit, due to the weather. This had some raised beds as well as seating areas. We were told that the paving was due to be pressure washed. It was accessible via a number of external doors that were closed and locked when we visited.



Interactions with manager and staff

We were made to feel very welcome by the manager and all the staff. We were greeted by the manager on our arrival, who showed us to a room that had been put aside for us to leave coats etc. We were offered refreshments and snacks during the visit. The manager received excellent feedback from residents, relatives, and staff, and has supported staff extremely well with new initiatives, such as the tablets for residents who wish to participate in activities but are confined to their beds. The atmosphere felt positive, and the staff and residents appeared happy and engaged.

Quality of Care

The residents we spoke to stated they were happy with their care:

'It's a home-from-home. Felt at home right away'.

'I like the care home and my son lives down the road and can visit regularly'.

'Good, I've been here five years and I'm happy'.

Relatives were equally happy with the quality of care and felt that their loved ones were well looked after:

'My wife is well looked after: she is very anxious.'

Activities and Daily Life

Residents' comments

The activities lead was very proactive and aware of the restrictions for those who were confined to their bed. She has introduced tablets so that those in their

rooms can take part in activities such as bingo and this was appreciated by the residents and their families.



One resident, who is younger and more mobile, likes to go on trips to the pub or shops, accompanied by a member of staff.

“I can do bingo in my room using a tablet. They have brought ‘Dogs for Good’ to come and see residents and Berkshire birds of prey which I like. I don’t like any of the other activities, but the staff do ask every day if I want to.”

“I am a member of the Jehovah’s Witness. We have meetings in the evening and at the weekends. My niece comes in to help me set up the iPad so I can join in. The members bring me my Watchtower and leaflets to read. I used to love gardening but can’t do that anymore, I have my plants in here.” (It was noted that she has some lovely houseplants).



““Yes, I love the bingo. I won last week; my prize was a yoghurt” (laughs)”



All the residents we spoke to said that, even if they preferred to stay in their rooms, they were always told about the activities and invited to take part on a daily basis. They are encouraged to move around, but again, some of them choose not to participate.

Relatives' comments

The relatives were generally happy with the activities on offer. Some said they preferred to just see the person they were visiting for a short period of time, so didn't want to take part in the activities.

'Bo, the activities person, is attentive: Mum has started playing bingo and doing the quiz as she now has a tablet to use, and Bo always helps.'

Relatives were less aware of what other activities were on offer, other than accessing the garden.

Staff

The staff were very complimentary about their activities coordinator and appreciated the changes she had introduced for the residents:

"The activities are available on a 1-2-1 basis or groups. Our activity girl is very good and has bespoke activities for our residents that are fun. Quite often many of our residents don't engage as they are infirm, weak, or sleepy."

"The activities co-ordinator does different things each day, the residents especially enjoy visits from the school children and animals."

We also spoke with the Activities Coordinator:

"I try and provide activities that are different types- physical and mental. I also do personal things with them that they enjoy such as crochet or gardening. In the mornings I go round the rooms and take a selection of things they may want to do. If they are not able to do something anymore, for example if they can't use their hands, I say that I will be their hands."

They instruct me for example digging the soil, pulling up a weed, 'you need to water there'. We use iPads so that those who can't leave their bed can join in, that has been great."

When we asked staff what they did if a resident wanted a different activity from those on offer they recognised that some of the things could be provided by the home, but if not, they would then speak to the relatives and find a solution:

"We are very good here; we are a person-centred home so we are aware of each of our residents likes and dislikes. We communicate well with our residents; even if they are non-verbal, we know them well enough to establish what their requests are and how to achieve them. If we show for example, three snacks they can choose the one they want. We can have newspapers delivered daily and we have Netflix and other platforms for them to choose from."

"We are able to provide most of these things. We are involving the families in their care so if there is something we cannot provide, the families will."

Food and Drink

We undertook an observation in the dining room and noted the following:

Lunchtime was 13:00. There were 3 round dining room tables in the dining area which is situated in the large downstairs room which includes the lounge. The dining area was bistro like with a large mural on the wall with the sign 'Bracknell Coffee House'.



All tables had a white tablecloth, there was a vase of flowers on each table, cutlery and place mats were laid out and there were napkins in gold napkin holders. There was also salt and pepper and other condiments on the tables.

There were only 4 people having lunch in the dining room, the remainder of the residents were having lunch in their room. One resident prefers to eat on his own in the dining room. This was respected and he sat at a smaller round table away from the other diners. This table did not have a tablecloth on it or a vase of flowers – this was at the request of the resident. Each diner was brought their lunch by a staff member. Two staff members were helping the residents with whatever they needed for example putting a napkin around their neck if they wanted, giving large handled cutlery to a resident, who needed it, to enable them to eat their food.

The activity co-ordinator sat chatting with the residents throughout lunch.

One resident was watching T.V. while eating but there was music also playing. This might have made it difficult to hear the T.V.

I heard the staff asking residents if they enjoyed their meal and if they wanted any more to eat or drink.

While the residents were eating their lunch in the dining area, at the other side of the room there was a kitchen assistant/chef plating up meals from a 'hot trolley' for the residents who were going to eat in their rooms. Meals were plated one at a time, put on a food tray, covered with a heat retention cover and taken immediately to a resident in their room. On the tray also was a small vase with flowers and a napkin in a gold napkin holder and cutlery. Every plate was white.

Resident feedback

The majority thought the food was good. It was clear that, if a resident did not like what they originally chose, they were offered an alternative. Everyone got the right amount.

There were snacks available in the dining room (these did tend to be things such as biscuits and crisps) and residents could also ask for snacks at any time and would be given them. One resident mentioned that they occasionally had to remind the staff to bring them their cup of tea in the morning.



All the residents we spoke to had help with their food, as required.

"Some I like some I don't like. I had a curry and it was too hot and spicy so they changed it to another meal."

"Food is brilliant."

"I have to have pureed food which I don't like but it tastes good."

"It's OK: my son is the chef!"



"They give you two choices every day, or something else if you don't want what is on the menu."



Relatives

The relatives seemed equally happy with the food, its quantity, and its quality:

"He loves the food; he eats it all. He prefers to eat in his room, the last time he came down was for Christmas dinner. We bring in his favourites for him and will sit with him for a meal or a snack."

"The curry has been too hot (spicy) and mum didn't like the Greek food the other night."

"The food seems good. She really needs to gain weight and has gained 1kg in 2 weeks here which is brilliant. She wasn't looking after herself at home and they keep an eye on her. They say she has a good appetite and eats most things. She loves the puddings."

Staff Feedback

The feedback from staff was more mixed with some suggestions for improvement. We were told that another member of staff stands in if the chef is away or off sick.

“The food is very good here, we have a wide variety of snack and options. Snacks and drinks are available throughout the day.”

“We have 2 week cycles of different meals. Maybe supper is a bit lacking but we offer options where we can.”

“It appears to be good most days. More could be done when chefs are on AL as the supper appears quite often the same thing for a few days in a row. Also more traditional English dishes could be on the menu.”

Hydration and nutritional needs

All the staff we heard from seemed very informed about the importance of offering snacks and keeping residents hydrated outside of mealtimes:

“We constantly encourage fluids and good food daily. We assist many residents who cannot assist themselves. We have hot and cold drinks, fizzy, still and ice creams and ice pops during hot weather.”

“By ensuring they always have drinks and food, we record what each resident has in their records.”

“We have 2 tea rounds, a variety of drink and snack options. We always leave fluids and snacks within reach. We also get told in the handover who is lacking nourishment so we can aim to offer more.”

“We offer them drinks when we do checks during the night shift.”

Dignity and Respect

The residents felt they were treated with dignity and respect and able to be as independent as they could, but would also get help as needed, such as with showering. They felt that the staff encouraged them to be as independent as possible.

All the residents we spoke to were happy to receive care from male or female staff. Being a small home the residents are able to get to know the staff and the low turnover of staff also helps build this trust.

"I felt a little uncomfortable at first being naked in front of female staff, but I don't feel uncomfortable now."

"When I first needed care from staff, I felt embarrassed because they were strangers. I'm ok now I'm used to them. They know what to do."

Relatives were also positive about the way that their loved ones were treated and noted that they were well presented and choose their own clothes to wear each day.

"Very happy. We didn't think he would survive long when he was initially discharged from hospital."

"Generally happy - mum is always clean. Had her nails painted this week too by one of the carers."

"She has no complaints; she is always so happy with the staff and the way they look after her."

"They help with her make-up too and do her hair."

"We have noticed that there is no longer any sign of him dribbling."

Relatives also mentioned that staff encourage their loved ones to be independent, whether that be through encouraging them to feed themselves or dress themselves as much as possible. They also acknowledged that sometimes, despite encouragement, their relative may refuse these opportunities. Likewise some residents prefer to stay in their rooms and not mix with people in the living room.

Staff

Resident feedback

The residents were generally very happy with the staff and some of the staff had relatives living here in the past, or at the time of our visit.

They felt that the staff were caring and treated them well.

There were mixed responses around their past lives with some of the residents not sure that the carers were aware of them. When speaking to the manager we were told that they were asked about past lives before they came to the care home.

“They are all lovely – very caring.”

“Always speak to me nicely. You can tell they are happy in their job.”

“They are all marvellous.”

“In general, very good but English is a second language for some staff. They do their best but sometimes I have to ask staff to repeat what they said.”

Residents said they are checked on regularly by staff. Some would like to have more time to chat to the staff, but recognised they are very busy.

There was a gentleman who was unable to use his buzzer and would sometimes have to shout to attract the attention of the staff. We felt that perhaps some kind of monitor or use of Alexa or similar would be a better way of ensuring that he could ask for help when needed.

Relatives' feedback

All the relatives/friends we spoke to were happy with the way staff treated their loved ones:

“They are really kind and caring, they have helped her to settle in well. She seems relaxed whenever we speak which wasn't the case when she was at home. We looked at other homes and we thought she would get on well here as they are a small team and more like a family. She wouldn't like to be in a big, busy place. They have listened to her and what she wants. I am a bit bossy and thought they should be getting her up a certain time and making her take part in things, but they said that it's really important that she feels settled and happy at the beginning. It has worked! I'm glad they took a more relaxed approach.”

“They are looking after her very well; she is very sensitive to any touch.”

“They are always busy, but I know they make time for people.”

Relatives were all very happy with the way the staff treat them, and all felt that they are listened to and encouraged to visit the home:

“Very well. Happy to answer our questions and listen to what we say. No restriction on visiting times, which is good.”

“When you come through the door you are welcomed. Any time of day is fine, if she is receiving some care we just wait in the lounge for a few minutes and then we are shown through. We are always offered a hot drink and a biscuit.”

Relatives also felt that, where appropriate, they are kept up to date on the resident's condition and any changes:

“Listed as next of kin as his family are in Spain so we keep his family updated. We would be called first by the home to discuss anything.”

“We are not her primary carers, but they would update her niece.”

Relatives had not had any reason to raise concerns and generally felt that they would speak to a member of staff or could find out the process if they did have concerns. Overall, they were very positive in their feedback:

"It's a very nice home: small and intimate. Nice rooms with an ensuite. The staff are professional and friendly, and it is easy to talk to them, We feel we can ask questions. Our friend has been here six weeks. He has had seven falls but still wants to go home. We feel he would be much better off here and he has definitely perked up since he came here. We are very happy with what we have seen and have had a good experience here - he likes it here but still wants to leave. We would consider coming here ourselves!"

"It would be nice if there was someone who could come in and chat to my mum and have a cup of tea with her, who isn't a carer or member of staff. She enjoys chatting to Rumi who works in the kitchen and when I arrived on Sunday two carers were in her room chatting to her. We weren't asked about mum's history when she arrived: that would be nice."

"We are happy, they look after him well. It would be lovely if he came down more but he doesn't want to. When the weather gets better maybe the garden will help get him out of his room. He used to love going to the pub but he can't manage it now."



"They were wonderful during the discharge from hospital. Jenean visited and talked to her to let her know what to expect. They asked her what

her favourite foods were, and she said, dark chocolate. When we arrived, there was a bar on her bed waiting for her. It was such a nice way to welcome her."



Staff feedback

We heard from eight members of staff: some had been there for a few months and some for four years. There was a mixture of healthcare assistants, a nurse, chef, housekeeper and activities coordinator.

One third felt that they always had enough time to spend with residents with the remainder saying this only happened sometimes.

Three quarters felt they were able to deliver personalised care. We asked them how often they were able to sit down and talk to the residents and if this was planned into their day. Overall the staff tended to try and make time in their day to sit and talk to the residents as well as talking to them during personal care and when bringing them meals and snacks.

“Yes, I see this as a main part of my role. I especially make sure I spend time with those who don't get a lot of visitors. I bring things from outside to talk about, for example when it was the Coronation, I took pictures of what was happening in the town and brought souvenirs for them to look at.”

“If a resident is struggling to sleep, I will try my best to sit and have a cuppa and a chat with them.”

Staff: training and support

The feedback from staff was that they felt well supported and trained. The manager was acknowledged for her role in providing this, since the care home has been under new ownership.

Staff training is ongoing with E-learning felt to be at a high level. There are monthly policy reminders and refreshers and new trainings provided as needed.

Staff also mentioned that the manager supported them in terms of getting resources and putting on events. One person felt that more senior people, from the company that now owns the care home, could be more supportive.

The staff have good relationships with each other and communicate well.

Overall, the staff feel well-supported and able to reach out for help when needed or in cases such as when there is a bereavement in the home. All the

staff felt that they were listened to when they raised concerns. Again they felt well supported by the manager and nursing team.

“We are a close team and can talk openly. Staff meetings are held regularly as are appraisals and supervision.”

“We have the handovers and huddles with staff during the day/night. Also we have an open door policy and regular staff meetings are in place.”

When we asked the staff what the hardest part of their job was, we received a number of different responses:

“Watching our residents decline. Sometimes difficult to encourage them to drink well.”

“I wouldn't say this job is easy but I think it's a privilege. That being said I do think there is a lot of pressure on us to do everything correctly and if we don't someone could be hurt or neglected. I think extra staff or even kitchen staff would help alleviate the stress.”

“The amount of residents to the ratio of staff feels like we are unable to give as much time to individual residents as I would like.”

We asked the staff to tell us what improvements they thought could be made and the responses demonstrated that the staff/resident ratio was considered to be the most important and would help them do their jobs better:

“There are always improvements to be made in care homes. I would love more staff but understand it's not always feasible. When we have 5 staff on shift it is great, with 4 it can feel a bit factory-like.”

“Extra staff when needed and not taken away immediately when one person leaves. More kitchen help. Extra cleaning staff in the evening, not just in the morning.”

“I would like to know what my budget is for activities. I ask my manager if I need a piece of equipment but I would like to know what my budget is for the year so I can plan what I need.”

“Staff could be paid more for unsociable hours. The water pressure could be fixed so showers have power and more suitable equipment could be available for people to shower in comfort.”

Other feedback from staff was positive and included feeling like a family and working in an environment that felt like a proper home.

“This is the first home where it feels like home: Team is great, working hard and well-connected for the residents, knowing each other and enjoying every day at work.”

“It feels like a family working here. The staff and residents are all lovely. We work together as a team and the carers help me get residents down to the lounge or set up for activities.”

“This is the most united I have experienced the whole team than in previous years. We're not perfect but the home is a family.”

Connections with other services

Staff mentioned that they had a good relationship with the local surgery: there is a Nurse Practitioner who visits on a weekly basis and is very responsive and can ask for a GP follow-up as needed. There is also a good relationship with the pharmacy. Also, a good optician who comes in when new residents arrive.

Dental appointments were the biggest issue: six months waiting list and cannot come out for those who are confined to their beds.

The residents mentioned that there was a hairdresser who came to the home. They were also able to have their nails done (one resident had beautifully painted nails) and see a chiropodist.

“Yes, eyes tested every year but I don't have a dentist that comes in to check my teeth.”

“See the chiropodist which I hate as I'm very ticklish, but they are really good. GP is lovely, and I haven't needed to see the hospital.”

A couple of the residents and their relatives mentioned that they had not had contact with Adult Social Care and felt frustrated by this and did not know where they stand in terms of fees and other support.

“I have been here over a year and I've had no contact from Adult social care. They got me into this care home after I was in Frimley hospital but they haven't contacted me. I feel forgotten, ignored, invisible, by Adult Social Care.”

“Adult Social Care have not been good and it is not clear if mum has to pay or if she is entitled to help and there was no follow-up from Bracknell since she arrived. No idea if she is entitled to anything. There could be more help given from Adult Social Care.”

Most relatives felt there was appropriate access to healthcare and other services, as needed.

Recommendations with response from manager

Overall we could see that the residents were happy in the home and, so were their relatives. The staff had good working relationships and also clearly felt valued and enjoyed their jobs but would like to have more time to spend with the residents. The manager was consistently mentioned by staff and relatives as being supportive and good at listening to them. We would like to make the following recommendations:

- When redecorating takes place, we would suggest that the handrails are painted a different colour to the walls, so that they stand out more for anyone who has a visual impairment.
- We would also suggest that the taps in bathrooms are clearly marked 'hot' and 'cold' and that, at some stage, the toilet seats are replaced, so they are a contrasting colour.
- As it was March, no one was in the garden. One resident said they were not sure about being able to walk safely on the paving as it looked uneven. We noted that, when in the garden, the only way to get back inside was to try and attract the attention of a member of staff, so we would suggest a bell or something similar.
- We are aware that there is limited time for the staff to talk to the residents and that there is a trial taking place for 'Adopt a grandparent' which would provide more interaction for those residents who want it.

Response from Manager:

We are in the process of completing DBS for volunteers to visit with the residents, we also have regular visits from the school for reading, the church for singing, Catholic, Jehovah's witness and Church of England that visit with the residents.

- We would like to see if alternative methods of communication could be used for any resident who is unable to use a buzzer, so that they can more easily call for help.
- As the home is in a residential area, this could be an opportunity for the home to advertise for local volunteers to come in for a chat with residents or perhaps have an open day so that the community can become more involved with the care home.
- While information is taken about past lives when the resident first arrives, two of the six residents and one of the family members, felt that the staff did not know about them. We would suggest a summary sheet could be put on the door to their rooms, or somewhere else easily accessible, for the staff to see.
- The snacks were plentiful; perhaps there could be more healthy options.
- One mention was made about the lack of water pressure for showers, and we would suggest that this is checked.

Response from Manager:

The report reads well with recommendations that are achievable and we have an action plan in place.

We were initially cautious when we received the right to view notice but this was not needed, the entire process was both positive and helpful, highlighting both what we are doing well and what we can improve on, to ensure we are providing the best possible person-centred care to our residents.



healthwatch
Bracknell Forest

Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

www.healthwatchbracknellforest.co.uk

t: 03000 012 0184

e: enquiries@healthwatchbracknellforest.co.uk

 [@https://twitter.com/HealthwatchBF](https://twitter.com/HealthwatchBF)

 [Facebook.com/HWbracknellforest](https://www.facebook.com/HWbracknellforest)