

Enter & View

Report

Brighton House
Midlands Partnership NHS
Foundation Trust
(formerly SSOTP)
15 May 2018



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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: Brighton House
Provider: SSOTP
Address: Sneyd Terrace, Silverdale, Newcastle, Staffs ST5 6JT
Service Type: Community Services - Healthcare
Rehabilitation (illness/injury)
Date of Visit: 15 May 2018

Authorised Representatives

Barbara Jackson

Lindsey Stockton

Purpose of Visit

Healthwatch Staffordshire received information from a family whose father was at Brighton House and they reported the following:

There were issues from the very beginning of the father's stay and the family raised these with staff. When they pointed out that the wheelchair he was in had only 1 footrest, the following day when they visited he had a wheelchair with two. Although thereafter Reg had a chair with two footrests, the family noted that others did not and witnessed someone being placed in a chair without footrests and being told "hold your feet up". The family advised that mostly their concerns were brushed off. The Father usually uses a walking frame, but was not allowed to use it, and told that he had to use the wheelchair.

It appeared to the family that there were an awful lot of people in wheelchairs and that they were wheeled into the lounge and lined up in rows in front of a loud TV.

On one visit the family were in the lounge and there were no carers in attendance for a least 20 minutes, although they thought it was closer to 30 minutes. One lady wet herself and there was nobody to assist her.

On another occasion, a gentleman was asking for help to go to the toilet for 10 minutes and nobody came to assist him.

The family asked one day if they could take their father out to the local garden centre café for a cup of tea and they were told the "this is a NHS Hospital and we can't let him out".

One day in the lounge when again there were no care staff present for an extended period of time, one of the residents asked a family member if they could turn the TV to a different channel. The family member asked everyone present if they would like to change channel and they all agreed (it did not appear if there was much choice in what they watched) and then it was asked if the volume could be turned down a little as it was very loud, again the family member consulted the room and they all agreed that they would like the volume down a bit.

One of the visiting family had her knitting with her during a visit and this sparked some conversation with other residents, one lady who had her knitting with her was stuck and she asked for help her sort it out, which the visitor did and whilst chatting asked what do you do in the afternoon (expecting to hear about activities) the reply was that there is nothing to do in the afternoon, they expect us to sit here and go to sleep. When asked if they had mentioned to the staff that they perhaps might like to do an activity the person said “We dare not say anything”

The family, after again raising issues with staff and feeling that they were not being listened to and that nothing would be done, took the decision to move the father to a private residential home. They had been in touch with the social worker who was making arrangements for support for the father to return to his own home, where the family felt he would be better off with some support for independent living, but the social worker had advised that this was not yet in place. The social worker also advised the family that he was aware of a private residential home that had a vacancy.

The manager from the home came to Brighton House to assess the father on the following morning and expressed to the family that they were surprised at what they saw while they were at Brighton House. They did a mobility assessment and the father, having been given his walking frame back, was mobile and the private care home assessor suggested that he did not need to be in a wheelchair. This would seem to be against the ethos of a rehab centre to allow transition between hospital and home.

The father moved from Brighton House shortly after and the family advised that the difference was really noticeable even after one day at the private residential home. He was mobile and in much better spirits. The family feel that the stay at Brighton House (approx. 10 days) was detrimental to his wellbeing.

These concerns were raised with SSOTP, Director of Operations, and they advised that they would investigate. Healthwatch were not satisfied that the response addressed the issues appropriately. SSOTP asked for the individual’s details advising that they could make a more detailed investigation with this information. The family gave permission to release these details to SSOTP.

At this point, Healthwatch Staffordshire advised that they would make an Enter & View visit. Upon receipt of this information, SSOTP advised that they would send their Quality Team to Brighton House and that they would advise Healthwatch of the results of this visit.

Healthwatch did not receive any information about the investigation into the family’s experience, nor any information on the results of the Quality visit, until a meeting with a representative of SSOTP, who advised on their investigation, but stated that there had not been a visit to Brighton House by the Quality Team.

In addition, the visit will consider the following:-

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. These indicators are equally appropriate to any facility where people may stay for a number of weeks. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual, 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 other health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate peoples 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 people 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 people 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 Home is single storey and fronts directly onto Sneyd Terrace in the village of Silverdale. The name board is easily visible from the road. There is a small car park. The grounds are well laid out but small and appear to have been neglected. People are able to access the grounds via doors directly from the building.

There is no external CCTV.

Internal

Entrance is gained by a small lobby which gives access to the Home. Brochures/ leaflets giving details of Brighton House are available in this area. There is a Visitors Book. but it is not clearly indicated. No CQC reports were available as the Home has not yet been visited by CQC Inspectors. Access to the Home is by a bell to the left of the main door. The bell was answered promptly by a member of staff. We explained the nature of our visit and were asked to sign the Visitors Book and wait in the main reception while she located the Manager.

This area was untidy and there was a large crack in the wall to the left of the entrance door. The office is located to the left of the reception and had a small window looking into the lobby so that the Administrator could see who was in the lobby. To the right of the main door was a small area which was being used to store a large number of wheelchair footrests. These appeared to have been just thrown into this area. They were not in matched pairs.

There is no internal CCTV.

Corridors are wide and accessible but very cluttered. Mobile people would not have easy access from their rooms to the main lounge/dining room. The main lounge is large with a small dining area. This area was clean and tidy but furnishings were very basic. The lounge chairs were hospital-type chairs and were not very comfortable for people to sit in for long periods. The kitchen is directly off the dining area with a hatch for serving meals. There is a small quiet lounge and staff area to the left of the lounge.

Bedrooms are on two corridors to the left and right of the main lounge with views of the gardens. There were no malodours, but bedrooms were very untidy. Beds were of good standard with integral bedrails and specialist mattresses but were unmade for the whole period of our visit. Fruit was left on top of bedside lockers without fruit bowls. Bathrooms were clean and spacious and well furnished with disability access baths and showers.

PAT testing of equipment was all in date.

Resident Numbers

Home Capacity is 25. On the day of the visit there were 23 people receiving care at Brighton House.

All are single bedrooms with ensuite facilities. One bedroom is currently out of use.

Staff Numbers

Staffing comprises:

2 nurses + 5 carers in the morning

2 nurses + 2 carers in the afternoon + 3 carers from 1-30pm to 9-30pm + 1 carer from 4pm to 12mn

2 nurses + 2 carers at night.

1 full-time Manager

1 full time OT (also the Deputy Manager)

1 full time Physio

1 0.8 WTE Physio tech

1 Administrator (6hrs per day)

Catering and Domestic Services are contracted to Sodexo

Maintenance is contracted to SSSFT

1 0.8 WTE Activities Organiser just recruited

Current vacancy for 1 0.6 WTE Physio tech

All employees at the Home, including bank staff, are employed by the Trust.

Agency Usage

Agency staff are used on a regular basis each week. Local agencies are used.

Management

Management - A good facility 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

The Manager and Deputy Manager were both on duty at the time of our visit.

They were both visible within the Home and had good relationships with the staff on duty.

The Manager was able to demonstrate an excellent knowledge of rehabilitation practices. She has worked in Rehabilitation Services for 10 years and also has a good knowledge of Infection Control. The Manager has been employed at Brighton House since SSOTP opened the Home for Rehabilitation.

The Deputy Manager is an Occupational Therapist and was able to demonstrate good skills and commitment to rehabilitating patients.

Comments

It is good that the Management Team are very visible and committed. They are both hands on within the Home and provide support and leadership to staff.

The Manager has the necessary skills to manage a rehabilitation home.

The Manager advised us that all staff working at the Home are employed by the Trust, it is possible for the most suitable rehabilitation staff to work at the Home.

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

The Home was well staffed on the day of our visit. The nurses did not appear to be rushed whilst administering medications and were spending time talking to people and ensuring that medications were taken and not left on the table.

There were other staff on duty, eg social worker, physiotherapist. At the time of our visit they were in the staff room and we were advised that they were discussing on-going care needs of some of the people in the Home.

Some newer members of the care team we spoke with seemed stressed about working within rehabilitation services. More experienced carers were very motivated and felt that their work was rewarding.

We were advised that SSOTP have a Central Training Matrix which the Manager can access online as required. This is updated monthly by the Trust.

SSOTP deliver all training. Staff can attend training at the Trust facilities or Trust trainers can visit the Home as required.

All staff attend Trust Basic Training at induction and then receive regular training in the following:

Manual Handling

Fire Safety, including evacuation of premises

Administration of Medicines

Health and Safety

Information Governance

Mental Capacity Act

Record Keeping

Document Control

Wound Care

Infection Control

Staff are paid to attend mandatory training. Staff who do not attend mandatory training are referred to HR and booked on to the next training session.

Comments

The staff have access to a comprehensive training programme which is monitored by the Trust. Most staff were well motivated and supported in their work.

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

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

Our findings

We were told that staff were given detailed information regarding new patients and their rehabilitation programme. We were further advised that formal plans are put in place on admission following assessment by the OT and that the aim of these plans are to encourage independence and achieve maximum progress. We were told that some people are able to achieve independence, some achieve minor independence and others remain fully dependent.

Some Trust approved core care plans are in use, with individual adaptations.

We were told that as there is no overnight care available in the community, night-time functional activity is assessed on admission and reviewed as necessary. Each patient has an individual night time care plan.

We noted that some staff addressed patients courteously and individually by name.

Different grades of staff appeared to work as a team.

We were told that regular team meetings were held to update all staff of patient's needs and longer term plans.

People at the Home are weighed weekly. They are also seen weekly by a dietician who advises of any dietary changes necessary.

Anti-clotting (blood) policies are initiated by hospital staff prior to transfer to Brighton House.

Continence is assessed on admission. Gel crystals are used in urinals to ensure that urine is contained within the urinal should it be knocked over.

Patients with pressure ulcers are reviewed by the Tissue Viability Team. Body maps and Skin Bundles are used.

We were told that patients are assessed to determine which care package they need when they return home. There are currently two packages available:

- Maintenance Package
- Home First (when patients have extra care needs and need extra therapy)

Comments

We were told that the CCG visited the Home in February 2018 and were satisfied with the care model currently in use.

The Home Manager has worked in Rehabilitation for many years and is very knowledgeable about Rehabilitation.

The Deputy Manager is a qualified Occupational Therapist who is able to assess patients needs and support them in their rehabilitation programme.

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

We were told that a 30 hours per week Activities Organiser had just been recruited.

With regard to the current position, we were told that patients preferred activities were supported by the staff. However, we only saw 4 people engaged in activities. They were drawing and supporting each other to do this. At no point during our visit did any member of staff assist these people in their activities.

The other people at the Home were sitting in the lounge watching TV or asleep.

Some of the ladies were chatting to each other. One lady was knitting a blanket.

Be Active, a sports and activities session, was scheduled for the afternoon on the day of our visit. The plan is to hold these sessions once a fortnight, with musicians visiting on the intervening weeks. We were advised that there are no issues regarding the financing of outside entertainers.

Comments

Staff on duty were not interacting with patients or assisting them with activities. The television was on for the whole time during our visit. Provision of preferred activities should be increased to occupy patients and assist in their recovery.

Further information given during follow up meeting

We were advised that previously activities were on a more ad hoc basis, but are now becoming more structured. We were told that some activities have always been in place, however this was hampered by the NHS procurement rules requiring any activity provider to be VAT registered, which did create some difficulties in sourcing outside activity provision. We were told that they now have a lady who comes in weekly to do games and painting and another lady who comes and does craft sessions. They are also looking to recruit a group of volunteers to assist with activities.

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

We were told that the main meal was at lunchtime and that there were 3 choices. One lady we spoke with was unhappy with her meals. She said they were bland and uninteresting and that there was only one choice of main meal. This was supported by her husband.

The son of another person told us that his mother struggled with the main meal being at lunchtime as this was not what she was used to, but the Manager had offered flexibility with meals when this was raised with her.

Other people told us that the food was good.

The dining room was full at lunchtime.

Staff were available during mealtimes to offer assistance to people as required.

Both nurses were in the dining room at lunchtime.

We saw people given drinks and biscuits in between meals.

Hydration is monitored by staff. We were told that charts were kept up to date by staff and that extra fluids are given as required.

Comments

Sodexo catering staff were very visible in the lounge in between meals and were quick to respond to a patient's request for a small bottle of water.

It was good to see that the dining room was a social area at lunchtime.

Good support is available to people who require assistance.

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?

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

Our findings

We were told that a local GP visits the Home daily for short consultations. He also visits one afternoon per week to see all patients.

One of the ARs spoke at length with the family of a person currently at Brighton House.

They expressed concern at the proposed imminent discharge of their mother. She was admitted for Rehab following a pelvic fracture, but they did not feel that she had made any progress during her stay. They were not aware of her having received any physio, but did admit that she tended to forget things. Similarly, they were not aware of any assessment taking place regarding her ability to use stairs. As she was going to be on her own at home, they were keen for a home visit to take place to assess her ability to cope safely.

Comments

We discussed the family's concerns with the Manager. She advised us that Home Visits are now very rare. She was able to confirm that the patient had received physio - which primarily focussed on improving her walking ability, and that she had been deemed able to manage stairs independently.

She also told us that patients can wait up to two weeks for a Social Care Assessment.

She added that unfortunately, the NHS and Social Care workers are very stretched at this current time and it is difficult for rehabilitation staff to put home care in place.

We asked if the Manager could speak again to the family to clarify these issues and address their concerns, which she was happy to do.

Further information given during follow up meeting

We were told that the facility has equipment that can replicate stairs that people use in their own homes and this is used for assessment and that staff do an environment assessment within the persons own home which checks for issues of safety within the home environment.

Quality Indicator 7 - Does the facility 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

People at Brighton House were all appropriately dressed and well groomed. We were told that there is a hairdresser's salon locally and patients at the Home can make an appointment there if they are well enough to go.

Comments

We were pleased to hear that people could go out if they were able as a family had reported to us some weeks ago, that when they had asked if it was OK to take their father out to the local garden centre café as they felt the trip out and change of scene would be beneficial to him, they were told that it was not possible for him to go out and that "this is a hospital".

Family and Carer Experiences and Observations

As outlined above, the family of one person expressed concern regarding a number of elements of their relative's care. When these concerns were fed back to the Manager, it appeared that the relatives were not fully aware of all the facts regarding ongoing care and proposed discharge arrangements. The Manager was happy to meet with them again to clarify issues and work together to ensure a safe discharge.

Quality Indicator 8 - The facility 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.

Our findings

We did not see any information regarding notification of complaints or comments to the management.

Comments

It is hoped that the procedures for making complaints and comments be made more visible and accessible for patients and visitors.

Summary, Comments and Further Observations

SSOTP currently rent the building from a private landlord. The Manager was concerned that this arrangement is not long term and the facility may have to move.

Healthwatch Staffordshire's understanding is that Brighton House was commissioned to ease winter pressures and had not been registered as a long term facility.

We were told that, as there are no home visits prior to discharge, families are given a form regarding home circumstances to complete prior to their relative's discharge. Home visits are not made due to current practices, but we feel that more information regarding home conditions could be obtained if home visits were introduced.

During our visit to Brighton House, which lasted nearly four hours, we only noted one patient mobilising, where a gentleman was being assisted to walk with a walking frame.

Comments

There is some good practice within this facility by the management and staff, however there are some areas of concern, staff interaction and the mobilisation of people, which we feel could be improved and could potentially be resolved with supervision of staff by the management team.

Further information given during follow up meeting

We were told that the Physio Tech post had now been filled and they were awaiting the person to start. We were told that the Physio Team do an initial assessment and develop a Physio plan. This then is implemented by the care staff and monitored by the Physio team.

We were advised that the staff team were made up of staff from SSOTP, ex staff from Brighton House when it was run by the County Council and staff from the Home First service which some may have been old Brighton House staff from the time when it was run by the County Council.

Recommendations and Follow-Up Action

The following improvements should be made as soon as possible:

- All wheelchairs should have two matching footrests at all time
- The pile of wheelchair footrests in the reception area be removed and stored elsewhere
- The crack in the wall in the reception area should be repaired and repainted
- The Visitors Book be made more visible
- Clutter be removed from corridors to make them safer for patients
- Fruit bowls should be provided
- The grounds should be tidied

We would recommend that the Manager looks into the possibility of introducing home visits prior to patient discharges

We would recommend that menus are reviewed to ensure a greater variety of food

We would recommend that bedrooms are made more homely and welcoming

We would recommend that lounge chairs are changed for more comfortable chairs

We would recommend that the procedures for making comments or complaints are more visible to patients and visitors

We would recommend that staff provide people and their families with information on the recommended physiotherapy programmes and the expectations of the programme and that the family is informed of the progress of their relative. This could relieve some concerns about how the person would be able to manage at home and what level of assistance they might need.

Provider Feedback

Healthwatch Staffordshire received the following feedback from Brighton House in relation to the recommendations made:

- **All wheelchairs should have two matching footrests at all time - New wheel chairs have been ordered. All wheel chairs had been serviced prior to opening.**
- **The pile of wheelchair footrests in the reception area be removed and stored elsewhere - storage is a problem due to several storage areas having electrical wiring in them, so they are all kept in a box near to the wheel chairs**
- **The crack in the wall in the reception area should be repaired and repainted - structural work needs completing but not being done due to the limited usage of the building**

- The Visitors Book be made more visible - **in the reception**
- Clutter be removed from corridors to make them safer for patients - **this was due to morning rounds been completed, not visible during the rest of the day**
- Fruit bowls should be provided - **actioned**
- The grounds should be tidied - **external contract in place**

We would recommend that the Manager looks into the possibility of introducing home visits prior to patient discharges - **not recommended practice now**

We would recommend that menus are reviewed to ensure a greater variety of food - **standard menus as part of the Haywood contract not possible**

We would recommend that bedrooms are made more homely and welcoming - **all were designed to meet hospital infection control measures unable to change**

We would recommend that lounge chairs are changed for more comfortable chairs - **all are pressure relieving, height adjustable and washable as per rehab requirements**

We would recommend that the procedures for making comments or complaints are more visible to patients and visitors - **leaflet caddy in reception area**

We would recommend that staff provide people and their families with information on the recommended physiotherapy programmes and the expectations of the programme and that the family is informed of the progress of their relative. This could relieve some concerns about how the person would be able to manage at home and what level of assistance they might need - **the unit is a rehab unit that all staff are responsible for providing rehab including all therapy goals. All staff would be able to share that with Families but will be reminded that they need to readily provide.**

As part of the feedback process Healthwatch Staffordshire asked what the provider felt worked well about the way the Authorised Representatives carried out the recent Enter & View visit. Brighton House said **“There was nothing specifically, the visit was well organised and all questions were answered.”**

When asked were there any aspect of the Enter & View visit which you felt did not work well or could be improved, Brighton House said **“No issues on visit identified - inspectors need to be clear the model and constraints of the unit.”**

When asked, as a provider of a service, did the Enter & View visit help you to identify areas for improvement and if so, in what way, Brighton House said **“Identified in the response to the recommendations above. The unit is managed under the same guidance, policies and protocols as a community hospital ward. This is not a care home, so certain recommendations cannot be implemented as they would not fit with infection control policies.”**

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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