



Report of Enter and View Visit



Brandon House Nursing Home

Report published August 2015



Care Home Visited	Brandon House Nursing Home
Date and Time of visit	10 June 2015 at 10am
Address	140 Old Church Road, Bell green, Coventry, West Midlands, CV6 7ED
Size and Specialism	35 beds. Specialises in providing dementia and nursing care to adults aged 65 and over
Authorised Representatives	Elsie Beaumont and Angela Timms

Disclaimer

Please note that 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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What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to gather the perspectives of those who are using the service. We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies so we can learn about and share examples from the perspective of people who experience the service first hand.

Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of ‘would I wish my relative to live here?’

Methodology

We collected our information by speaking to 3 members of staff and 2 visitors. We were unable to speak to any residents due to their level of dementia.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the visitor or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website for the home to see how it compares with our findings.

We left some questionnaires for completion by visitors which could be posted back to our Freepost address.

Summary of findings

The home was bright and well lit. Staff were friendly and residents appeared happy and relaxed. There were lots of activities available to residents and two gardens so that residents have access to outside space.

Staff expressed that they were happy working at the home but that they sometimes felt that there needed to be more staff on certain shifts.

There was laminate flooring throughout the home. Doors for communal rooms all had large clear signs with both pictures and words on the doors. There were hand rails around the home but these blended into the walls and were not easy to see because they were in the same colour as the walls.

Impressions

Brandon House is set back from a busy main road. The outside of the building is in good condition and surrounded by mature trees, one of our Authorised Representatives thought that this gave the home an 'air of tranquillity'.

We entered through the main door and were greeted by the Deputy Manager. In the hall way there was a shelf with a visitor's book and a table with leaflets.

The walls were decorated in a mixture of white and subdued colours and there was plenty of natural light. There were no unpleasant odours present.

At the rear of the building there are two separate garden areas with mature trees and planting areas. This was a secure garden area with a patio and garden furniture. We were told that residents have to be accompanied by staff when they go outside.

Results of visit

Staff told us that residents range from 65 to 95, the majority of them had advanced dementia, some with challenging behaviour.

The home is set over 2 floors with 18 rooms upstairs and 17 rooms on the ground floor. All are single, en-suite rooms. Each resident has their own coloured door with brass knocker and a 'memory box' containing photos and items which described each resident's favourite things, such as a ball of wool which related to a resident who enjoyed knitting. The entrances to each room gave the appearance of entering their 'home'.

The rooms are a reasonable size with en-suite facilities and have a mirror in the bathroom. Residents can personalise their room by choosing which colours they have.

The corridors had hand rails but the rails were painted the same light colour as the walls, meaning that they were difficult to see.

We were told that head office had a rolling refurbishment programme and there is a handyman for day to day repairs or maintenance. The handyman told us that he is at the home every day. The majority of the décor and furnishings were well co-ordinated and fit for purpose and room temperatures were kept consistently comfortable and warm.

We were taken into the 'Quiet Lounge' which had a large clear sign on the door with both a picture and wording to indicate what the room was. On the wall there was a retractable projection screen that is used for staff training purposes. We made a suggestion that the projector screen in the 'quiet lounge' could be used for screening movies for those residents with sight problems. The Manager thought this was a good idea.

We found the staff to be welcoming and friendly. We observed the Manager and staff interacting with the residents in a calm and caring way and the residents seemed to be happy to be approached by staff and helped with day to day tasks.

There were a lot of memorabilia around the home such as in the 'quiet lounge' where there were several pictures and items including an old style telephone and radio.

The Deputy Manager told us that there had been several deaths during March. On the day of our visit there were 30 residents and so the home did not currently have its total number of residents. There was a mixture of male and female residents, with the majority of them male. She also told us that new potential residents are assessed to try to establish what their nursing and care needs are and ensure that the home will be able to cater for their needs. It is important to find out about the residents to make sure Brandon House is the right environment for them in order to maintain harmony within the home.

There were two communal toilets on the ground floor, plus a large communal bathroom which had a specialist bath; there were no mirrors in the communal bathrooms. We found them all to be clean.

The staff are predominately female, with 1 male nurse, staff told us that they have not experienced any problems with female carers attending to male residents or male carers attending to female residents. We observed that staff were all wearing uniforms with name badges and looked smart and well presented.

Staff work one or two shifts a day and they are allocated between the two floors with 3 carers and a nurse on each floor during the day and 3 carers and a nurse on the night shift. If extra staff are required the permanent staff are given the opportunity of extra hours before bank staff are brought in. Sometimes additional bank staff are used to cover staff holidays or sickness if necessary. On a full day staff work a 12 hr shift with 15 minute break in the morning and half hour lunch and 15 minute break in the afternoon. Shifts are divided into 8am- 2pm, 2pm - 8pm, 8am - 8pm and 8pm - 8am. There is a small staff room provided for their use.

Staff mentioned that they are aware that the CQC questioned the staffing levels at night and to compensate for that they are trialling a 'twilight shift' from 5pm to 11pm. Staff are given the opportunity to volunteer to work this shift if they have worked an early shift or half day shift. An extra carer would help with providing support during evening meals and bed time preparations when the nurse does the medicine rounds.

Both care assistants said that the busiest time is when they are preparing residents for the day and a typical day consists of assisting with personal care and meals, taking note of personal preferences or special diets, sorting laundry, helping the activities worker.

If staff have a concern they told us that they report it to the nurse in charge or to the manager. 'Flash meetings' take place each day for staff to raise concerns and suggestions. Any suggestions are assessed and if suitable, are tried out. Staff meetings are held once a month and information is passed 'word of mouth' to rest of staff if they are not able to attend. Staff felt that HC-One was a good company to work for.

Staff have received training such as end of life care support, moving and handling, fire warden training, falls awareness, including using special glasses for sight awareness training, dementia training - open hearts and minds stages 1-5 have all

been completed and staff are able to take NVQ courses. Training is via one-to-one training or e-learning and is in their own time. Some one-to-one training requires a day off which is unpaid. Staff also told us that a "stepping-up" programme of training is available if staff want to progress their careers from carer to personal assistant.

One carer said that the hardest part of their job is when they are short staffed because it makes them feel stressed but that it doesn't happen often. They said that they work well as a team, support each other and communicate with each other.

All of the staff said that the manager is supportive and approachable and told us that when there is a death the staff are given support by the deputy manager and other staff, this might be time to talk, a hug, a cup of tea.

Laundry is done in-the in-house laundry room. All personal items are labelled and there are separate storage boxes for each person labelled with the number of their room and their name.

Residents are encouraged to leave their rooms, especially at meal times. Although there are set meal times food and drink is additionally provided mid-morning and mid-afternoon and is available on request day and night.

Although the residents have dementia the staff did not treat them like children but kept the way they talked to them simple and easy to understand.

Staff were supportive of each other and were willing to provide cover and support. We observed that, in the communal areas, as one member of staff left the room another came in.

Activities

We observed a gentleman playing a guitar and singing to the residents. Most residents were asleep and the staff were attempting to stir them. When awake, residents were tapping their feet. A notice board had notices of entertainment planned and also pictures of celebrations of VE day when staff wore costumes of the era.

There is an activity worker available Monday to Friday, who arranges activities suitable for the residents such as cooking, arts and crafts. Entertainers visit the home every week, we observed a gentleman singing and playing a guitar for the residents.

A carer who had training on Parkinsons' disease, brought in a disc that proves useful to the activities worker when planning activities.

There is a TV in the dining room and radio in the quiet lounge. Some residents have radios in their rooms. We did not see any televisions in resident's rooms.

Carers told us that there is activity every day, that the residents love music sessions and staff and residents join in, including some residents who don't usually join in with activities. In the summer, or if the weather is ok, the residents sit in the garden and can get involved in gardening. Carers dress up on special days such as VE day and relatives can join in the fun and have meals with the residents.

The home has a mini bus which can take 4-5 residents at a time plus wheelchairs and carers. We were told by staff that day trips have been limited for a while as they only have one mini bus driver, day trips used to be twice a week and will be re-established once they have another driver. A member of kitchen staff is currently training to drive the mini bus. If residents are able to walk carers take them on walks to Bell Green shops.

Care

There is a hairdressing salon on site and a hairdresser visits every week. A physiotherapist visits every 6 weeks.

A GP visits once a week but is on call should a need arise.

Staff told us that they enjoy the family orientated atmosphere of caring for the residents on behalf of their family who can't do it. Interaction with residents was important to them and they enjoy talking with residents about the 'olden days'. They told us that residents can choose when to go to bed and when to get up in the morning, "some residents like to get up late or go to bed early" and they are supported to make choices about what they eat and what they wear.

Staff said that challenging behaviour is 'not taken personally' and they find that 'talking works best' using information from the family to stimulate residents and being patient with them. One staff member told us they would be happy for their relative to live there.

Every day one of the residents is allocated as being the 'resident of the day'. This means that they are given special one-to-one attention; this includes massages, special time spent with that one person, but also covers other procedures such as their care-plans being reviewed, diet plans, medical requirements are checked and their room is deep cleaned.

Staff felt that extra care staff were needed especially in the mornings. We were told that management don't recognise that extra care staff are required because they include the nursing staff in the staff numbers. Staff would also like to see the activity staff being able to spend more time giving individual stimulation and support to residents and that residents find the music activities stimulating.

Food and Drink

The dining room had clear signage and was set for lunch with serving hatch into kitchen which looked to be clean, neat and tidy - there is one chef and one kitchen assistant: the assistant is available all day to provide food.

Special dietary requirements are kept up to date in resident's care plans. One resident now refuses to drink tea because they were not told he did not like milky tea when he first came to the home and he now refuses tea because he didn't like the way they served it to him. Staff find it helpful if relatives provide information about the individual's likes and dislikes to establish small but important details about the resident from the family when they first move in.

We observed mid morning drinks, fruit and snacks being taken round on a trolley and were told that this is offered to residents again mid afternoon.

We tried the food, which was plentiful and appetising and was served at a temperature just hot enough to eat.

The staff we observed were attentive as they interacted with the residents and talked to us about the residents being like 'an extended family'.

The dining area was large, bright and clean with hatch leading to the kitchen. There was a choice of 2 main and 2 deserts with hot or cold drinks. We observed lunch being served to residents.

We observed one resident feeding himself initially with a shaped spoon and then a carer gave him assistance. The same was observed with a gentleman who fed himself and was later fed by a carer. We saw staff being caring and supportive without being patronising.

A record of food eaten is recorded and if necessary extra nutrition is given, i.e. cream in rice pudding or nutrient rich drinks. Any dietary concerns are recorded and reported to the GP.

We observed one resident who was given roast chicken which she rejected, asked for sandwiches and again rejected them. She was then given Weetabix which she ate and clearly enjoyed.

Visitor comments

A first time visitor said she found the home clean, welcoming with friendly, helpful staff and said the residents looked well looked after.

A visiting relative told us that she had initially been worried about her dad moving in after spending time in hospital. Now she said its 'lovely, can't fault them, no concerns at all'. She said the staff were friendly - she usually visited at meal times after work and is able to feed her dad. They are arranging for his special

chair from home to be moved to Brandon House. She told us that her dad rolled out of bed and staff called her next morning and a report was given, even though he wasn't hurt. Her Dad is more alert since he has been living there and is eating well.

A visitor described the residents' rooms as "basic, a bit like Butlins. You get just what you need to sleep in but are out all day, you don't need any more than that".

Dementia Friendly Design

Signage is clear with both words and pictures placed on the doors at head height.

Floors laminate and a contrasting colour to the walls.

Plates were plain and food was colourful so clearly visible.

We raised a concern about there being mirrors in the en-suite bathrooms - we were told by staff that none of the residents had seemed to have any issue with mirrors.

Hand rails along the walls of the corridors were painted the same pale colour as the walls and looked to us more like 'dado rails' because they were shaped wood with a curved ridge. We were told that these were hand rails. We felt that they should have been painted a different colour to make them more noticeable, especially to residents with dementia.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. Hand rails should be painted a different colour to contrast with the walls to make them more obvious, especially to residents with dementia.
2. During the visit we made a suggestion that the projector screen in the 'quiet lounge' could be used for screening old movies for those residents with sight problems. The Manager thought it was a good idea.
3. The 'twilight shift' was about to be trialled, we would be interested to know how the 'twilight shift' worked out.
4. Our findings show that staff would like there to be an additional carer on duty in the mornings as this is a busy time.
5. Although staff told us that they have not experienced any residents having a problem with mirrors in the en-suite bathrooms. We would like to see optional covers being introduced for the mirrors as recent research shows that people with dementia can find mirrors confusing or unsettling.

Comments from Care home Manager

We did not receive a response to our recommendations from the Home.

Acknowledgements

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

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