

## ENTER & VIEW VISIT REPORT

### Brimington Care Centre

29th July 2015

#### 1. Visit Details

**Premises Visited:** Brimington Care Centre, 73 Manor Road, Brimington, Chesterfield, Derbyshire S43 1NN.

**Service Provider:** Four Seasons Health Care Limited.

**Purpose of the Service:** Brimington Care Centre is a 45-bed home for older people located in Chesterfield. They provide specialised residential care for people with Dementia.

**Date and time of visit:** 29th July 2015, 11.00am - 3.00pm.

**Authorised Representatives:** Grace Wood and Robert Clemson.

**Contact Details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN, Tel: 01773 880786.

#### 2. Acknowledgements

Healthwatch Derbyshire would like to thank the Service Provider, Care Home Manager, service users, visitors and staff for their contributions to this Enter and View visit.

#### 3. 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 of the visit.

#### 4. What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives carry out these 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. In this way 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. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## **5. Purpose of the Visit**

To ensure that residents in the home have the opportunity to talk to Healthwatch Derbyshire regarding their experiences of care, and to enable our representatives to see for themselves how the service is being provided. This will include:

- Observing interactions between staff and service users.
- Observing the environment in which the service operates.
- Observing the quality of care provided.
- Talking to service users, visitors and staff about their thoughts and feelings regarding the service provided.
- Identifying any areas that are felt to be in need of improvement, and also any areas of good practice within the home.

## **6. Strategic Drivers**

This visit was conducted in response to a comment received from a member of the public expressing concern regarding Brimington Care Centre, which is a trigger for Enter and View visits as stated in our Enter and View Strategy. Also, the Care Quality Commission (CQC) visit of September 2014 highlighted some themes similar to those reported to Healthwatch Derbyshire.

## **7. Methodology**

The initial meeting with the Manager and Deputy Manager was followed by an introductory tour of the premises. The rest of the time was spent between interviews with, and observations of, residents, staff and relatives. Most residents were in the communal areas, some undertaking activities when we arrived and then attending lunch in the dining rooms.

Nine residents, two relatives/visitors and five staff were interviewed. However, all of the residents were suffering from different degrees of dementia and some of the details elicited from the residents required verification with the staff. At the end of the visit, a brief overview of the findings was discussed with the provider organisation.

## **8. Findings**

### **Access**

The Care Centre has no visible sign on the approach road, but the name is on the building in large letters visible from the road at the front. There is a sign for parking directing visitors to the rear, but could easily be missed.

### **Parking**

There was limited parking for a 45-bed home, although there appeared to be adequate parking on this occasion. Recently, the car park at the rear of the building was made available to visitors to increase parking capacity. This was confirmed by one visitor.

## Reception

The main entrance is clearly signposted and is access controlled. Administration staff can see and admit visitors on arrival. Signing in and out takes place prior to entrance to the main centre, and a 'niggle' book is available - a feedback book for visitors and professionals to put any comments that people would like to raise.

Once in the centre, the inner reception has a comfortable seating area. There is an iPad on a purpose-built stand where visitors are encouraged by the staff to make comments and give feedback anonymously. However this was not signposted. The comments are collated across several of the care homes in the group using this system, and a précis report sent to each home manager.

The complaints procedure was on display, but staff encouraged early feedback in order for issues to be dealt with prior to escalation to a formal complaint, hence the 'niggle' book where visitors and relatives can make comments that are not considered a complaint.

## The Environment and Facilities

The facilities were very good, well thought-out and maintained to a high standard.

There were two large and spacious communal lounges with chairs with different cushioning levels, leading to open-plan dining areas. The dining areas coupled up as activity spaces in between meals. There was a piano on the ground floor, and a music system that was playing the sound track to the 'Sound of Music'. Some of the residents were singing and humming along.

The centre also had individual smaller communal areas. There is a room set up as a 'public house' complete with bar and pub-style seating and with access to seating in the garden. There are small seating areas throughout the centre furnished and decorated with vintage items where residents can read and listen to the radio. There is a movable sweet shop stocked with sweets that were available pre-war. There are photographs of Chesterfield on display dating back to early in the 20<sup>th</sup> century.

All communal areas give residents a choice of environment to suit their individual needs.

Furniture was arranged to encourage interaction with staff and other residents.

Only four bedrooms have en-suite facilities, however there are several toilets and bathrooms in each block of rooms, so residents have easy access. The door to each room is labelled 'bedroom', has the name of the resident and a knocker for use by all before entering. There is also a photo and brief history of each resident next to each door. Some residents have the key to their door so they can lock it when they are out. Others ask the staff to lock their room for them. This means that residents have their own 'front door' (phrase used by Deputy Manager).

Bathrooms and toilets were labelled and colour coded throughout the site, making it easier for residents to find them. All doors were labelled, but utility doors were painted the same colour as the walls to blend in, therefore making the toilets stand out. This is intended to promote independence for residents with short-term memory loss.

The bathrooms were well equipped, clean and spacious.

With raised beds, there were two different garden areas outside where residents can sit or participate in gardening activities. Both are secure and one in particular was laid out as a very pleasant area to sit among the plants.

The decor was welcoming, though somewhat functional; this did not detract from the general warmth and homeliness of the environment.

Communal activities are planned for each day and bingo was on during our visit. However the centre had recently appointed a new activity worker so the programme of activities was under revision. Evidence of ongoing activities was apparent.

The centre has a mini bus which is used for regular trips. They had recently had a themed visit to the Humber Bridge. We saw photos of residents and staff in fancy dress.

The signage indicating personal (bedrooms, bathrooms and toilets) and public (public house, sweet shop, radio listening and dining room) areas was clear and appropriate with some pictorial images.

Equipment was provided to meet the individual needs of residents, e.g. blue and yellow coloured plates for the visually impaired.

Drinks, via drink dispensers, were available throughout the home.

There was a 'Thank You Board' filled with comments from relatives.

Tele med system is in place.

### **Meals**

Following feedback and consultation with residents, the timing of the main hot meal each day has been changed from midday to evening. The comments from the first couple of weeks since the change were all positive. We were able to observe the lunch. All residents were given a choice of various sandwiches, soup, omelette, chips, salad and a choice of desserts. Special dietary needs are handled in the kitchen and labelled when sent to the dining areas. Most residents sat in the dining areas, but others stayed in armchairs, and some needed individual help with eating.

Staff were seen to respond quickly to the needs of the residents, e.g. one resident required support to cut up food. The member of staff politely offered help, which was accepted.

In the dining rooms each table had a menu, however in the downstairs dining room these were out of date and did not reflect the recent change in serving the main hot meal in the evening. This was highlighted to the Manager at the end of the visit and it was confirmed this would be rectified as soon as possible, as it had been previously identified as a task for staff.

Fresh fruit snack bowls were distributed in the communal areas during the morning.

One resident was extremely pleased that when she requested an item not on the breakfast menu that morning her wish had been fulfilled.

### **Residents**

All residents felt safe, and commented on the friendliness and kindness of the staff. Comments made included: 'very good', 'couldn't wish for anything better', 'I love it here', 'everyone is cheerful/friendly'.

All residents liked the food, and confirmed they had choice. Drink dispensers were available throughout the centre for residents to help themselves.

The majority of residents use the communal areas during the day and for all meals, although they have the choice not to, with some staying in their room, even to eat.

All the residents we talked to were relaxed and interacting well with staff and other residents. They were also complimentary about the home, staff, facilities and activities available.

Security was evident in all areas, but not intrusive or overly restrictive for the residents.

Residents were all appropriately dressed and clothing was clean and well maintained. The on-site laundry returned cleaned clothes in two hours.

## **Staff**

All staff were friendly and well-motivated, having a positive and visible camaraderie with the residents. It was apparent to the Authorised Representative that dignity and respect underpinned the philosophy of the centre as staff were observed actively listening to residents and following through with their wishes, respecting people's right to privacy, encouraging independence and offering choice throughout the meal. All staff used first names to address residents directly and individually provide personalised care. Staff accessed the care plans for information about the individual and were able to inform the care plan of progress and developments. On questioning it became apparent that staff followed the wishes of the resident, including how to be addressed.

All staff were professional, engaging and responsive to residents' individual needs, using moving and handling equipment where appropriate, i.e. to help infirm residents out of chairs, etc. When residents 'buzzed' for help from the toilets, staff responded quickly throughout the visit.

A mutual respect and ease of interaction was evident between all staff and residents as well as friendly banter. Most staff are local, and there is low turnover giving good experience and longevity of service. Staff have their own development plans and confirmed they have access to and encouragement for any training required.

Staff use an iPad to monitor service delivery, giving feedback each week and replacing the need to undertake quality checks.

Individual care plans are maintained on paper. They are reviewed regularly and accessed by all the care staff to ensure the care delivered meets the needs of the resident.

Due to the high number of people with dementia, the Brimington Centre has implemented the PEARL standard. PEARL stands for 'Positively Enriching And enhancing Residents' Lives' The PEARL programme is an award-winning specialist accreditation programme to help dementia care units develop into centres of excellence.

Two staff are trained as Dementia Mappers, two as Envoys (Love & Life) and two others as Dignity Champions.

All staff enjoyed working for the home. Many staff had worked at the centre for several years. All had undertaken training programmes and had achieved, or were working towards, NVQs. Continual development was apparent with one member of staff moving from the kitchen staff to the care side since his appointment. All staff felt it was a friendly place to work, that it was a happy home, that the staff had very good relationships with the residents.

Staff confirmed that outside professional services, including Chiropody, Dentist and Opticians, attended the centre. Medical and community nursing staff also were on hand and visited regularly. We saw the community nurse but were unable to speak to her.

All staff would recommend the home to their friends and relatives, with several staff having relatives living on site.

## Visitors/Relatives

We talked to two visitors/relatives, both were very complimentary about the home, and were very happy with the care and facilities provided. Although meal times are protected, visitors/relatives are able to visit at any time and join residents for meals.

The relative interviewed couldn't fault the home. She could visit when she wanted and had recently stayed through the night when her husband was poorly. The staff had arranged a birthday party for her husband recently and her children and grandchildren attended. It was a 'lovely day' with the children interacting with the other residents. She is active in the care of her husband. She was confident that her husband was safe, and happy with the friendly staff who did their best to meet her husband's needs, e.g. providing special food that he could eat. She felt confident to raise any concerns with the managers, knew about the complaints procedure and the iPad feedback system.

Pets belonging to staff and relatives were encouraged to visit.

## Supporting Services

Chiropody, Dentist and Optician services made regular visits. The local District Nurse visits every other day to issue prescribed medicines and there is a good relationship with the local doctor. However, one resident commented that the attitude of the doctor could be improved.

## 9. Summary of Findings

- Well thought-out and tailored facilities to support independence, choice and privacy of the residents.
- Proactive and inclusive spirit of continual improvement, with good use of IT.
- Professional, dedicated and friendly staff.
- Excellent application of the PEARL standard to meet the needs of the residents.

## 10. Recommendations

- Ensure correct menus are displayed in all dining areas to reflect the change in meal arrangements. To continue to listen and respond to resident feedback on meal times and choices.
- Consider signage for iPad feedback stand in reception.
- Consider signage for car park and main road.

## 11. Any immediate service improvements resulting from the visit

- None required

## 12. Service Provider Response

I was very happy with the visit from Healthwatch and the recommendations we have taken on board about the menus and make sure they are displayed in the dining room. We now have a picture food board display in the dining room with what is offered that day.