

## Visit Final Report

**Name of Service Provider:** Bradwell Hall Nursing Home Limited

**Premises visited:** Bradwell Hall Nursing Home

**Contact Details:**

**Date of Visit:** Monday 31<sup>st</sup> March 2014

**Time of visit:** 9.45am

**Home Manager:** Lynn Garner

**Authorised Representatives:** Beryl Gregory, Maggie Matthews, Michael Allen,  
Chris Bain

**Observers:** Glenys Robinson, Noel Davies, Derek Hickman, Harold Finch & Sarah  
Bromley

### Summary of findings

Overall staff seemed dedicated to the residents that they looked after. None of the residents spoken to had any complaints about the staff. All the residents advised us that the food was good. The main meals were prepared in a central kitchen and taken to the 5 units by way of hot trollies. If residents changed their mind about the choice they had made, the kitchen accommodated this. Each unit had its own small kitchen area in which to prepare breakfast and also to provide snacks and drinks throughout the day when requested by the residents.

One of the units (Chester) was currently being redecorated and we were advised by the owners that the units were renovated on a yearly rolling programme (Sneyd Unit was next on the list for this financial year).

The Home was able to offer its staff in-house training and this was done during work hours which prevented the staff losing any days off unless absolutely necessary. There was also an activities coordinator on each unit as well as a full time hairdresser who visited each unit on a particular day of the week. Unusually there was also a social worker employed at the home.

Concerns were raised with the owners at the end of the visit and they were given the opportunity to reply to those concerns raised.

## Recommendations

*Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.*

- Hand sanitizing facilities should be available in all units of the home.
- All doors in the home should have automatic release mechanisms so that in the event of a fire, the residents are afforded the protection of the doors.
- More interaction is needed with the residents when for example when helping them to eat.
- Need to ensure that activities are encouraged and activities coordinators have the appropriate resources to carry out their role.
- Activities should be tailored to the needs of the residents.
- Need to look at the ability of family members to stay the night, especially if a family member was at the end of life stage. Currently there are no facilities to allow this.
- Look at possible training for the staff with regard to nail care for the residents, at the moment it is only those residents with Diabetes that have this service.
- The flooring in the EMI unit should be looked at. Carpets can be hazardous and cause trips and falls. Suggest that hard flooring would be more appropriate.

## **1. Report Overview**

We were met by the owners of the home, Edward and James Twigg, this was due to the fact that the home manager Lynn Garner was on annual leave. There are 5 (was previously 6 units- 2 have now been amalgamated) separate units within the home, each having its own manager. Each unit has its own entrance and can be accessed without going through the main reception area.

The original building has been extended and can accommodate up to 171 residents. At the time of the visit some areas of the home were undergoing renovation and redecoration and in the new financial year another part of the home was to be updated. We were advised by the owners that they update/ redecorate the units on a rota basis.

At the end of the visit, we sat down with the owners and Marina, the Clinical Lead. We discussed what we had found and any concerns were raised.

## **2. Purpose of Visit**

*Put in a small paragraph about why the visit was undertaken*

### **1. Physical Environment**

There are concerns about maintenance and cleaning programs in parts of the home (CQC).

### **2. Staff**

There are concerns around staffing levels in parts of the home (CQC). Problems with sustaining improvement, learning from experience. Leadership may be problematic.

### **3. Service User Experience, Dignity and Respect**

There have been concerns about the consistency of care that is being delivered (CQC; SCC); issues around patient choice

### **4. Service User/ Relative/ Carer Story**

There are concerns that care is not being delivered in a consistent or equitable fashion over time and between patients/residents (CQC; SCC)

### **3. Approach Used**

The approach used e.g. direct observation; talking to Staff; talking to Patients/Residents; talking to Relatives/Carers/Visitors; evidencing written procedures etc.

Due to the size of this provider we had four teams of Authorised Representatives on the visit. This enabled us to visit all five of the units (One team did two units).

Each team went to a unit and were given a tour by the unit manager. They were able to speak to staff, residents and visiting relatives.

There was also an opportunity to observe lunch being served on each unit.

Some of the authorised Representatives also visited the training department which is within the home itself and were able to view the training matrix.

At the end of the visit we sat down and discussed our findings with the owners and Marina, the Clinical lead.

#### **4. Observations/Findings**

*These should be summarised under the following headings:*

##### **Section 1 - Physical Environment**

###### **Chester Unit**

A programme of refurbishment of the common areas of the unit was in progress. On the day of the visit this consisted of the preparation of the corridor walls for redecoration. All walls were therefore “bare” and we were informed that for this reason the names and photographs usually displayed outside residents’ rooms were absent, as were noticeboards displaying details of forthcoming events and activities.

Redecoration of the lounge/ dining area was complete but the unit manager has in the past provided reproduction antique restaurant and food signs to supply a further ambience to the dining room. These were present but have yet to be rehung.

We were able to observe a number of the bedrooms. Where they were occupied, this was done from the doorway. All appeared clean and comfortable. Some rooms were very individual, containing residents’ own furniture and effects. Overall, it was our impression that the décor of the bedrooms was a little “tired”. We are not aware of whether any ongoing refurbishment of bedrooms is planned.

The lounge dining area is situated in the centre of the unit with bedroom corridors leading off. The lounge/ dining area and kitchen is bisected by a central thoroughfare with no other separation or partitioning. This gives the impression of a constantly busy and quite noisy environment with staff constantly on the move serving meals and snacks; hairdressing was in progress in the dining area. A television was playing in the lounge area but was universally ignored.

A most impressive alternative to the use of this area is the Relaxation Room created by the unit manager following the redecoration of a former storage room as a grotto last Christmas. This was a well-decorated room with soothing lighting and music available. The room was not in use at the time of our observation but we were informed that it was available to residents by choice, that certain residents are encouraged to use it when they become agitated and even some staff are directed there on occasion when they have been exposed to particular stress.

Outside the dining area there is a tidy, safe and well maintained (if a little Spartan) patio area. Adjacent to this is an area where one resident maintains a garden and greenhouses with the support of the unit manager.

With the exception of the above facilities, the only other space available to occupy is their own bedrooms.

Access to the unit is secure and controlled by bolts and keypad controlled locks. There is a reception area enabling visitors to enter the unit without having to pass through the main reception. This consisted of a comfortable vestibule in which visitors can wait prior to being allowed admission to the unit. Notice boards in this area were informative and well-maintained. We were especially

impressed by a notice to relatives/visitors informing them of the Healthwatch visit and inviting them to attend if they wished to speak to any of our representatives.

Overall, there appeared to be a good standard of cleanliness. No inappropriate odours were detected. All residents appeared safe. We were concerned about the lack of hand-cleansing facilities and were assured that these were 'on order'.

### Audley Unit

Audley is a general nursing unit in the main with one resident having early dementia. Like other units in the home, Audley had a breakfast kitchen which meant that breakfast could be served from within the unit. It also meant that drinks and snacks were available throughout the day as and when requested by the residents.

The Chief Housekeeper was spoken to and she explained that she was responsible for all aspects of internal and external maintenance, she had three full time maintenance staff together with cleaners and laundry staff. A maintenance book was kept up to date. Emergencies were dealt with as and when they arose. The Housekeeper endeavoured to visit all areas of the home each day. She clearly trusted her staff to carry out their duties without direct supervision. We questioned the maintenance of equipment and pointed out what appeared to present difficulties where there was no labelling. We were told this was to be rectified. We explained some attention was necessary in a bathroom where some corrosion was starting at the foot of the bath surround, and that the pipework area could be cleaner.

The central corridor would be the escape route in the event of a fire. All doors are half hour fire rated with door closers. Residents prefer their doors open, but to achieve this they are wedged. Common door areas have automatic release mechanisms in the event of a fire. If the residents are to be afforded the protection of the doors they should all have similar release mechanisms fitted without delay or the doors should be closed.

### Chatterley Unit

Chatterley unit consisted of 30 en suite rooms (toilet and wash-hand basin) of which three were vacant at the time of the visit.

Three maintenance staff are employed across all of the five units. Each unit, including Chatterley had its own maintenance book. These books are checked each day so that the maintenance work can be kept up to date. Any urgent work is reported personally and is responded to immediately.

Responsibility for organising the redecoration, flooring and safety of the premises lay with the Twigg family who own the home. There is a programme of refurbishment across all of the units and we were advised that one unit was completely renovated each financial year on a rolling programme.

## **Section 2 - Staff**

### **Chester Unit**

Staffing consisted of the Unit Manager, who had been in post for over two years and has a clinical nursing background. She works a four day week pattern from 0800-1800 on two days and 0800-2000 on the other two. The reason for the later finish on two days is to ensure that she is available to relatives that visit in the evening.

In addition, there is an RGN or RMN and seven members of care staff for each of the three shifts: 0800-1400; 1400-1700 and 1700-2000. At night (2000-0800) there is one nurse and three carers on duty. An activities coordinator visits each afternoon (Mon-Fri) and begins by assisting with the luncheon service. She is also willing to assist in general care activities when required. A further bonus is that she has a chiropody qualification and while she does not supply a direct service in this regard, she is able to offer advice on any foot care issues that arise. Breakfast, snacks and drinks are supplied by the staff on the unit throughout the day and night on demand.

The Unit Manager confirmed that she had no concerns with regard to the adequacy of staff numbers. The fact that the unit is part of a much larger home means that the staff can be seconded from other units or drawn from a bank or agency to cover unplanned absences.

It is the experience of the Unit Manager that Induction and training are well handled by the home's training team. In addition to routine training, she was recently able to call upon some bespoke refresher training for a member of staff who is was felt needed further guidance in the manual handling of agitated residents.

The Unit Manager has initial responsibility for disciplinary issues. Her involvement is limited to performance management and counselling/informal resolution. Any issue requiring formal disciplinary action is escalated to the Home Manager.

### **Audley Unit**

Marilyn the Unit Manager was relaxed as were her staff, not only with our visit but it appeared that it was their usual demeanour. As the person in charge of the unit, there was an impression that she was trusted to run it her way. It was evident that she trusted her staff and they trusted her. They all had a job to do, they knew what it was and they did it. The majority of the staff were permanently assigned to the unit, although where necessary and possible they were moved to other units. Bank and agency appeared as a last resort, where possible named staff were requested to enable continuity of care. End of life training was given to the staff.

### Chatterley Unit

Whilst visiting the unit we spoke to four members of staff:

**Manager:** Debbie Owen, who has been in post for approximately 6 months. She appeared to be bringing in a fresh new approach to managing the unit. Debbie evidently motivated her staff to work alongside her and is encouraging with an ‘open door’ approach so that both problems and successes are shared. On her arrival, Debbie spoke to the Twigg family about upgrading the Chatterley Unit and they worked on a plan together. Decoration, replacement of carpets and new furniture were provided. She also requested a wet room to replace a very outdated bathroom and this had also been completed. Debbie has requested blue fittings in the bathroom (toilet seats, handles, etc.) which shows that she is up to date with her research as this has been proved by both Stirling and Bradford Universities to be more reassuring than white fittings for dementia patients as they are more visible.

**Unit Nurse:** Amanda Wrench, she came across as dedicated and caring. She had been employed for one year and her attitude and approach to the residents was excellent. She spoke to us at length and is enjoying her role and the opportunity for development.

Debbie Whittaker, was also working as a unit nurse and had worked at the home for approximately two and a half years. She had previously worked as a Deputy Manager at another care home but had taken on this role in order to support her family more. She is qualified to NVQ level 4 and has been recognised by her manager as having real potential for development in the future. She has undertaken ‘Performance through People’ qualifications and is currently undertaking a distance learning course on her own. She is enjoying her work and is looking forward to greater involvement.

**Activity Coordinator:** Claire Phillips is new in post (3weeks). She has a background in Care and Social Care, is a seamstress and appears very enthusiastic and full of ideas. She has already assisted residents making flower pens which were subsequently sold to raise funds. Claire had a display in the entrance hall for Mother’s Day and was erecting one for Easter whilst we were there. Other ideas that she had are for gardening, planting window boxes, board games, knit and natter, days out and she would like to create a sensory room in the conservatory.



### Section 3 - Service User Experience, Dignity and Respect

#### Chester Unit

No examples of lack of dignity and respect were observed. We do however have two potential concerns:

- Staff responded to the requests for food and the need for assistance with feeding quickly and efficiently. However, there was little evidence of interaction and no evidence of attempts to initiate interaction at other times. To be fair, this may have been due to a knowledge of the character of individual residents which we do not possess and we did not observe any of the activities which we were informed are offered each afternoon.
- At no point did the number of residents in the lounge/dining area significantly exceed 50% of the total number of residents. We were informed that residents “get up in their own time” and that “breakfast goes on virtually all day” and that fact that we visited in the morning and early afternoon may therefore have restricted our opportunity to observe the complete picture. However, were all residents to occupy the lounge/ dining area at the same time it would become significantly crowded. We wonder, therefore, as to the extent that residents are allowed to remain in their rooms and not encouraged to do otherwise.

There is a regular bathing regime with reluctant residents being encouraged to bathe at least once a week. Those who request it or whose continence requires it are assisted as necessary with bathing more frequently.

The menu offered appeared appropriate. We spoke to the kitchen assistant who confirmed that she offered choice to all those that were able to exercise it. Where such choice could not be expressed, relatives are consulted as to the likely preference of the resident. Pureed food is supplied where indicated. The lunch service that we observed was quick and efficient with most members of staff and the Activities Coordinator and Unit Manager all participating to ensure that residents were rapidly served and assisted with eating wherever necessary. Meals were also dispatched for residents to eat in their rooms where required.

#### Audley Unit

Residents were encouraged to leave their room but there was no insistence. The residents were able to change, for example, the colour schemes in their bedrooms providing that the requests were reasonable and they could, if they wished, to provide their own furniture. One resident had a cat, both its feeding needs and cleanliness was dealt with by the staff. The cat did not venture in to the general areas on the unit. On occasion visitors brought dogs in on visits and again this presented no problems.

The residents spoken to all appeared relaxed, clean and comfortable and said that they were well looked after. Interaction between the staff and residents

was obvious and equally applied in bedrooms and at meal times where assistance was given where required. It was clear that the staff knew their residents. The meals were excellent and varied. A large number of staff ate the same meals. A phone was adjacent to the hot trolley should a resident change their mind on the meal provided. We spoke with a long term resident and his wife at their meal table. His wife had her main meal in the evening but brought some food with her so that they could eat together. They were both happy with all aspects of the home.

Due to the fact that the visit was conducted on a Monday morning, we did not expect to see much in the way of activities, we are unsure what was available in a regular basis for the residents. Religious services were twice a month. It were they appeared non-denominational, one Minister being Methodist, but no one was sure about the other.

There were no special arrangements in place to allow for family to stay over if a family member was at the end of life stage, in the past spare bedrooms had been used and meals and washing facilities were made available.

### Chatterley Unit

There is a full time hairdresser who visits Chatterley unit each Friday. She works on a different unit each day which makes a full time post. Dental and optician appointment are arranged as and when required. Staff provide nail care to everyone apart from the residents with Diabetes. Staff have not had official training for this and Maggie (AR) advised that the training was available from SSOTP. All residents are body-mapped weekly and on admission and discharge from hospital.

We were shown computerized training matrices for the four people we had interviewed, this showed what their training needs were and also when they were due for training updates and any upgrades necessary.

At the time of the visit they did not have any visitors on to the unit that helped with activities for the residents (e.g. singing, playing instruments, showing films etc.) Debbie advised that she has started running regular relatives meetings and is keen to have more interaction with them in order to encourage more involvement in activities for their relatives.

### **Section 4 - Service User / Relative or Carer Story**

Please see below for Chester Unit.

No relatives were present during the visit to Chatterley Unit. However as we passed through Chester Unit, a relative stopped us and asked if one of our Authorised Representatives could sort out his wife's dental appointment, the unit manager advised us that this was in hand.

### **Section 5 - Staff Feedback**

All of the staff spoken to on Chatterley ward were complimentary about the support that they received both from their immediate manager and that of the owners.

### **Section 6 - Overall Lasting Impressions**

**Chester Unit** - Allowing for the refurbishment in progress, this appeared to be a safe, clean, well run and caring facility.

**Chatterley Unit**- All the residents were dressed appropriately and there appeared to be enough staff on duty to deal with any issues. The bedrooms were personalised by a photograph on the door and symbols denoting their previous jobs/ interests. The rooms were bright and well decorated with matching curtains and bedspreads. Residents were encouraged to bring personal possessions for their rooms. There were a number of different lounges that could be accessed, some with the TV on and some quiet areas. There seemed to be an overall air of calmness and tranquillity. Lunch was served whilst we were there and we observed careful and caring feeding of those who needed one to one attention.

### **General comments**

The training manager had a computerised management system in place which enabled updating to take place whether it be specialised training or periodic. She was capable of providing the training but was also able to 'buy in' other training if required. The recruitment manager was clear what she expected from applicants and what they anticipated the job entailed. At the time of our visit, there were two applicants sitting tests in the spacious training room. No one was allowed to commence employment without an enhanced DBS check. Where the cost of this was incurred by the applicant, on commencement of employment costs could be recovered. The training room had pieces of equipment in it so that training could be carried out. The home operated an apprenticeship scheme although regulations prevented the employment of school leavers. All training was at the cost of the home. The two managers worked well together.

The kitchen appeared to occupy 2 rooms and employed a Chef together with assistants. They were proud of their top hygiene rating. All meals were transferred to the unit by hot trollies. All meals were labelled with the name of the resident. I asked if heat was adequately retained and I was assured that this was the case.

It was really impressive that all the training at the Care home was done during work hours. Staff are not expected to give up their days off to undertake training unless it is something that cannot be reorganised. Rotas are developed to enable training to take place.

**5. Feedback from Patients/Residents/Relatives/Carers/Staff**

*Please ensure anonymity at all times*

**a) Patients/Residents**

Chester Unit

Due to the nature of the condition of many residents, our ability to obtain direct feedback was inevitably limited. However, we were able to speak meaningfully with two, one of them at some length.

Both residents expressed satisfaction with their care.

One resident was unique in that he is allowed unrestricted access to all other areas of the home and regularly visits other units. He also maintains his own garden with the active assistance of the Unit Manager who supplies seeds and plants from her own allotment.

This resident was somewhat sceptical about the range of activities that we had been told were on offer (daily activities and forthcoming Tea Dance and VE Day Celebration events). He commented, “Do you really think that these old ladies would be capable of any of that?”

The residents we spoke to have no complaints about the quality of the food.

**b) Relatives/Carers**

Chester Unit

We spoke to a relative who had been visiting his wife in the unit for the last 20 years. Whilst philosophical about his own position, he offered no adverse comments about the care of his wife.

**c) Staff/Other professionals**

Chester Unit

We spoke personally to three members of staff (a Carer/ kitchen assistant, a Carer on work experience and a cleaner). All were co-operative and helpful and spoke highly of the home and the Unit Manager. There is obviously loyalty to the home and its residents. The cleaner had been employed for nine years but had been a Carer for the majority of these only transferring to housekeeping to accommodate child-care commitments.

**6. Follow Up Visit : YES**

*Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.*

The home was undergoing some significant redecoration whilst we were there. It would be beneficial to revisit the home in 6 months when this has been completed.

The revisit would not be on the scale of this visit, we would go to the areas which had caused most concern to see if the recommendations had been acted upon from this report and also to see the standard of the renovation work once completed.

It would be interesting to revisit Chatterley in six months to see whether the aspirations of the staff have been met, e.g. relatives becoming more involved and the ideas from the activities coordinator becoming a reality.

