

Enter and View Report



**Brockfield House,
Stanwick, Wellingborough
March 2019**



Contents

Details of the visit	2
Acknowledgements	2
Disclaimer	2
Purpose of visit	3
How the visit was conducted	3
Observations and findings	4
Summary	4
About the home	4
General impressions of the home	4
Activities for residents	5
Food, drink and meal times	6
Oral hygiene and dental care	6
Care and dignity of residents	6
Staff behaviour, attitudes and relationship with residents	7
Other observations	7
Recommendations	8
Service provider response	8
Appendix Oral health assessment tool	9
About Enter and View	11
About Healthwatch Northamptonshire	12
About Connected Together CIC	13
Contact us	14



Details of the visit

Name and address of premises visited	Brockfield House, Villa Lane, Stanwick, Wellingborough, Northamptonshire NN9 6QQ
Name of service provider	Ms Tracey Wright, Registered Manager Julia Hainsworth-Adams, Nominated individual
Type of service	Nursing Home
Specialisms	<ul style="list-style-type: none">• Dementia• Mental health conditions
Date and time of visit	6 March 2019, am
HWN authorised representatives undertaking the visit	Sandra Bell, Susan Hills
Support Staff	Becky Calcraft, Healthwatch Manager
Contact details of Healthwatch Northamptonshire	Moulton Park Business Centre, Redhouse Road, Northampton, NN3 6AQ enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents and staff of Brockfield House for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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.



Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life, experience and opinions of residents, with a particular focus on activities, nutrition, hydration and access to dental health. Brockfield House was selected as one of the homes to visit.

How the visit was conducted

The visit was an announced visit, with the manager being given four weeks' notice of the intended visit. We sent letters, posters and leaflets to the home to inform residents, relatives (and other carers and visitors) and staff about our visit and Healthwatch Northamptonshire.

This visit was conducted by Healthwatch Northamptonshire volunteers Sandra Bell and Susan Hills, who took notes during the visit. After a lengthy and informative conversation with the manager, Ms Tracey Wright, it was decided that conversations or interviews with the residents would not be helpful and may become distressing for them as the majority of the residents lack mental capacity.



Observations and findings

Summary

Brockfield House is a nursing home in a village location, with attractive indoor and outside space. The home appears to be doing a good job caring for people with advanced dementia and challenging behaviour. The staff provide stimulation to the residents by offering an interesting programme of activities, including bringing in animals for residents to pet and arranging outings for those able to participate. As most residents do not have mental capacity, we were unable to interview them directly to find out their views on their food and drink. However, a few spoke to us, some smiled at us and seemed interested in our visit. As regards oral health, a local dentist visits the home so it is possible for regular checks to be made with those who were compliant. We recommend some aspects of good practice observed in the home are replicated elsewhere by other care providers.

About the home

Brockfield House is situated in the village and civil parish of Stanwick in East Northamptonshire with a village population of just under 2000 residents. Access is obtained via a narrow road, Villa Lane (off West Street). The home on the outside and inside appears to be well-maintained with the majority of the building and car parking towards the back of the property. The home has a lift and is accessible throughout.

There are currently 44 residents at Brockfield House, the majority living with dementia and three people with other mental health conditions. There is a total of 21 staff, with 9 staff members on duty during the day.

General impressions of the home

Our overall impression of the home was positive. On entering the building, it appeared to be welcoming with an amazing array of paintings and murals on lots of the walls. There was also a board with photos and names of all the staff.

It has a delightful large secure outside space, complete with a covered area for residents. Planters are introduced during the spring and summer and barbeques are occasionally held there.

On entering and exiting the building one sees a wall with a 'Comment Tree' painted on it with hooks on the branches. The hooks contained labels with comments on them, all of them very complimentary of the home and its staff.

Much thought has been given to the feeling of calmness within the building including an aquarium room that is beautifully painted out with underwater scenes complete with exotic fish and sea vegetation.

An empty room we visited had just had a new bed and mattress delivered and had been freshly redecorated in readiness for a new resident.



Activities for residents

Brockfield House employs an activity co-ordinator, but unfortunately we could not speak to him as he was representing the home at the funeral of one of the past residents.

A weekly activity programme sheet is displayed in the lift, main lounge and activity room. Activities include visiting the hairdresser and chiropodist, and exercises devised for residents. The home organises trips out in their own minibus, visiting garden centres, having lunch and coffee out and trips to the seaside during the summer. One-to-one activities are held either in the lounge or residents' own rooms. There are also activities out in the community, weather-permitting, for example ten-pin bowling.

A quarterly sheet also outlined some special events. These included:

- Burns Night meal
- Pets as Therapy (PAT) dogs
- Chinese New Year celebrations
- Valentine's Day lunch
- Exercise and motivation
- Pancake Day
- Visiting entertainers
- A visit from Zoolab (a pop-up zoo) with exotic animals and small farm animals
- Reminiscence activities
- Visiting choir
- Karaoke

Each resident's family members are asked to complete a short story of their relative, including details of their career and hobbies.

Local visitors from the community are invited to attend special events such as coffee mornings, summer fete and Christmas events.

Religious services also take place within the home including Anglican, Catholic and Jehovah Witness services.



Food, drink and meal times

The home has its own chef and catering team. A daily menu is displayed in the main lounge containing at least three choices. Many of the residents' relatives or friends have meals together.

Meals can take up to two hours to complete in some circumstances, with food sometimes ending up on the floor and then a new meal being freshly prepared. On occasion the chef may have to prepare, cook and offer three or four different meals before the resident(s) are happy with their choice.

An independent dietician visits regularly to give advice and observation, particularly if there may be a choking concern. The home is also supported by local authority teams to ensure that the nutritional needs of all residents are supported. Consideration is given at all times to cultural and diabetic requirements and pureed food is offered where required. Fluid intake is also monitored. Record sheets are kept on the back of each resident's room door which notes their fluid and food intake via a bar code system, alongside other daily care activities.

Oral hygiene and dental care

Brockfield House has developed its own 'Oral Health Assessment Tool' for each new resident, which is completed when they first enter the home. It is then used to review residents' oral health on a regular basis. Brockfield House also has a visiting dentist from the nearby town of Raunds. The manager stressed that there are problems getting a dentist to see residents so it has made an enormous difference having a dentist sympathetic to their needs. Staff members are respectful of residents' needs who will not or cannot wear dentures, ensuring the gums are kept clean and using mild mouthwash. Toothpaste and brushes will always be provided if required.

Care and dignity of residents

We saw no evidence that gave us concerns regarding the care and dignity of residents. All residents looked clean and well-dressed, and we saw a trolley containing freshly laundered clothes being returned to residents' rooms.

We noted when touring the building that all the residents' rooms had laminated notices on their door stating their name, 'please knock', and then a paragraph and picture of their particular interest, so for example one resident enjoyed motorbikes so a picture of a racing motorbike and the type of bikes he used to ride.

Also each notice was colour-coded: red amber or green. This depicted how much help would be required for that particular resident in the event of a fire and by how many staff.



Staff behaviour, attitudes and relationship with residents

All the staff we met appeared to have good and caring interactions with the residents. All residents had a care plan. The culture of Brockfield House was, first and foremost, that the house was the residents' home, with staff there to ensure they were well cared for. All the staff members we were introduced to had a friendly and welcoming attitude. Nine staff members were on duty at any one time during the day, with six up to midnight and then four members after that, with an extra two members available if required. The manager is a member of NHS Northamptonshire Managers' network. The previous registered manager is now the operations manager and undertakes training as a qualified trainer. The company also support external professional trainers, which includes NVQ assessors

Other observations

A very open conversation was held with the manager, Tracey Wright, when we arrived. Tracey welcomed our visit and asked if this could be written up in their next quarterly newsletter. Tracey accompanied us around the home, together with another member of staff who had worked there for 16 years.

We had interaction with a couple of the residents who seemed happy within their environment. Tracey had displayed the posters etc. pertaining to our visit. Although there were no relatives for us to talk to, Tracey will again mention to them that they could email or telephone Healthwatch Northamptonshire if they so wished. Tracey held quarterly meetings with the relatives, at which any concerns, ideas and suggestions could be discussed. Any immediate or urgent concerns were dealt with as raised.



Recommendations

1. We were impressed with the notices on the residents' bedroom doors which highlighted their interests so that a conversation could be opened by anyone visiting. We recommend that this idea to other homes as it is simple and effective.
2. We also commend to other homes the 'Oral Health Assessment Tool' used by Brockfield House (see Appendix), which ensures that the oral health of people living in residential homes is carefully assessed on arrival in the home and continues to be monitored. Healthwatch Northamptonshire will share this report with the Care Quality Commission, Nene and Corby Clinical Commissioning Groups, and Northamptonshire County Council.

Service provider response

"It was a pleasure to welcome Healthwatch to our home. I am pleased the visitors enjoyed our home as much as we do. They are always welcome."

Tracey Wright, home manager



Appendix

Oral health assessment tool

Resident Name		Date of Birth		Room Number	
<p>Scores - Individual words can be circled as well as giving a score in each category.</p> <p>If 102 is scored for any category please organise for a dentist to examine the resident</p>					
Category	0 = healthy	1 = changes	2 = unhealthy	Scores	
Lips	Smooth/pink/moist	Dry, chapped or red at the corners	Swelling or lump, white red or ulcerated patch, bleeding or ulcerated at corners	0	
Tongue	Normal, moist, roughness, pink	Patchy, fissured, red, coated	Patch that is red and /or coated, white, ulcerated, swollen	0	
Gums & Tissues	Pink, moist, smooth No bleeding	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures	Swollen, bleeding ulcers, white/red patches, generalised redness under dentures	0	
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	Tissues parched and red, little or no saliva present, saliva is thick. resident thinks they have a dry mouth	0	
Natural teeth Y/N	No decayed or broken teeth or roots	1-3 decayed or broken teeth or roots or very worn teeth	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth	0	



Dentures Y/N	No broken areas or teeth, dentures regularly worn and named	1 broken area or tooth. Dentures only worn for 1-2 hours daily, or are loose r not named	More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named	0
Oral Cleanliness	Clean and no food particles or tartar in mouth or dentures	Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)	Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)	0
Dental Pain	No behavioural, verbal or physical signs of dental pain	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and /or behavioural signs (pulling at face, chewing lips, not eating, aggression)	0
<p>Organise for resident to be seen by the dentist</p> <p>Resident and /or family member refuses dental treatment</p> <p>Complete oral hygiene care plan and start oral hygiene care interventions for resident</p> <p>Review oral health again on the following date. /...../.....</p>				0
Date:	XX/ XX/ XX	Signature:		

References: Australian Institute of Health & Welfare.



About Enter and View

Healthwatch Northamptonshire representatives carry out 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 2012 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 - 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 Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had a Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.
- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.





About Connected Together CIC

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.



Connected Together
First for Community Engagement



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