

<b>Details of visit</b>	<b>Broomcroft House Care Home</b>
<b>Service Provider:</b>	<b>Bupa Care Homes (AKW) Limited</b>
<b>Service address:</b>	<b>Ecclesall Road South, Sheffield S11 9PY</b>
<b>Date and Time:</b>	<b>Thursday 7<sup>th</sup> February 2019, 10.30am-12.30pm</b>
<b>Authorised Representatives:</b>	<b>Liz Bennett and Trish Edney (accompanied by staff member Matthew Blomefield)</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

## 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.



## 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 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 – 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 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.

## Purpose of the visit

The visit was part of a planned series of visits to residential and nursing homes, looking at the quality of care provided. The experiences of care home residents and visitors are often seldom heard, and exploring this is one of our 2018-2019 priorities.



We would like to find out whether the care provided meets people's needs by discussing this with residents and their visitors, and through observation. In particular, we aim to find out how the home provides opportunities for people to have a good quality of life and promotes their well-being.

---

## Strategic drivers

- Healthwatch Sheffield's statutory duties include the need to highlight good practice and encourage those providers requiring improvement to do so.



---

## Methodology

This was an announced Enter and View visit. However, there was a change in management after we arranged the visit which meant that not all staff members were aware of the visit date. We sent a poster advertising our visit which we did not see on display.

We observed interactions between residents and staff members and asked questions to residents, their visitors, and staff at the home. The questions were focused on the Quality Indicators from a collaborative project between Healthwatch Camden and Independent Age, which you can access [here](#).

The home was rated 'Good' by the Care Quality Commission (CQC) following their inspection in March 2018. The report can be accessed [here](#).

Upon our arrival, we had an initial discussion with the Deputy Manager, who gave us a tour of the home, including communal areas and bedrooms. We were informed that we would be able to speak to all of the residents.

At the end of our visit, we briefly discussed our findings with the Deputy Manager.

We spoke to:

- Twelve residents, and six relatives
- Six members of staff

## Summary of findings

- Residents and relatives mainly spoke very highly of the staff and the care provided.
- The home can be difficult for residents to navigate as there are a number of corridors which look the same, no signs to communal areas, and similar looking bedroom doors.
- There has been a high turnover of care staff and several changes of management in recent years.
- There is a varied and accessible activities programme, which is well-advertised around the home in various ways.
- The quality of the food was praised, but some relatives thought that residents who need help to eat and drink would benefit from more assistance during meals.
- Five different GP practices provide care to residents, which staff reported impacts more on their time than when one practice was used.

---

## Results of visit

### General environment

Broomcroft House is owned by BUPA. There are 87 beds over two floors. At the time of our visit, there were 48 residents living at the home. There were 26 residents requiring residential or nursing care on the ground floor, and 22 residents with dementia on the first floor, named Chatsworth and Hardwick respectively. The two floors were staffed separately.

The home is a large house set in pleasant grounds, with a car park at the front. There are separate parking areas for visitors and staff as well as two disabled spaces next to the front door. The outside of the building looked to be in good repair. There are seating areas outside near to the entrance, and clear signs to direct people to the entrance and reception. There is also a back garden with a seating area for residents.

The home looked clean, tidy and well maintained, but we noticed some small dents in one of the corridor walls. A staff member said this had not been repaired because there was currently no maintenance person available to the home.

Each floor has a dining room, lounge area and a 'nurses' station' for nursing and care staff. Both dining rooms looked welcoming with tables set and windows overlooking the grounds. The lounges were bright and well decorated, however the furniture looked more functional than homely.

There are sturdy wooden railings on both sides of the corridors, which residents can use for support when walking around the home. There is a main corridor on each floor which goes in three different directions. We found the home difficult to navigate, as the corridors all looked the same, and there were no signs on either floor to point people in the right direction to communal areas.

On both floors, the bedroom doors looked very similar to each other. On the ground floor, residents' names were displayed on small labels on the doors, whilst the doors on the first floor had larger labels. We noted that some of the labels had not been filled in; however, this could have been because the rooms were unoccupied.

We heard how the lack of signs and clear room labels made it difficult for residents to find their rooms unassisted. Several residents reported that they sometimes got lost, and one said they had been returned to their room by a member of staff "like a lost puppy". Similarly, a staff member said "I remember it being hard to find my way around when I first started".

All bedrooms are en-suite with a clear sign on the bathroom door. We looked round an unoccupied room on each floor. They were both quite small but nicely decorated. The occupied bedrooms we saw were more spacious, and some contained residents' own furniture.

## **Care**

A staff member said that care plans are a joint effort between staff, residents and relatives. They said a different resident's care plan is checked each day, to see whether it needs to be reviewed, and whether the resident needs any changes in the care they receive.

A relative said they were pleased with the level of care provided by staff, and that personal care was good. Another relative said they felt that "staff do listen" and "there's a genuine level of care" with "good examples of leadership by example". The majority of staff members we spoke to were enthusiastic about their work, and one said they were committed to providing the best care possible for residents.

Some relatives said staff members were attentive and caring with residents who have higher care needs. A relative of a resident who needed support to eat said they were reassured by the staff weighing their relative weekly. Another relative said they had been impressed by the way that staff members cared for an older resident who was reluctant to accept help.

## **Staff capacity**

A staff member told us that on each floor there is a Floor Manager, Registered Nurse, Senior Care Assistant, four care assistants, and a full-time and part-time Activity Coordinator on each floor. They added that the home also employs agency staff and university students as part-time general care staff.

Staff told us that the home was typically very busy. One staff member said they sometimes struggled to complete necessary paperwork or take proper breaks, and that changing requirements for completing paperwork could be confusing. They said "you need to write things in so many different places, but there's lots of support from staff and management". When asked, they said there was enough staff overall.

## **Staff training**

A staff member said they had completed a full programme of online training (e-learning), which is regularly updated. The e-learning includes first aid, health and safety, food hygiene, fire training, and adult safeguarding. However, we heard from one staff member that supervision is infrequent and care plan training is unclear. We saw a flyer in the nurses' station, which advertised upcoming training on managing challenging behaviour.

## **Staff turnover**

We were told by management that there was a high turnover of staff. When asked, none of the care staff we spoke to said they had worked at the home for more than a matter of months. A staff member said that staff turnover was high because the home is on the outskirts of the city, meaning people found it difficult to get to work.

Turnover of management was also highlighted as an issue. At the time of our visit, there was an Interim Manager, who had been at the home for several weeks, to assist with a management handover.

The Care Home Manager had left the previous week and the Deputy Manager was due to leave the day after our visit. One relative said "I think this will be the fourth manager since my relative moved in". One staff member said they found having lots of changes in management unsettling, and another said they did not find the current management approachable.

## **Interactions between residents and staff**

We saw staff being warm and friendly with residents. A resident told us "staff members are friendly", and a relative said that staff show respect for the residents.

A staff member we spoke to seemed knowledgeable about the residents, despite having worked at the home for a short period of time. They said they used engagement techniques based on 'relationship building' with residents, and altered their communication style according to what each resident was comfortable with.

## **Activities**

There is a varied and accessible programme of activities, including 'Sherry Saturday', 'pet therapy' and a hairdresser visits weekly. We saw one of the Activity Coordinators talking to residents about getting involved with games which had been set up in the first floor lounge.

In one of the lounges, we saw a colourful information booklet for residents to look through. This was dementia-friendly, featuring pictures and a range of potential activities. We were told by a staff member that these were also in residents' bedrooms, and we saw dementia-friendly boards on each floor with clear, colourful pictures and names of upcoming theme based activities.

Staff told us that residents and staff members had made decorations to celebrate Chinese New Year as part of an 'around the world' theme during craft club. We also heard how old photos are used for reminiscence activities and that books on their bookcase are regularly changed by people from a local community library.

One of the Activity Coordinators said they were "absolutely loving" their job and "enjoying the interactions" with residents. They said they had started running Tai Chi sessions following a residents' suggestion. They told us that they run a different 'movement to music' group on each floor, so that residents' different mobility levels are taken into account.

## **Food**

A staff member said there was "always a choice of diet", with dietary and cultural needs catered for. They said that when people move to the home they are asked about their dietary needs, likes and dislikes.

A resident on the first floor said there was "nice food", whilst a relative said "I had my lunch here regularly for a while, and it was always delicious".

However, one resident said there was too much food and they felt "over-faced". A relative said there were sometimes "gaps in levels of nutrition" because residents requiring support to eat and drink did not always get enough support. Two relatives agreed, and one said they thought this was due to a dependence on agency staff. They added that pureed food was sometimes lukewarm when residents received it.

## **Access to health professionals**

A staff member told us that all residents are registered with Dore Dental Practice, and that Community District Nurses, chiropodists, and an optician visit residents at the home. One resident said they had a long wait when they unexpectedly needed an optician's appointment.

Another staff member said that residents are registered with five local GP practices in total. They said the home had previously been registered with a single GP practice; however this had stopped for financial reasons. Staff members explained that not having a single GP practice had an impact on staff capacity. They said contacting several GP practices when organising prescriptions and visits was "very time consuming".

## **Residents and relatives' feedback**

A staff member said residents and relatives can give feedback through residents' meetings and relatives' forums. They both take place every three months, and are also attended by the Activity Coordinators.

We saw a 'you said, we did' board on display near to the ground floor lounge, which showed that a request from a recent residents' meeting had been followed up. After the topic was chosen by a resident, the home had planned an 'around the world' theme for the year, with activities based on a different country for each month.

## Recommendations

- Use aids such as memory boxes to make it easier for residents' to identify their bedroom doors.
- Provide clear signage to communal areas and consider painting the corridor walls different colours to make it easier for residents to find their way around the home.
- To continue the varied and accessible activity programme, and share this as good practice with other BUPA care homes.
- Repair the dents in the corridor wall.
- Consider involving staff in developing a strategy to improve workforce retention and reduce any negative impact resulting from the current staff turnover rate.
- To review how support is currently given to residents who need assistance to eat and drink, and discuss this at the next residents' meeting and relatives' forum.
- Discuss with staff how organising prescriptions and GP visits could be done more efficiently.

---

## Service Provider Response

- Memory boxes have been purchased, and are being implemented slowly, to allow residents and families to have as much intervention with these. This then hopefully ensures that the Memory Boxes are meaningful and significant to that person.
- Signage is currently being put into place. This was identified in general observations from the management team. Current Bupa Dementia Strategy is in works with Broomcroft, to work on the environment on both Units. However, this will be a transitional process, to reduce any risk of disorientation.
- Further activities coordinators have been recruited totalling at 86 Hours per week. Current activities programs are being developed with residents, to ensure that activities are meaningful and enjoyed. Reflective accounts and feedback is requested after each activity, to ensure that it is well received. A weekly coffee morning has been implemented to residents, friends, family and the community. Bi weekly trips to a local café and pub are now in arrangements.
- X2 Maintenance Operatives are now in position, and are currently attending to the wall damage.
- Staff turnover since new management commencement has been extremely low. New staff have been recruited, due to an increasement in need. Moral and Team Building is currently being worked on to promote the atmosphere and staff retention. Employee of the month and regular e-points are given to reward staff on meeting Bupa's Values.
- During meal times, we have implemented an 'all hands on deck' approach. And all staff in the building have an involvement in meal times, to support and assist individuals with their nutrition and hydration. Full time Host/Hostesses are available on each unit to support during meal times and to promote hydration throughout the day.



- In relation to GP cover, the Home does not currently have a LES contract. Unfortunately this is under the CCG, and therefore as a provider we have no influence to have one GP Practice cover the service. Broomcroft are currently in talks with the CCG to implement a LES Contract. However, at present we work with 5 local Practices who are within the Homes Catchment Area. Respite or Some Where to Access are Temporary Registered with a Practice. Sheffield CCG cover all costs in relation to GP Practices, providers do not have any involvement in finances with GPs.

