

Enter and View Report

FINAL

Name of Establishment:	Bromford Lane Care Home 28 Fairholme Road Bromford Birmingham B36 8HP
Date of Visit:	Wednesday 10 th September 2014
Time of Visit:	9.00 am
Purpose of Visit:	To ascertain patient, carer and user experience
Healthwatch Authorised Representatives Involved:	Alex Davis Tina Brown-Love Keith Hullin
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	24 th October 2014
Disclaimer:	This report relates to findings observed on a 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 during the visit.



1. WHAT IS ENTER AND VIEW?

1.1 Enter and View is part of the local Healthwatch programme 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 Reps are intended to 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 CQC where they are protected by legislation if they raise a concern.

2. BACKGROUND

2.1 Bromford Lane Care Centre is registered for 116 residents for both personal and nursing care over the age of 18 years, who have physical and mental health illnesses. It is organised into six units.

Ground floor: Residential unit = 23 (Judy to clarity) Ground floor:
Complex needs unit = 16 beds
First floor: Nursing unit = 16 beds
First floor: Dementia unit = 28 beds

Second floor: Re-enablement / Enhanced assessment unit
= 25 beds.

Second floor: Unit for younger people with physical or cognitive disabilities = 8 beds

- The 12 regions of care are as follows : -

- Mobilising
- Personal Care
- Communication
- Nutrition & Hydration
- Pressure Areas
- Elimination
- Cognition
- Behaviour
- Socialisation
- Personal Preferences
- Religious & Cultural needs
- Medical History

2.2 We had a lengthy discussion with the Registered Manager, Mrs Judith Williams and the two Deputy Managers before being shown round the Home.

2.3 Mrs Williams explained that there had been problems at the Home and she had been appointed to a permanent post 18 months ago to address these issues. A factor in creating these problems was a staff culture in which person centred care and safety was not the first priority. This has significantly changed because of a lot of hard work, mentoring and supervising staff and moving some staff on who could not adjust to the new regime.

2.4 We spent the majority of our time at the Home on the Re-enablement Unit, where we spoke with both residents; staff and visitors. On this unit resident stays are planned to last a maximum of six weeks whereby they are enabled to return home or to independence.

3. ARE SERVICES SAFE?

- 3.1 We spoke to several residents who said they felt safe at all times and did not raise any issues or problems.
- 3.2 It was observed that there is a locked medication box for each of the 25 beds in the Re-enablement Unit. Upon admission, residents have one month's supply of medication and they have one month's medication on discharge from the Unit.
- 3.3 The Unit has introduced a new medication regime in conjunction with Lloyds Pharmacy to ensure that this policy is effective.

4. COMPOSITION OF STAFF & SHIFT PATTERNS

- 4.1 There are in total 180 staff members working throughout the care home and consist of:

4 x carers	1 x Senior
2 x Registered Nurses	4 x Support Workers
Allocated GP	Physiotherapists (Monday - Friday)
Registered Manager	2 x Deputy Manager
2 x Activities Worker	1 x Occupational Therapist

- 4.2 Staffing shift patterns are as follows: -

Two 12 hour shifts:

- 8.00 am - 8.00 pm
- 8.00 pm - 8.00 am

- 4.3 On the first day of their shift there are two nurses and four care staff, one of whom is a senior care staff. On the second shift there are two nurses and three care staff. There is never less than four staff on a shift and if there is a high level of clinical activity then the numbers are increased.

4.4 Following the “Chester West” Supreme Court judgement of March 2014 the number of residents subject to the Deprivation of Liberty Safeguards (DoLS) has greatly increased and now is around 50.

5. ARE SERVICES EFFECTIVE?

5.1 We spoke briefly to the full time Occupational Therapist who had been in a Multi-Disciplinary Team meeting on the Unit for most of the morning. This meeting is a weekly event and key to monitoring the needs and progress of residents. With stays planned to last only six weeks there has to be a clear focus on residents and their programmes.

5.2 The residents we spoke to were very positive about the Unit. There was one exception, a resident who has been diagnosed with Lewy Body Dementia. This resident stated that they were being kept at the unit against their will. This issue was raised with the Registered Manager and she agreed that a referral for DoLS assessment would be made. She did explain that this resident had not attempted to leave but if they did they would be stopped.

5.3 There was a chart displayed on the wall in the office that showed the patients that are at risk of falls. Red displayed next to a resident indicates high risk and green representing low risk of falls.

6. ARE SERVICES CARING?

6.1 All the staff and resident interactions that we observed were appropriate, respectful and caring.

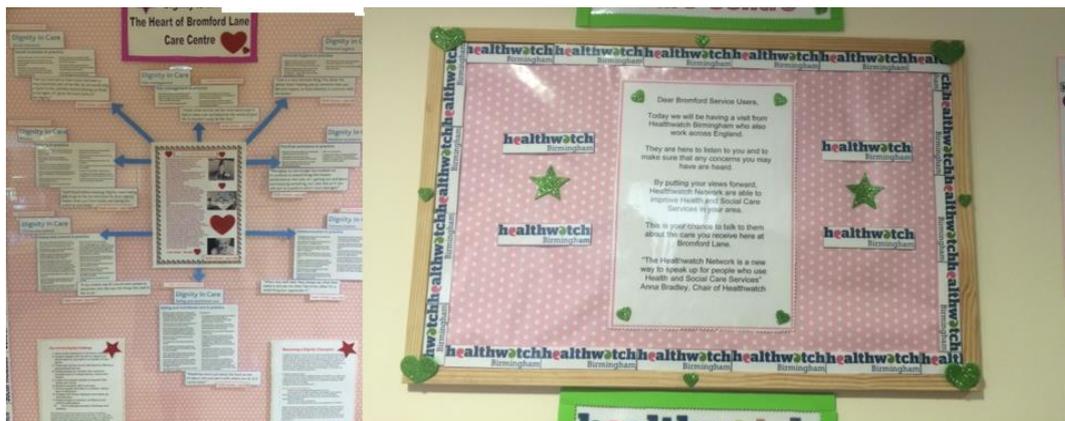
6.2 While we were on the Enablement Unit, patients requiring assistance were pressing their call buttons and staff responses were timely. All the staff we spoke to expressed caring attitudes. There is an open invitation to families to visit residents and there are no restrictions on visiting times.

7. ARE SERVICES RESPONSIVE TO PEOPLES NEEDS?

- 7.1 As explained under Question 3 Staff responses to residents' requests for assistance via the call system were timely.
- 7.2 The Registered Manager explained that she or her Deputy Managers walked the three floors of the Home every 30 minutes. This enabled them to pick up on any problems very quickly and arrange an appropriate response if that had not already happened.
- 7.3 The Registered Manager explained that because they had experienced poor discharge planning from hospitals they now completed their own pre-admission assessment. When a resident is admitted there is a 72 hour care-plan, covering 12 regions of care. This enables the unit to provide responsive and appropriate care from day one of an admission.

8. ARE SERVICES WELL-LED?

- 8.1 We were impressed by the commitment, dedication and organisation of the Registered Manager. She explained that she received good support from her Operational Manager, who arrived while we were visiting the Home.
- 8.2 The Home employs a total of 180 staff and this requires a series of inter-related systems to maintain a good quality service provision. In our judgement Bromford Lane Care Centre has the required systems in place led by an exceptional Manager.
- 8.3 Throughout the care home we noticed that the Registered Manager had clearly displayed Healthwatch Information providing an explanation of our visit and what our service provides:



- 8.4 Resident meetings take place every three months and surveys conducted. Medication audit takes place weekly with a new system to be implemented shortly. Furthermore a safeguarding and financial audit takes places weekly.
- 8.5 Throughout the care home, dignity champion posters were displayed and each Wednesday a Social Worker, Physiotherapist and Occupational Therapist meet to discuss residents care ensuring there is a multi-agency approach.
- 8.6 All resident rooms had their own sign clearly displayed, whereby the rooms on the dementia floor had a door knocker to make it more personal and the rooms on the enablement unit, had a picture of the resident on the door.

9. CONCLUDING COMMENTS

- 9.1 It appeared that Bromford Lane is well managed with a dedicated Registered Manager and Deputy Managers. It is apparent that patients are treated with dignity, respect and the Care Home is positively supported by the Registered Manager.

9.2 Staff who spoke to demonstrated that they are well supported by their manager, there is an open door policy and felt comfortable to approach senior management if they needed to do so.

10. ACKNOWLEDGEMENTS

10.1 We would like to thank and acknowledge Judy Williams, Registered Manager, Deputy Managers, staff members and patients/carers who participated to this Enter and View visit.

11. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

REGISTERED MANAGER/ STAFF COMMENTS AND FEEDBACK

Please tell us how you feel the visit went and your comments