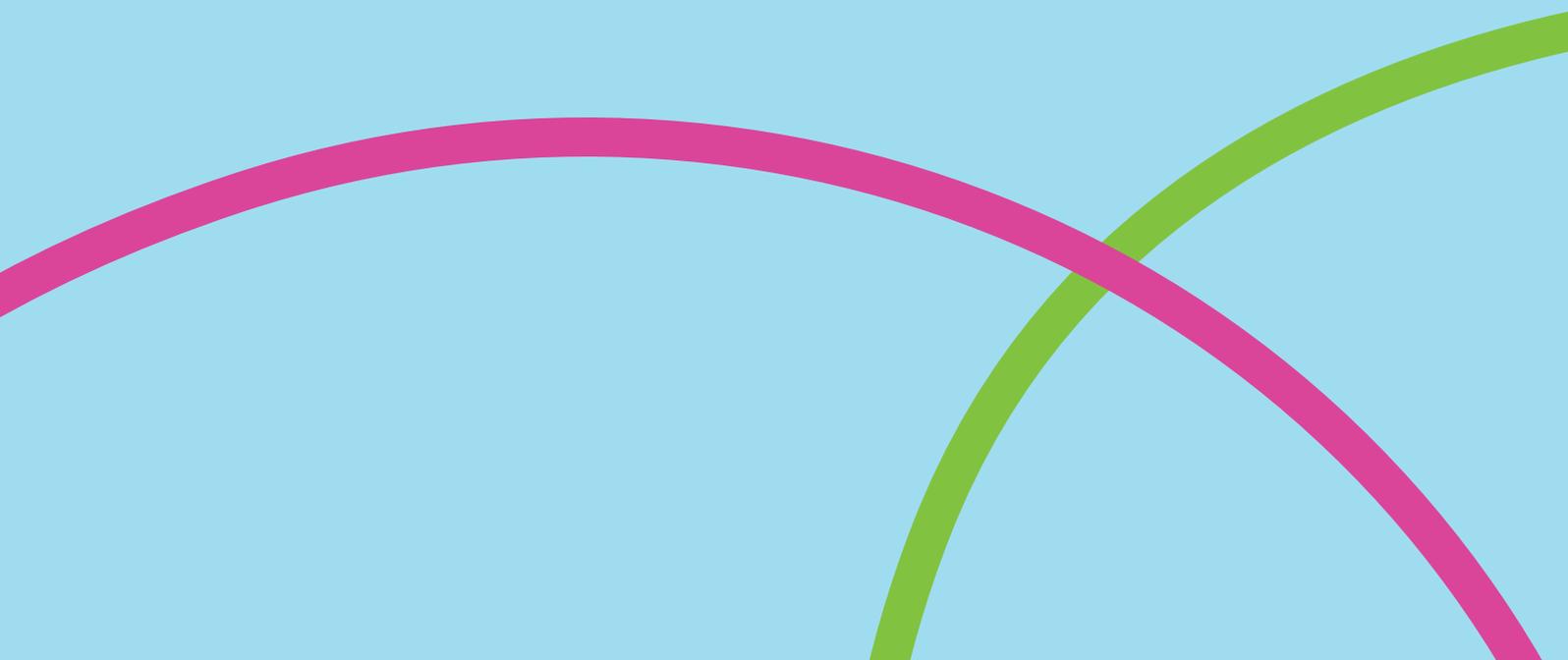


Enter and View report

Bramble House, Gloucester

4 October 2023



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About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Bramble House, Gloucester

Visit date: 4 October 2023

About the service

Bramble House is a dementia specialist care home and provides accommodation for people with dementia. It was purchased by the current owners in 2008. The home can care for up to 29 residents. Accommodation is provided on two floors; communal space is available on the ground floor and the bedrooms are on both the ground and first floor. Residents have their own room, unless they are shared as a result of a strong family/relationship, some of these rooms have en-suite facilities.

Purpose of the visit

This visit was part of our ongoing quality monitoring programme across the county.

How the visit was conducted

Bramble House was advised that the visit would take place during October 2023; the specific date was not confirmed.

Ahead of the visit the team considered the latest CQC report from an inspection in February 2020 and other available information to inform the visit.

The visit was carried out by four authorised representatives. The team spoke to members of staff, all permanent (including members of the management team and the owner of the home), residents and relatives.

Information was collected from observations of residents in their day-to-day situations, including lunch, and conversations with staff, residents and relatives, against a series of agreed questions.

Authorised Representatives

- Helen Esfandiarinia (Staff member and Lead Authorised Representative)
- Fred Ward (Volunteer)
- Jane Taylor (Volunteer)
- Amanda Naylor (Volunteer)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Lead Enter and View Authorised Representative who carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

Bramble House was made aware that the visit would happen during October 2023. While they were not aware of the specific date, there were communications ahead of the visit (phone calls and emails) to enable them to understand the process and ask any questions.

The (Registered) Manager was advised of the arrival of the visiting team. We observed that a poster advising of our upcoming visit had been displayed on the front door of the home and leaflets were available in the foyer. We were welcomed into the home and initial discussions set out our plans for the visit. No restrictions were placed on access or who we could speak to.

The Manager gave the team a tour of the home and we then split into pairs. The first pair spent time talking to the Manager, observing lunch, speaking to staff and relatives and undertaking general observations. The second pair spent their time across the home

speaking to residents, relatives and staff. They also observed lunch and undertook general observations. Due to the layout of the home most of the time during the visit was spent on the ground floor.

At the end of the visit the team met to share findings and agree recommendations. These were then shared with the Manager and owner.

At the time of our visit there were 28 residents; the majority of these were publicly funded.

Key findings

The following are the key findings from the visit and should be considered alongside the further information provided later in the report:

- The visiting team were warmly welcomed by all into the home. Staff and residents were friendly and approachable throughout the visit.
- There was evidence of person-centred care for residents during the visit and those residents observed appeared to be dressed appropriately.
- All staff, regardless of role, were evident during the serving of lunch and observed to be supporting residents with their individual needs.
- The food looked appetising and seemed to be enjoyed by residents who were given a choice.
- We observed wheelchairs and other equipment being left in corridors during the visit. Due to the constraints of being an older building with narrow corridors this can present trip hazards for residents and staff. Please see 'Physical environment' (page 9) for further information.
- The home has a good outside space that has a lot of potential. However, we observed a number of trip hazards and there are areas of the garden that are not well maintained, for example, the raised flower/vegetable beds. We did hear that there are plans in place to improve the outdoor space.
- We observed that there was signage missing from some of the doors, including residents rooms. Please see page 10 for further information.
- We observed that there were no handrails on the first floor.
- In relation to resident activities:
 - There is no activity co-ordinator currently, this role has been vacant for six weeks (at the time of the visit). The home is in the process of recruiting someone into this role; final checks are currently being completed.
 - The activity programme (presented on a board on the ground floor) was out of date.
 - We did not observe any activities being available to residents on an ad-hoc basis, for example, there were no magazines, books, or newspapers within easy reach of residents and no evidence of crafting activities. Please see 'Activities for residents' (page 7) for further information about this.
 - We did not observe any residents engaging in planned activities in the home during our visit, however, we did observe some residents being taken out by relatives etc.
- In relation to meeting the needs of residents with dementia:
 - There is evidence of some contrasting, for example, toilet seats, doors to residents rooms, plates etc.
 - Some of the signage is dementia friendly, for example, signs on toilet doors. We were advised that more dementia friendly signage is on order.
 - There was a fiddle board observed on a hallway wall and a portable version available in the lounge.
 - We observed one resident with a dementia dog (breathing 'toy').

- During the visit staff were visible on the ground floor and appeared to be working 'with purpose' during the visit.
- We heard some staff refer to the home as 'family orientated', management spoke about residents compassionately and appear committed to providing a 'home' for them to live in.

Recommendations

We would like management to consider the following recommendations for improvement. These are based on our findings from the visit:

1. In relation to the physical environment:
 - Undertake a review of storage options in order to easily keep corridors and communal spaces clear of equipment that is not being used.
 - Address trip hazards in the outside space to create a safer environment for residents.
 - Seek opportunities to engage with local schools, community groups, charities etc. to address the outside space and create a safe and welcoming environment for residents
2. In relation to activities and entertainment for residents:
 - Undertake a full review of the activities programme with the new activities coordinator to ensure it provides appropriate levels of enrichment for all residents, on a group and individual basis.
 - Remove current activities programme as this is out of date. Consider how this can be presented to enable residents to understand what activities are available and for relatives to be able see how this enriches the lives of residents.
3. Look for ways to support staff to help residents to engage in more ad-hoc activities, for example, games, crafts, puzzles, appropriate books, magazines and newspapers, music etc.

Observations and findings

There are no communal rooms on the first floor and the residents bedroom doors were mostly closed during our visit, therefore, most of the observations and findings are based on the ground floor. We are unable to comment on the support that residents who largely remain in their room receive.

Residents

All residents are living with dementia and are able, with the support of the home and external agencies, to stay at the home until end of life where possible and appropriate.

During the visits residents were observed to be:

- Appropriately dressed
- Able to move around the home independently (where possible)
- Supported by staff as necessary, for example, with mobility issues, refreshments etc.
- Interacting with each other and staff.

Person-centred care

The remit of the visit does not include looking at care plans however, we talked about person-centred care and used observations during the visit.

We heard that each resident does have an initial assessment and care plan. Staff have access to this via the Care Doc system on tablets that they carry with them; this includes a built in messaging App. There is a handover at the start of each shift where any changes to residents needs etc. are communicated to staff. We heard that staff are also updated on an ad-hoc basis and encouraged to notify senior staff of any changes or concerns with residents. Staff are also updated via staff WhatsApp group, email and staff meetings.

During the visit we observed some information on residents bedroom doors where there was a risk of falls or there is a 'DNR' in place (this is indicated by a red circular sticker). All of the residents rooms have an alarm system to alert staff when they leave their room or a resident enters the private space of another resident; this is switched on and off by staff as appropriate to meet the needs of residents.

During the visit we observed:

- Staff supporting residents with their individual needs, for example, ensuring they are able to sit in their preferred chair in the communal lounge.
- Residents being able to move around the home without restriction and being supported by staff when, for example, they opened the fire door to access the garden while walking 'with purpose'.
- Staff interacting with residents on an ad-hoc basis and also while using the hoist (explaining what was happening and providing reassurance).

As we did not access many bedrooms during the visit we are unable to comment on whether there is resident information available in the rooms, for example, likes/dislikes, family/personal information etc.

Activities for residents

At the time of the visit there was no activities coordinator in post and this had been vacant for six weeks; there is a preferred candidate and the pre-employment checks were in progress. The home was hopeful that the appointed person would be able to start within a few weeks. We heard that there will be a full review of the activities that are available to residents at that point and this will include individual and group activities.

We heard that while the home does not have a minibus to take residents out there is a company car that can be used for this purpose if residents choose to and staffing levels allow.

We heard that when a resident moves into the home there are conversations with the resident, and their relatives, to understand their interests etc.

There was an activities programme on display on a whiteboard on the ground floor but we were advised that this was out of date due to the vacant activities coordinator role. The visiting team observed that the activities written/described on the board did not appear to be very enriching for the residents, for example, jigsaw, 1-1. We were advised that it was written up simply to enable residents to understand and that 'jigsaw' was a group activity that enabled conversations to take place.

We heard that some activities have continued while the activity coordinator role is vacant as these are run by an external provider, for example, the Music Man comes in weekly, regular fitness sessions etc. We also heard that residents are able to go out with relatives and friends, this was observed during the visit, and that the local church groups come into the home.

There was a fiddle board on the wall on the ground floor and a further portable one available in the communal lounge. There were some magazines in the communal lounge, however these were not easily accessible for residents. There was also a book shelf with a large number of books; this was not accessible to residents. There was no evidence of games, puzzles, crafts etc. available to residents. We were advised that due to the presentation of some of the residents consideration is given to what is accessible for health and safety reasons.

We heard that due to staff carrying out their caring duties with residents time can be limited for them to engage in specific activities with residents. However, they are expected to interact and talk with them about their family, interests and history while providing care and will have impromptu dance or sing with the residents. We did observe this during the visit.

Meals and food

All food is freshly cooked on site by chefs who are employed by the home.

We heard that when a resident moves into the home they, and their relatives, are spoken to about their likes/dislikes and any dietary requirements.

A weekly menu was available in the corridor of the ground floor and included lunch only; there were two main course choices.

We heard that residents are asked on the day what they would like for lunch; if a resident does not like either of the choices they will be offered something else. We observed this during our visit.

There is a morning and afternoon tea trolley and refreshments are also available to residents upon request outside of these times. Staff have access to the kitchen and can provide snacks/drinks to residents once the chef has gone home. We heard one example of a resident who likes snacks late at night and that this is accommodated.

There are two dining areas on the ground floor. Food is served directly from the kitchen. Residents are able to choose where they eat their lunch; in one of the dining areas, in the lounge or in their room.

During the visit we observed lunch being served in both of the dining areas and lounges and the following points were noted:

- Staff asking residents what they would like to eat for their lunch; this was in the half hour prior to lunch being served.
- Residents being able to choose where they sat; some residents had a preferred chair or table and this was accommodated. The majority of residents did come into the communal areas for lunch rather than staying in their rooms.
- Residents being supported by staff on an individual basis with eating, cutting up food etc. This was all carried out in a calm and respectful way.
- All staff, regardless of role, supported the serving of lunch and were working as a team.
- Appropriate interactions between staff and residents.
- The food appeared to be hot, was nicely presented on plates and the portions sizes seemed appropriate. Residents appeared to be enjoying their food!
- Residents being supported by relatives

Staff (including recruitment and training)

On the day of our visit we were advised that there were four carers and one senior carer on duty. The Registered Manager and Deputy Manager were also present. This was described as a normal staffing level. Other staff present during the visit were housekeeping and kitchen staff.

The following was observed during our visit:

- Staff were visible on the ground floor and were observed to be engaged with providing care and support to the residents.
- Interactions between staff and residents were appropriate. Staff were observed to be talking to residents and explaining what was happening, for example, when using the hoist.
- Staff being (appropriately) tactile with residents.

Recruitment

The home is not signed up for the sponsorship scheme (to recruit overseas care workers) and manages all recruitment in-house.

A new starter will undergo an induction programme which includes completing all required training and shadow shifts (the number of these can be extended if necessary).

Training

We heard that training is delivered in-house where possible and this is a mix of face-to-face and online training. We heard that staff are expected to complete the Care Certificate within the first 12 weeks of employment and that dementia training is offered to all staff. We also heard that training provided by Gloucestershire County Council is also accessed, for example, falls, safeguarding, end of life etc.

Support

We heard that staff are supported in a number of different ways:

- Annual appraisal.
- Supervision sessions.
- Monthly meetings during probation period.
- Handovers at the start of every shift.
- Monthly staff meeting (which are minuted for those who cannot attend). We did hear that not all staff were aware of these happening monthly.
- Use of a WhatsApp group to keep staff updated.
- Use of Care Docs messaging system (which staff access via handheld devices that they carry with them at all times).
- The Manager described having an 'open door' for staff to speak to her.
- Either the Manager or Deputy are available 24 hours a day to offer support to staff.

Agency Staff

There were no agency staff on duty on the day of our visit. We heard that if agency staff are needed this is via one agency and they try to book people who have worked at the home previously. The home is assured by the agency that all necessary checks are completed.

Physical environment

The home is located on the outskirts of Gloucester city centre. While it is located on a main road, once inside the home there is no external noise.

Entrance to the home is managed by staff; there is a small foyer with a sign-in book and noticeboard with various information available. There is also a suggestion box. There was no information available in the foyer in relation to the staff or who was on duty that day.

The home is across two floors. The ground floor has the communal areas of the home and a number of residents rooms. The first floor does not provide any communal space rather residents rooms and bathrooms. There is a small lift between the ground and first floor that residents are able to access and use. Other than the lift, the first floor can be accessed by stairs which have stairlifts for residents to use; with the exception of one flight of stairs, access to the stairs can only be gained by using a keycode and the support of staff.

The internal space in the home does present some challenges as the corridors are narrow and there is no natural flow to the space (particularly on the ground floor). Signage is in place, and there are themed areas, to help residents to navigate around the home. A number of residents do use wheelchairs, or other walking aids, and it was observed during the visit that maneuvering around the corridors can present some challenges. We did hear that there is a risk assessment in place to help mitigate this.

There are two communal spaces on the ground floor that offer both lounge and dining areas. These are both pleasant rooms; light, views to the garden and nicely decorated. Residents were observed in both of these areas during the visit. The television was on in both of these spaces throughout the visit.

We did not see many residents rooms during the visit but those seen were clean and appeared well presented. Names and photos of residents were on most of the residents' doors; we were advised that those missing were currently on order. Not all of the rooms had full en-suite facilities.

There are a number of communal toilets/bathrooms across the home and these were observed to be functional and clean.

There is a good sized outdoor space available and this does present a good opportunity for pleasant outdoor space for the residents to use. This includes a garden and an 'orchard' with raised planters. The outdoor space can only be accessed by residents with the support of staff (through doors with keypads). However the fire doors open onto the outdoor space and residents are able to open these themselves; an alarm does sound when this happens so that staff can respond accordingly. We did observe this happen on a number of occasions during the visit and staff always responded very quickly and supported the residents back inside. The following points were noted in relation to the outside space:

- There are a number of trip hazards noted in the garden, for example, uneven concrete paths and steps.
- There was some summer garden furniture available. Due to the time of year this was stacked up ready to be put away for the winter.
- The orchard area of the garden and raised planters were not particularly well maintained and in their current state unusable for the residents.

We did observe that there had been some clearing started in the orchard area. We also heard that there are plans to address the paths in the gardens and that there are plans to change the use of the summer house (currently used by staff) into a space for residents to do activities. There are no timescales currently for this work due to financial constraints.

Other general observations during the visit:

- There was some signage missing on some doors, one example of this was a toilet on the first floor. We were advised that it was intentional not to have signs on doors that are not accessible/for the use of residents (in order not to draw attention to them).
- Most of the signage is dementia friendly, for example, on toilet doors. We were advised that more dementia friendly, and missing, signage is on order.
- There is some contrasting across the home, particularly the doors of residents rooms, toilet seats, dinner plates etc. We heard that some doors are not decorated in contrasting colours in order to not draw attention to them.
- There were no unpleasant odours noted during the visit.
- There were a number of obstructions in the communal areas of the home, this was of particular concern in the narrow corridors as can present a trip hazard to residents, staff and visitors to the home. Examples of this included wheelchairs not being put away, 'cleaning in progress' signs not in use propped up against walls and furniture, a privacy screen that did not appear to be in use left in the corridor.
- A couple of mobile PPE stations were placed in areas that caused obstructions. For example, on the first floor it prevented the door at the top of the stairs opening fully and one was placed in front of the fish tank obscuring the view of this. We were advised that these are required as an infection control measure.

Access to other services

Residents have access to a number of different services. Some of these are provided in-house otherwise residents are supported to access them outside of the home:

- Dentist – residents are supported to attend appointments outside of the home.

- Hairdresser – provided by the manager currently. A hairdresser is awaiting her DBS check and then will come into the home regularly.
- Chiropodist – comes into the home every six weeks.
- Optician – visits the home every two years but comes in when needed otherwise.

Relatives

We heard that there are no restrictions placed on visiting. A number of residents do not receive any visitors but relatives of other residents will often spend time with them. During the visit we observed some relatives visiting and were advised that relatives are able to take residents out if they want to.

We heard that relatives are involved in care planning (and the regular reviewing of this) and are kept up-to-date via emails and the Facebook page for the home. The Manager also advised that she is available to speak to relatives about any concerns they may have and provides feedback to them via phone, email or face-to-face.

We observed a suggestion box in the foyer of the home for relatives/visitors to use. We heard that relatives are asked to provide feedback via a survey.

What people told us

This is based on what we heard on the day of the visit.

Care home residents

It was not possible to speak to many residents due to their presentation and recognise that what they have told us may not be correct.

Family and relatives

Staff

We heard that staff care and will phone relatives if there is any problem. "I think staff are lovely – there's no atmosphere."

Care provided

We heard relatives say that rooms are well kept and that personal care is 'very good', about the resident 'they are regularly changed' and when they change dressings they write the date on the dressing.

We did hear that the care provided by staff can vary and that some staff are better than others. An example of this was that some, but not all staff, will talk to residents as they are doing this and explain what is happening, such as when using the hoist, and others don't do this.

General

The bedroom is 'lovely and clean'.

In relation to food/meals: "Cook is lovely. I don't think he could do any better."

Relatives did express concern about the lack of activities and entertainment for the residents.

Care home staff

We heard from staff that they enjoyed working at the home and with residents. It was a bit of a steep learning curve but they like the job 'more than they expected to', that they enjoy working with the residents and seeing them happy.

Support

Staff mostly described feeling supported: "I love it here." "Feels family orientated." However some felt that concerns/complaints are not listened to and sometimes responded to with 'we know you can do this'.

Staff described being supported; they 'tailor shifts' for the staff, that management do 'bend over backwards' and that "I think maybe I ask too much but nobody minds." We did hear that support from other staff can be variable due to them being very busy.

We heard that staffing levels are appropriate but there are challenges sometimes due to staff leave, sickness and unexpected distractions and interruptions.

We heard that staff do not always know when outside visitors, such as district nurses would be coming into the home.

Training

Not all staff were able to remember if they had completed dementia training.

We heard that induction had included shadow shifts and online training.

Provision of care

Staff described how they have a new resident induction.

We heard that staff access the Care Doc system from a handheld device and that this provides all the resident information.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the management and owner of Bramble House, all staff, residents, their families and friends for a friendly welcome and unlimited access to the premises and activities.

Provider response

From the Registered Manager of Bramble House Care Home:

We welcomed the visit from Healthwatch Gloucestershire as we are always happy to show visitors what we do and how we support our residents. Our aim is always to provide our residents with the best care and support so that their individual needs are met, and their changing needs are recognised and acted upon. We are a small family run care home, and our home-from-home environment is what is important to us as it is to our residents and their families. What we do is to try to create an intimate and homely atmosphere where our residents feel settled and that they belong.

Our staff are approachable and friendly, and it is important to us that we are supportive not just of our residents, but also of their families and friends. We know that they are always very happy to talk and to share their experiences, and we have an 'open door' policy which means that our management team are always available if they are needed. We are a dementia specialist care home and we know that one of the most important things to help us to achieve the best possible outcomes for our residents is to really know them as individuals, so that we can help them in the most person-centred way.

We recognise that much of the focus of Healthwatch was on activities and the importance of residents being involved and engaged with activities, not just for entertainment purposes, but of daily living, so that individuals feel fulfilled and useful, and we absolutely agree with this. At the time of their visit, our Activities Coordinator, hadn't started and so we were unable to demonstrate what our intentions with regards to activities in the Home are, but since the visit, our Activities Coordinator has now started, and we have a regular programme of

activities and events for our residents to enjoy. Activities have always been important to us, but there is now a little more organisation in the arrangements and a greater degree of choice which is good to see. In recent weeks residents have enjoyed balloon tennis, exercise classes with a qualified physiotherapist, fitness and movement sessions, the Memory Man sessions of quizzes and fun, a Pantomime, fireworks, arts and crafts, and much, much more.

We are very lucky that so close to the centre of Gloucester, we have access to good size grounds, which include an old orchard. We are well aware of the opportunity that this space presents to us, and it could do so much more than it is, but even so, our residents still benefit from the space and the wonderful cooking apples that the trees produce as well as the seemingly never-ending supply of rhubarb! We will be looking at how this area can be improved and have plans for the future which we will happily share with anyone who comes to visit. In the meantime, this is not the only outside space available to residents, we have a flat, courtyard area which is a real suntrap and an area of lawn between our two lounges where we have tables and chairs for socialising in the spring and summer. Our own audits and inspections of the premises have already identified where we can make changes, including making some of the paths slightly more 'flush' with the ground level, and these are included in our plans.

With regards to links with the community, we have been very active in working with other groups in the past. We are keen especially to restart our intergenerational working which involved working alongside a local children's nursery and nearly had this arranged with a local infants school to start again when our old Activities Coordinator left, so we have plans to start this again in 2024. However, we have close links with local Scout groups and this will continue. Unfortunately, in recent years there have been less opportunities to welcome visitors into the Home, but previously we have welcomed our neighbours and community with a summer fete or BBQ but we fully intend to do this again.

All the dementia friendly signage which was on order at the time of Healthwatch's visit, but had not yet arrived, has now been put up and looks fabulous so we're really pleased with that, and we have also recruited another maintenance person whose main job is to concentrate on the painting and decorating of the home. It's a bit like painting the Forth Bridge but having someone on site more regularly is going to be a real bonus and one we think will make a noticeable difference.

If you are looking for care and support for your loved one, or you just want to come to visit to see how we work, please get in touch. We are always proud to show people what we do, and very happy to have welcomed the Healthwatch Gloucestershire Team to Bramble House and to have had their feedback about us.

Contact us

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