



Stockport Local Involvement Network

Bryn Haven, Brinnington

Care/Residential Home Visit

Tuesday 3rd August 2010

A report compiled by the Stockport Local
Involvement Network

LINK Support is provided by the LINK Support Team at Pebble Enterprises, Labyrinth House, 45
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What is the Stockport LINK?

The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.

The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**
We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.
- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**
Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.
- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**
This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.
- **Work with and influence those who make decisions about new services or existing services to help make them better.**
The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.
- **Be flexible, providing many opportunities and different ways in which you can get involved.**
One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

Bryn Haven, Brinnington

3rd August 2010

Report from: Stockport LINK Enter & View Team

Visiting Members: Mike Lappin, Joyce Drummond and Jean Mycock

Report to: LINK Core Group

Report Date: November 2010

Subject: Informal Visit

Appendix: Star Ratings used by the Care Quality Commission

Introduction

Bryn Haven was purpose built approximately 45 years ago and is situated on the outskirts of a large housing estate. The home is owned by Borough Care Limited, which was established in 1993, who now have 12 homes throughout the Stockport area.

The Care Quality Commission carried out a visit to the home in May 2008. The Commission gave the home 3 stars. For Star rating please see appendix 1. For a copy of the Inspection Report please visit [\[http://www.cqc.org.uk/registerservicesdirectory/RSSearchDetail.asp?ID=0000008544&Type=CRH\]](http://www.cqc.org.uk/registerservicesdirectory/RSSearchDetail.asp?ID=0000008544&Type=CRH) or the LINK Support Team can forward you a copy by post.

The LINK Team were welcomed by a member of staff who introduced the representatives to the manager, Rosaleen Charles who showed the team around. The home is registered to take up to 42 residents with dementia.

No. of Resident Places: 41

No. of Places with nursing care: 0

Total no. of places: The home is registered to take 42 people

Purpose of the visit

The LINK would like to acquaint themselves with the manager and staff of the establishment to build an effective relationship between the home and the LINK and view the quality of care received within the home.

Building and accommodation

The car parking is limited but staff are mostly local and therefore walk into work. The home has a secure system that requires the doors to be opened by someone inside the building before access is gained, therefore no strangers can enter. On arrival the representatives signed the visitors' book. There was antibacterial gel available for use with a notice but nobody asked the representatives to use it. The home is purpose built and is of sound structure. There was good access around the building for wheelchairs and frames and the corridors were free of clutter. There are a number of smaller rooms which can be used for quiet meetings but most of the time the residents' bedrooms can be used for this purpose. There are no health and safety issues that could be seen and no hazards. The building and its interior are in good, safe order.

About the Service and General Support

Currently the home is a 42 place centre with one double bedroom. There are 41 residents, 5 male and 36 female. The residents were all of white British ethnicity. The home offers dementia care and high dependency care. Each resident has their own activity plan. Care plans are all computerised but none were available for the representatives to see due to confidentiality. Family have access to resident's rooms and tea making facilities. For any specialist nursing requirements specialist nurses are brought in. The staff are all trained with various hearing aids and there is a loop system in the lounge. There is access to health visitors and a dietician. Speech and language help and palliative care is available. If a resident starts to have problems outside the scope of the home they are assessed and moved to a nursing home if required.

The pharmacist sends in any medication which was set up by the pharmacist themselves. Families are involved with making the care plans. Representatives were told that many staff had received Dignity in Care training. There is a GP surgery next door to the home that the majority of residents use. Residents can retain their own GP if they are in the same catchment area. The staff feel the service provided by the local GP is very good.

Experiences of using Stepping Hill Hospital vary, the discharge procedures are sometimes problematic with some wards being more so than others. The ambulance service is mainly good. There are no rehabilitation facilities provided at this home. The main difficulties at the home are regarding discharge procedures at the hospital

with a few cases of pressure sores on residents returning from hospital. Staff also indicated a closer relationship with the local pharmacy would be beneficial.

Staff

There are currently 50 staff, made up of full and part time members. Above 75% of the staff are trained to at least NVQ level 2 standards. There is also ongoing training in specific health needs. The staff turnover is low but representatives had no real opportunity to speak to members of staff.

Patients/Residents/Carer/Family

There was no opportunity to speak to residents due to a singer being on site during the representative's visit. Those who were not watching the singer were watching television or sleeping.

A copy of an example sheet of entertainment available to residents was obtained by representatives (appendix ii). The home also had a photo album of activities including picture of parties. There were also photographs on the notice board. The main lounge downstairs is used when outside entertainment is invited to the home. Other activities are carried out in other rooms throughout the home. If residents are uninterested there are smaller, quieter rooms valuable. There is a small room set aside as a therapy lounge which is also used as for church services.

There is a residents' meeting once a month, as well as staff meetings. A suggestion box and a LINK poster were also on show.

Doors are locked to ensure residents do not walk into the wrong room. Rosaleen offered to show representatives one vacant room, which is the short stay room. However, she then realised she did not have the key with her at the time.

Food

There was no fruit or snacks left out in the home for residents to choose from, however fresh fruit is on the menu. Previously snacks had been available in the home, but residents would tend to collect them from the lounges and keep them in their rooms so other residents were unable to access them.

Due to the time of day the representatives visited they saw no food being served. The ground floor dining room is small; however there are three other lounge-diners.

Food is served in two sittings per meal. The first sitting is a protected meal time for residents who are at risk of weight loss, nutritional deficit or are unable to feed themselves. Extra support is given to residents during this time. The second sitting is for residents are able to feed themselves.

The menus are four weekly and were given to the LINK representatives. One week's menu is available at Appendix iii. The home uses a nutritional screening tool on admission on every resident. If the home has any concerns about a residents weight, the resident is referred to a district nurse, who will give the resident a MUST score. If needed, they are then referred to a GP or dietician.

The home tries to deter visitors from being in the dining rooms during meal times and discourages GPs and nurses from visiting during this time.

Conclusion

Residents appeared clean and healthy. The home looked clean and tidy and they have good ideas with the garden. There is an attractive conservatory. From what representatives saw, people's respect and dignity are upheld here. The home plan to add something to each resident's door to trigger their memories. They also plan on doing "memory boxes" in the future. The poorer features representatives found were that there were too many different air fresheners, although the home appeared clean.

During the time LINK representatives were at the home, they did not feel that they were made welcome. Individually, some reported that they were not offered a seat when invited into the office and staff appeared to actively avoid speaking to them. However, on receiving a copy of the draft of this report, Rosaleen explained that often the offices can get very busy and there is not always free seating.

It felt apparent that the LINK inspection was not welcome or supported. When organising several Enter & View visits to Borough Care homes, the LINK found barriers in arranging visits and were referred to Christine Rush, the CEO of Borough Care. After correspondence, the LINK were then referred back to the homes to organise the date of the visit. Due to this, the representatives felt that managers at these homes were unaware of the LINK's purpose and as a result appeared defensive.

Although representatives were unable to speak to any residents, in the main the home looked clean and is run reasonably well.

To The Home

1. The LINK and the home to keep in contact with any health & social care issues that may arise.
2. Please be aware that the LINK is your opportunity to voice your concerns about any area of your service or the support you receive to carry out your service. LINK representatives are happy to bring any concerns you may have to the relevant parties.

To The LINK

1. LINK to refer discharge and pressure sores issue to LINK Discharge task group.
2. The LINK and the home to keep in contact with any health & social care issues that may arise.
3. For representatives to be aware when visiting homes that the staff may be protective over resident's privacy and understand the need for this.

The views in this report are of the collective team of Enter & View Representatives who visited Bryn Haven and only apply to the day on which the visit was made.

Stockport LINK [November 2010]

Appendix 1 – Star Ratings Used by the Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: www.cqc.org.uk

Or contact the Stockport LINK Support Team on 0161 477 8479

Appendix ii - Example sheet of entertainment

Date 2nd July
 Name of Activity Terri + Bill Entertainers 2pm
 Venue Dining Room
 Facilitating Terri + Sue M.
2nd July

Appendix iii - Menu Week one

Week 1

Breakfast: Choice of cereals, Porridge, Grapefruit and Toast and preserves. Cooked breakfast on request

Salad available every day

DAY	DINNER	TEA
MON	Lancashire Hot Pot. & Red cabbage Vegetable cobbler Date & walnut loaf	Vegetable Soup. Poached eggs on Toast. or Salmon & spring onion fishcake Peas, B&B Gooseberry pie & custard
TUES	Gammon, roast potatoes & Cauliflower Cheese. Jacket Potato, Cheese & Beans. & side salad Farmhouse Fruit cake	Potato & Herb Soup. Spanish Omelette, & Salad or Grilled tomatoes on Toast. Peach cobbler & Ice-cream
WED	Somerset pork casserole, new potatoes & garden peas Meat balls & spaghetti with G. bread Cherry & almond slices	Celery Soup. Sandwich selection or Creamed Mushrooms on Toast. Chocolate pudding & white sauce
THURS	Ham & leek pie potato croquets & green beans Mild Chicken Curry & Rice. Homemade shortbread	Mixed Pepper Soup Smoked haddock & B&B or Quiche & side salad Lemon meringue pie
FRI	Scampi, chips and peas with tartar sauce. Steak & Kidney pie, chips & peas Baked egg custard	Mushroom Soup. Pate & French bread or BLT sandwich Eves pudding & custard
SAT	Shepherds pie, carrots & sprouts & gravy Ploughmans lunch with crusty bread Strawberry cheesecake	Pea & Ham Soup Beans on toast or Scotch eggs & side salad Manchester tart
SUN	Roast Beef, Yorkshire Pudding Roast & Creamed potatoes Carrots, Turnips, Broccoli & Gravy. Sticky toffee pudding & cream	<u>Buffet Tea</u> Mixed Sandwiches, Sausage rolls, Pork Pies, Potato Salad & Crisps . Raspberry Pavlova

FRESH FRUIT, YOGURTS OR ICE – CREAM AVAILABLE.