

Enter & View Report

Burrell Mead Residential Home, 4th July 2024



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Visit Details	
Service Visited	Burrell Mead Residential Home
Registered Manager	Eileen Shaw
Date & Time of Visit	Thursday 4 th July 2024, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Charlotte Bradford, Zackie Alfian, Gerda Loosemore-Reppen, Theshvini Kanagarajah
Lead Representative	Reedinah Johnson

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services such as care homes, hospitals, GP practices, dental surgeries and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter & View Report', shared with the service provider, local commissioners and regulators, outlines what is working well, and makes recommendations on what could work better. All reports are available to view on our website.

1.1.2 Safeguarding

E&V visits are not intended to identify specific safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything about which they feel uncomfortable they inform their lead, who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed during this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on the day.

1.3 Acknowledgements

Healthwatch Bromley would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs who assisted us in conducting the visit and putting together this report.

2. Information About the Service

2.1 Burrell Mead Residential Home

Burrell Mead is situated in West Wickham on the border of Bromley and Croydon. Provided and run by Westwood Housing Association, the residential home provides care and support to elderly residents.

Burrell Mead is a not-for-profit organisation. According to their website, they “own their own buildings and residents' fees are channelled directly into providing the best care possible at an affordable rate”.

2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

An inspection was carried out in February 2021 and the overall rating was "Good". The CQC carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of their regulatory functions. This inspection was planned to check whether the home was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. As part of CQC's response to the coronavirus pandemic, they were looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the home's infection control and prevention measures.

At the time of the inspection the home was following the current government guidance in relation to infection prevention and control. Although there were no relatives visiting people at the home, the manager and staff enabled residents to maintain links with family members and friends.

2.3 Residents

At the time of our visit, 20 residents were living at Burrell Mead. Most are self-funding, three are funded by the local authority (LA). The majority of residents have a long-term condition (LTC) and ten are living with dementia.

2.4 Staff

The home has 40 staff; three are full time, the remainder part time or on zero-hour contracts. The management team comprises the Home Manager, the Deputy Manager, and administrative staff.

Burrell Mead has a senior staff member in charge throughout the day (split into three shifts), supported by the care team. The home has three care assistants working during the day and two during the night. They also have a cook and a kitchen assistant in the morning and afternoon. There are usually one to three domestic assistants working in the morning.

3. Summary of Findings

The E&V visit was carried out on Thursday 4th July; five E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail and seeking feedback

3.1 Entry and General Accessibility

Notes

The building is positioned away from the main street and traffic noise. We observed a well-kept outdoor space with parking designated for visitors.

What works well?

- Easily accessible by public transport
- Parking space for visitors
- Security pad on front door
- Logbook for visitors to sign in and out
- Hand sanitiser available at the entrance
- Seating area by the front porch
- Wheelchair friendly and lifts available
- Induction loop
- Security cameras inside and outside the premises
- Cards and photos displayed by the entrance
- Notice board which included HWB E&V poster.

What could be improved?

- There is no designated ambulance bay
- The signage for the home is obscured by trees.

3.2 General Environment

Notes

The atmosphere within the communal area is welcoming and warm, with lots of natural light, making the residents feel comfortable and supported.

The dining room features plain carpet and walls, complemented by patterned curtains that stood out against the walls.

In the lounge, we noticed heavily patterned carpet. Armchairs are arranged close to each other, fostering social interaction. At the back of the lounge, there is a "Tuck Shop", a glass cupboard filled with toiletries and light snacks such as crisps and sweets. A price list ranging from £3.50 to 30p is displayed on a board.

In the corridors, handrails and bannisters are painted in a colour that stands out against the walls. Certain doors, such as those for the lift and storage, are easily distinguishable from walls.

The home possesses a large, well-cared for garden, with tables, chairs and umbrellas, as well as benches. A neat and tidy lawn complements the orderly garden.

Residents' rooms are spread across two floors, as well as a separate bungalow with six bedrooms. Varying in size, all bedrooms are equipped with a small wash basin. There are two ensuite bedrooms within the home.

Every bedroom door has a name identifying the occupant as well as a sign "please knock before entering". Bedrooms can accommodate residents' own furniture and be personalised to suit individual taste.

In the bathrooms, the toilet seats and light switches contrast in colour with the walls.

What works well?

- Easily accessible, suitably adapted toilets are equipped with an emergency pull cord
- Toilet seats, flush handles and rails contrast with the toilet and bathroom walls and floors
- Suggestion box available near main entrance
- Corridors are wide enough for wheelchair access.

What could be improved?

- The lounge has heavily patterned carpet, which is not dementia friendly

- One garden bed has loose bricks and rocks that could be a hazard
- Not all bathrooms have signage (e.g. the toilet in the bungalow has no sign other than the number 6)
- There are no dementia-friendly clocks.

3.3 Safety and visiting

Notes

At the time of our visit, there were no visiting restrictions in place. We observed clear fire exit signs and visible fire extinguishers. An emergency evacuation sledge is available on the first floor, close to the stairs.

There are security cameras outside and inside the home on each floor, with the CCTV screen in the manager's office. 'CCTV in operation' signs are visible in the corridors.

Some residents have their own keys to come in and out of the home independently. An alarm is installed on some bedrooms to notify staff if the residents leave the room.

Ropes are used in front of staircases to close off access to residents. Staircases can be accessed by staff members only.

What works well?

- Fire alarms tested weekly
- Security latches on bedroom windows
- Emergency alarm cords by beds
- Some doors, including cupboards, securely locked
- Kitchen staff wear gloves and hats
- Well-ventilated kitchen, efficiently organised walk-in pantry
- Security code on entrance door
- Hand sanitiser available at the entrance of the home.

What could be improved?

- Internal and external laundry doors left open even though signage says "Fire door keep closed"

- A bedroom in the bungalow had its door open to the garden: this door also leads to the car park which can be directly accessed from the main road.

3.4 Activities and Personal Involvement

Notes

The activities coordinator highlighted the team's dedication to offering person-centred activities for residents. They recognise that some activities may not be suitable for everyone, especially given the varying needs of residents with dementia and those with long-term health conditions.

During the visit, we observed residents taking part in a painting activity, with the support of an activity coordinator. A pianist who brought her two dogs was playing in the main lounge.

Activities schedules are displayed in the dining room and the main corridor.

Activities differ daily and include:

- Quiz
- Puzzles
- Keep fit
- Movie afternoon
- Arts and crafts
- Reminiscence with staff
- Nail care
- Hairdressing
- Church service (streamed on Sundays at 11:00).

The home organises 1-1 and small group outings to local attractions such as the park, restaurants and pubs, or to meet residents' specific requests (e.g. to visit the supermarket to buy flowers and a card).

Residents can use the landline if they wish; some have their own mobile phone or tablet.

What works well?

- A range of activities to engage residents and keep them active
- Photographs of residents' activities as well as artworks displayed in the home
- Activities clearly written on a white board in the dining room

- A flip chart of activity images and descriptions displayed in the corridor
- Activities corner with various books, board games and arts and crafts supplies.

What could be improved?

- We found no area for improvement.

3.5 Diet and Cultural Practices

Notes

The kitchen has a food hygiene rating of 5. The catering team accommodates residents with specific dietary requirements, offering a wide range of food options. In the kitchen, there is a guide for the residents' food preferences for breakfast, lunch and dinner. The chef mentioned that they cook mostly fresh ingredients, and the occasional frozen food such as chips.

A meal & drink schedule is displayed on the notice board by the main entrance. Early morning drinks are served from 06:45, breakfast at 08:15, lunch at 12:30, and supper at 17:00. Tea & coffee are available.

The home aims to have a spiritual ethos. Their board is made up of members of local churches and they have a weekly Sunday religious service. The local Catholic priest also comes in regularly.

What works well?

- Residents can choose what they would like to eat every day
Menu of the day is displayed in the main corridor, as well as on a white board in the dining room
- A picture-based menu is also clearly displayed.

What could be improved?

- We found no area for improvement.

3.6 Feedback and Complaints

Notes

The home conducts a monthly residents and relatives survey about different topics such as admission to the home, care received, activities, and food choice. The details and outcome are then made available on the notice board by the main entrance. There is also a residents and relatives meeting conducted twice a year.

What works well?

- There is a suggestion box at the main entrance.

What could be improved?

- We found no potential areas for improvement.

4. Residents' and Families' Feedback

We received feedback from seven residents and eight family members. We enquired about satisfaction levels, diet, activities and personal development, access to healthcare, socialisation, safety, and communication with the home. Overall, residents and family members expressed satisfaction with the service provided by Burrell Mead. Residents reported feeling warm, safe, and appreciated having a say in the types of activities offered. Assistance is available for residents who need help with eating or drinking.

Family members expressed satisfaction with the support their relative or friend receives from local health and care services such as GPs, dentists, and pharmacies. They believe that their relative or friend receives satisfactory personal care, including washing, hairdressing, and chiropody.

Most family members reported being kept informed about any concerns regarding their relative or friend, such as falls, ill-health, and future care plans. When asked if they felt residents were safe in the home, e.g. if visitors were asked to show ID and if there were clear evacuation plans, all relatives responded "yes" on the questionnaire.

Family and Friends' Selected Comments

"Very happy with services provided."

"Everything is as it should be."

"I have no concerns; everything is very good."

"I have very good relationship with the carers."

Residents' Selected Comments

"I am very happy here; the staff are good to me."

"I was happy to come back to the home after being in hospital."

"The staff are doing their best."

"I am happy with the services, and I feel that they listen to my concerns."

"I feel I am treated with respect."

5. Staff & Management Feedback

We received feedback forms from ten staff members and two from management. During our observation, we noted that all staff were interacting with the residents in a kind and respectful manner.

5.1 Staffing

Notes

Of the ten staff members we spoke to, one has been there for more than four years, four between one and three years and five under 12 months.

Training

All staff undergo an induction that typically takes six weeks and includes shadowing. It takes place face-to-face and online. Yearly refresher courses such as manual handling and first aid are compulsory. Additional training is considered based on staff requests.

All staff completing the questionnaire were asked about their interest in additional training opportunities; two said they would be interested in further development.

Breaks

All staff respondents said they receive adequate breaks when they are on duty – they are satisfied with how handovers are organised and with the opportunities made available to support residents.

Management

Staff appear to have a good relationship with the manager – everyone that we spoke to during the visit said that they feel listened to if they raise any concerns or questions.

Seven staff said they have never raised a concern with management; three had done so and were satisfied with how management dealt with the issues.

5.2 Selected Comments from Staff

"Everyone here is very friendly and kind."

"I am happy to say I work here; I feel it is a really well run home and I would personally recommend it."

"Residents here are being given the best quality of care, treated with dignity and respect by all staff and management team."

"I feel the services available for residents are very beneficial, management aim to meet each individual's needs and provide advice to staff if residents need change."

5.3 Management

Notes

Overall, the registered manager is satisfied with the quality of service provided to the residents.

Diet

All residents' needs are assessed on admission and changed on a case-by-case basis. The home caters to dietary requirements (e.g. gluten-free, diverticulitis diet). Residents are asked the day before for meal choices, but changes are accommodated at mealtimes.

Menus are discussed during residents'/ relatives' meetings. Residents can choose where to eat, as care staff support them both in the dining room and their bedrooms.

Overall provision of liquids is monitored and reviewed regularly on a large scale and individual level. Some residents are monitored using specific fluid charts.

Quality of care

The home is kept at an ambient temperature.

Laundry services are done within the home. Beauty therapy, hairdressing and chiropody are available by appointment.

Safety

The manager informed us that all staff wear identification (ID) badges. All staff know the evacuation plan, including those for residents who would require help in an evacuation.

The manager informed us that staff, residents and visitors have the knowledge and skills necessary to address safeguarding concerns. All are aware of how to raise a complaint, but most prefer to resolve any issues informally.

Activities

Residents are encouraged to mix and socialise. There are no residents with English as Additional Language (EAL) at the home and there has not yet been a need to support a resident with diverse cultural or sexual identities. The manager assured us that this would be provided if needed.

Residents can contact religious support if they wish. Monthly communion is provided by a local church and a church service is streamed on Sundays.

Community Services

The manager said they are satisfied with the level of support residents receive from other local health and care services. A GP comes every two weeks or when needed. A hairdresser comes in once a week. The chiropodist visits the home every three months or when needed.

COVID-19 infection prevention measures

The manager stated that general infection protocols are still in place – if symptomatic with respiratory infection, staff are not to attend work.

Staff

All new staff have an induction programme averaging six weeks. All staff have supervision meetings where they can request additional training.

The manager said they are currently satisfied with the level of staffing. Some staff members have been with the home for 20 years. The manager also mentioned that the home only uses one agency (Florence UK) on a need-to basis, and they can request the same staff to ensure continuity of care for residents, without constant changes in caregivers.

6. Recommendations

Healthwatch Bromley would like to thank Burrell Mead Residential Home for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we have made recommendations which prioritise safety and wellbeing.

6.1 Entry and general accessibility

6.1.1. There is no designated ambulance bay.

We recommend creating a designated ambulance bay close to the main entrance of the care home to enable quick and easy access for emergency services. This can be clearly marked with appropriate signage to avoid obstruction by other vehicles.

6.1.2 The signage for the home is obscured by trees.

We recommend trimming the foliage to make the sign clearly visible from the road and considering adding additional lighting for better visibility at night.

6.2 General Environment

6.2.1. The lounge has heavily patterned carpet, which is not dementia friendly.

Patterned carpet can create optical illusions or appear as obstacles, increasing the risk of trips and falls. This is a significant concern in dementia care settings where mobility issues are common. We advise the management to consider using plain, solid-coloured carpeting to promote safety, minimise confusion, and create a calm and supportive environment for residents.

6.2.2. Not all bathrooms have signage (e.g. the toilet in the bungalow has no sign other than the number 6).

We advise management to install clear, easily recognisable signage on all bathroom doors, using universally recognised symbols and bold, contrasting colours to make the signs easily visible and understood by all residents, including those with cognitive impairments. This will help residents locate the bathrooms more easily and independently.

6.2.3. No dementia-friendly clocks.

We recommend installing dementia-friendly clocks throughout the home. These clocks should have large, clear numerals, a simple design, and display both the time and date prominently – and to consider using clocks that differentiate between day and night to assist residents in maintaining orientation.

6.3 Safety and visiting

6.3.1. Internal and external laundry doors were left open, even though signage says “Fire door keep closed”.

We recommend management reinforce the importance of keeping fire doors closed to all staff and residents to maintain safety, and conduct regular checks

on the closure of internal and external laundry doors. Additionally, consider installing automatic door closers to close the fire doors properly after use.

6.3.2. One garden bed had loose bricks and rocks that could be a hazard.

We advise management to secure or remove loose bricks and rocks from the garden bed to eliminate potential hazards. Consider replacing these materials with safer alternatives, such as secured edging or mulch, to prevent trips and falls. Inspect the maintenance and safety of the garden area regularly

6.3.3. A bedroom in the bungalow had its door open to the garden – this door also leads to the car park which can be directly accessed from the main road.

We recommend installing a secure locking mechanism on the bedroom door that opens to the garden and car park to prevent unauthorised access and maintain resident safety. Consider adding an alarm/alert system to notify staff if the door is opened. Additionally, make residents and staff aware of the importance of keeping this door closed and secured, especially given its direct access to the main road.

6.4 Staffing

6.4.1. Two staff members said they would like to receive more training.

We advise the management team to assess the current training programme and identify opportunities for staff to take courses that will help with their career progression and further enhance the quality of care provided at Burrell Mead.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
ID	Identification
LA	Local Authority
LTC	Long-term condition

9. Distribution and Comment

This report is available to the public and shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences of health and care services, please contact us.

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healthwatch
Bromley

Report & Recommendation Response Form

Report sent to	Eileen Shaw
Date sent	13/08/2024
Report title	Enter and View report

Response

(If there is a nil response please provide an explanation for this within the statutory 20 days)

Date of response provided	12 / 09 / 2024
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	Thank you for your visit, the report and recommendations, we are actioning all the recommendations as below. We feel that overall, the report reflects the Home's values well.

	Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations</u> . If not applicable, please state this and provide a brief explanation of the reasons.
Recommendation 1	Allocating a designated "Emergency Services" bay in the car park.
Recommendation 2	The gardener is reviewing the garden, front and back, and will be trimming back foliage to allow the Home's sign to be more visible, and removing any hazards such as loose rocks.
Recommendation 3	Replacing the carpet in the lounge with less patterned and more dementia friendly carpet.
Recommendation 4	Dementia-friendly clocks have been purchased, one is in the lounge, and it has been offered to all residents.
Recommendation 5	Training programme has been reviewed; however no changes have been made to the mandatory training provided. All Staff are asked what additional supportive training they would like at each supervision, and all Staff are then offered the opportunity to attend any training that a Staff recommends.

Recommendation 6	Additional signage has been put around the Home, including all toilets/bathrooms.
Recommendation 7	We have re-iterated to Staff the importance of keeping relevant doors closed when not in use. This has improved since the visit.
Signed	E Shaw
Name	Eileen Shaw
Position	Care Home Manager