

# Enter And View

## Report

Brownhills Nursing Home  
Carried out 27<sup>th</sup> September and  
10<sup>th</sup> October 2018



**Local voices**  
**improving local**  
**health and social care**



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Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

At a local level, Healthwatch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just for people who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as 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 Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall safeguarding policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider Details

**Name:** Brownhills Nursing Home  
**Address:** 29 - 31 Hednesford Road, Brownhills,  
Walsall,  
WS8 7LS  
**Service Type:** Nursing, Residential and End of Life care.  
**Home Capacity:** Licensed to 50 residents.  
**Date of Visit:** 27<sup>th</sup> September & 10<sup>th</sup> October 2018.

## Authorised Representatives

<b>Name:</b> Tom Collins	<b>Role:</b> Healthwatch Employee and Authorised Representative
<b>Name:</b> Karam Kaur	<b>Role:</b> Authorised Representative
<b>Name:</b> Richard Przbylko	<b>Role:</b> Authorised Representative
<b>Name:</b> Richard Jolly	<b>Role:</b> Authorised Representative

## Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.
- Rationale of Visit. Home picked from last CQC visit and report, carried out 15<sup>th</sup> February 2017 and issued 8<sup>th</sup> June 2017. Overall rating for the service was 'Requires Improvement' across four of five standards. Another CQC visited was carried out 22<sup>nd</sup> November 2017 and published 17<sup>th</sup> March 2018. Overall rating was now 'Requires Improvement' across all five standards.

## Physical Environment

### External

There is a visitors/ staff car park to front of the home and a couple of car park bays to side.

The entrance is accessible directly from the car park and signage is clear. Access to the building is by buzzer/ Intercom. CCTV is installed to external areas.

It was noted that front guttering to property contained grass growing, front gable end mortar was deteriorating and may prove a health and safety risk in the future.

A rear rainwater pipe had become detached from the guttering. A window to the rear of the property overlooking the garden needs repair between the panes.

The remains of building aggregate and sand were on the ground potentially restricting exit way from exit on our first visit. NOTE: on the second visit this had been removed.

## Internal

Visitors are asked to sign the Visitor's Book, but no obvious site safety rules are displayed in reception. There is a range of certificates and information displayed in the foyer near the managers' office.

There was no noticeable smell of urine around the home.

We requested a tour of the building visiting various parts, including vacated bedrooms, bathrooms, toilets and communal areas. It was noted that they were clean, decorated to a reasonable standard, fall mats were available and used by residents.

Whilst passing a residents' room we noted that a fall mat had been propped up against the wardrobe. It may represent a hazard if it fell on a resident and it was pointed out to a staff member and asked for it to be removed and stored more securely.

There was evidence of water stains on some ceiling areas indicating leaks from roof or other rooms.

We visited several toilet and bathroom areas and noted that hot running water took some time to come through. There are several boilers located in several parts of the building. The last legionella check was 13<sup>th</sup> November 2017. Also, several toilet seats were plastic and flimsy and one toilet seat was detached completely.

In one shower room we noticed that some edging on the shower floor pan was dislodged and drew it to the staff members attention as it may represent a trip fall hazard. It was pointed out to a member of staff for addressing.

We viewed several sink/ washing areas and noted that sealant around them was not in place which may harbor bacteria or mold in the future.

A sink in the corridor near a fire door, has two protruding disconnected pipes which may be a hazard.

We were shown the medication room which was secure, but it was noted that the temperature in there was 24c which may affect the life and effectiveness of medication. This was pointed out to the staff member.

## About Brownhills Nursing Home

Offering accommodation for persons who require nursing or personal care, Dementia, Physical disabilities and end of life care. Brownhills Nursing Home is owned by Kidderminster Care Limited.

Brownhills Nursing Home, last CQC inspection: 22<sup>nd</sup> November 2017 and report issued 17<sup>th</sup> March 2018. Findings were:

- Safe - Requires Improvement
- Effective - Requires Improvement
- Caring - Requires Improvement
- Responsive - Requires Improvement
- Well-Led - Requires Improvement

Link to last report (copy and paste into browser): <https://bit.ly/2Ch8ptA>

## Resident Numbers

Resident Capacity is 50. Currently they have 47 residents. Offering 47 single resident rooms and 3 double resident rooms. Of the double capacity rooms, one is shared by a husband and wife, another by two unrelated ladies and the third is currently occupied by a single lady resident.

There are have been 47 resident falls recorded in the last 8 months.

## Staff Numbers

Total staffing comprises of: Nurses 8, Senior Carers 4, Carers on days 28, Night Carers 11, 1 Activity Organiser, 1 Maintenance, 6 Domestic, 2 Laundry, 2 Cooks, 3 Kitchen Assistants, 5 Breakfast Hostess/Host, 1 Administrator, 1 Deputy manager, 1 Manager.

Per shift the numbers are as follows:

AM - 2 nurses, 1 Senior Carer, 8 Carers, 2 Breakfast Hostess/Host, PM - 1 Nurse, 1 Senior Carer, 6 Carers, Night - 1 Nurse, 4 arers.

It was noted that there had been a high degree of staff turnover over the last 12 months. 17 staff out of the 66 had left.

## Agency Usage

Staff reported occasional use of Agency Staff.

## Resident Experiences and Observations

There is a cohort of residents who have varying levels of dementia and it was felt it may be distressing to question them.

Staff identified a selection of residents whom we were told were more cognitive and we had the choice of who to speak with.

We spoke with four residents whom all seemed well presented, clean and tidy.

Their personal care, wishes and dignity appear to have been maintained. They had received Doctor, Optician and chiropody visits during their residency and understood they were available when needed. Chiropody is delivered by care staff in house.

Two residents mentioned that on occasions the waiting time to get toileting assistance from care staff seemed to be long but understood that other residents have needs and that staff attend when they can.

It was noted that one resident mentioned that staffing levels as well as the quality of staff had improved more recently in the last 12 months.

Whilst one resident was not aware of their care plan another resident who was asked about their care plan was aware and what it meant.

Resident care plans are locked away in a secure room and cabinet and can be accessed by staff.

Whilst talking to one resident they identified an issue with a staff on night shift. The staff member appeared to refuse to hoist them from their wheel chair to bed, on a recent occasion, although there were the minimum 2-night staff. This had upset the resident. A staff member was informed as the manager was not available after the resident interview.

Healthwatch called the next day and spoke to the manager whom had already investigated and found that the issue was the residents strapping attached to their wheel chair. The staff member would not hoist the resident until a 3<sup>rd</sup> staff member was located to assist and ensure the safe removal of the sling as they were concerned about the safety of resident. HWW asked for assurance that the resident would be informed why it was refused and that the report of the staff member would not adversely affect the residents care.

The residents we spoke indicated that they were happy with their care they had received from staff at Brownhills Nursing Home. More so than their previous stays in other care homes outside of the area.

Though one resident mentioned that friendlier staff could improve their stay.

There appeared to be no planned outings by the home for residents. Relatives/ friends appeared to undertake. One resident commented that “trips to outside would be good”.

## **Family and Carer Experiences and Observations**

We spoke with 3 relatives on the second visit.

Whilst talking to one relative they mentioned that there had been an improvement in the quality of the care staff in the last 12 months and that some staff had been ‘shipped out’

One family member indicated that special occasions are arranged and celebrated at the Home e.g. a birthday. If arranged, relatives/ carers can take residents out on external trips/ visits.

One relative commented that the food choice was not very adventurous.

Another commented that all staff are good.

## **Activities**

We spoke to the Activities Co-ordinator is employed for 27 and half hours per week. The reported a range of activities included: Indoor Games, Animal Therapy, Bingo, Crafting, Hair and Beauty, Fresh Fruit Friday, One to One discussion, Movie days and Armchair Exercises.

The Activities Co-ordinator also attends an activities forum every 6 to 8 weeks sharing best practice and ideas between other care homes. As well as researching activities online.

It was further noted that staff did assist with activities and that the Activities Co-ordinator also assisted with general care duties if staff were particularly busy.

Special events are arranged in consultation with residents and relatives which include: birthday celebrations, visiting clothes supplier and visiting singing artist(s).

External trip opportunities for residents were carried out by their visiting relatives or friends. No planned external trips by home.

## **Catering Services**

Food hygiene is rated as 5.

The chef was asked about general procedures. A short guide of the kitchen and storage facility was carried out. The kitchen and store area were clean and organised. Information

regarding residents' dietary needs are kept in their Care Plan which includes weight monitoring.

A menu is rotated every 6 weeks. Breakfast, lunch and tea.

Luncheon choice was limited to one or two hot choices for example: one choice of Sunday lunch meat with vegetables and weekdays two choices during the week such as: gammon and vegetables or jacket potato with cheese/ beans

Special dietary needs are met such as: diabetic and gluten free needs.

There is use of different crockery to accommodate residents with dementia. Portion sizes were adjusted to individuals requirements. Snacks are available outside of meal times when requested.

We were not able to observe the quality or amount of food served as lunch time had just passed and we did not wish to interrupt service during meal times.

It was noted drinks were freely available and staff assisted residents when needed.

Meals are not available to relatives/ visitors, but drinks are available.

## **Staff Experiences and Observations**

We spoke with 5 staff members including management. With a range of experience and years working at the home.

Training is a mixture of distance learning via an organisation called 'Red Crier', with additional training delivered by an external source.

There has been a high level of staff turnover in the last 12 months. 17 staff out of 64 had left. There were two vacancies available on the first visit but on the second visit those had been recruited into.

An authorised Representative spoke to a staff member whom indicated that there was a high turn over of staff which was the result of poor rates of pay, working extra time which was unpaid, not enough time for lunch breaks/ breaks and on occasions not enough staff.

The staff member did indicate that management was supportive and sought to respond to concerns, but staff do not stay.

Staff handovers happen in the morning and afternoon. With resident information and updates shared and recorded on individual care plans. Which are available throughout a 24/7 period.

## **Summary, Comments and Further Observations**

Facilities are clean and comfortable but there is some decorating needed to address leakage/ stains to ceilings. A number of fixes is required around some of the facilities and areas both externally and internally.

Although we were told that the garden area was used during summer with a gazebo for residents to sit under. There seemed no sensory stimulation in the area. Nor had any additional external visits been arranged for residents except those carried out by individual relatives who had picked them up and returned the resident.

Residents seem happy and cared for. Reporting they felt looked after.

Overall at the time of our visit the resident/ relatives and carers feedback received was mostly positive and the staff are striving to provide a good standard of care.

Though staffing levels and qualities may have been an issue in the past, some positive and visible improvements have been noticed by residents and relatives, but staff still have some concerns for the future if the quality and levels will remain the same?

Although there is a planned food menu choice is limited.

**We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.**

## **Recommendations and Follow Up Action**

- Suggest a detailed walk through both externally and internally to identify fixes needed such as addressing stain repairs, securing edging to shower flooring, replace or repair toilet seating and address protruding pipes.
- Address staff retention issues.
- Assess and address staff numbers on shifts if required.
- Look at sensory stimulation aids or activities both for internal and external areas. Especially for residents with dementia.
- Identify opportunities to plan and undertake external trips for residents (weather permitting).
- Consider a more varied and available food menu.

## **Provider Feedback**

Some provider responses/ feedback has been inserted into the report in red. Further responses are below.

Pages 3-4 - Physical Environment.

- Internal “but no obvious site safety rules are displayed in Reception” - I am unsure of what you are looking for but there are Fire Safety notices and GDPR regulations on our visitors book.
- Medication room temperature - this is regularly inspected and there is an extractor fan and free standing fan to be used, which staff are aware of.

Page 5 -

- Residents falls - the records that you inspected were for the last 8 months not 12.
- Staff Numbers - I’m a little confused on your reporting as you seem to have gone from total staff numbers to what is available on shift (in a 24hr period).

Total staffing comprises of: Nurses 8, Senior Carers 4, Carers on days 28, Night Carers 11, 1 Activity Organiser, 1 Maintenance, 6 Domestic, 2 Laundry, 2 Cooks, 3 Kitchen Assistants, 5 Breakfast Hostess/Host, 1 Administrator, 1 Deputy manager, 1 Manager.

If you want to report as per shift the numbers are as follows:

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Page 6 - Incident regarding resident in report as strapping should read sling. The staff member would not hoist the resident until the 3<sup>rd</sup> staff member was located to assist



hoisting to ensure the safety of the resident as they were concerned about the positioning of the resident in the insitu sling.

Page 7 -

- Comments made about menus and choices, these are already under review. We are currently doing price comparisons and formulating new menus.
- Staff Experiences and Observations - Obviously I am not aware of who you spoke to but I have concerns about comments made by a staff members reasons for staff leaving as “poor rates of pay”. All care staff receive the living wage and an extra overtime rate for hours worked over their contracted hours. So I cannot understand why this comment has been made.
- All care staff take their breaks on shift and lunch breaks when on a long day. These are allocated on a daily allocation sheet.

Also in addition I would like to add that there is sensory stimulation in the garden. We have a variety of bird feeder, bird tables, ornaments wind chimes all in various areas of the garden providing stimulation for those residents in bed who can see and hear them. Our activity organiser and care staff are also growing tomatoes out in the garden with residents. I do feel that there is sensory stimulation in the garden and would like this to be looked at.

#### DISCLAIMER

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



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