

George Brooker House Care
Home
January 2024

healthwatch
Barking and
Dagenham

Contents

Contents

Table of Contents

Contents	2
1. Introduction	4
1.1 Details of visit.....	4
1.2 About the care home	4
1.3 Acknowledgements	4
1.4 Disclaimer	4
2. What is Enter and View?	5
2.1 Purpose of Visit.....	5
2.2 Strategic Drivers	7
2.3 Methodology	7
Demographics	7
3. Summary of Findings	8
4. Service Provision	9
4.1 Building and surrounding area.....	9
4.2 Staffing	10
4.3 Care	10
4.4 Choice	10
5. Detailed Findings	12
5.1 Care	12
5.2 Choice	14
5.3 Environment.....	15
6. Recommendations	16
Acknowledgments	16
Response from the service provider	18

1. Introduction

1.1 Details of visit

Details of visit:	
Service address	100 Dagenham Avenue, Dagenham, Essex, RM9 6LH
Service provider	Abbeyfield
Service Area	Residential and dementia-friendly care home offering private rooms and specialised care support
Date and time	10:30 - 13:30
Authorised Representatives	Agne Pilkauskiene (Authorised Representative) Chloe Nelson (Authorised Representative) Sebastian Wray (Authorised Representative)
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham Lifeline House Neville Road Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk

1.2 About the care home

George Brooker House Care Home in Dagenham provides 24-hour nursing and residential dementia care, including short-term, respite, and convalescent care, with the capacity to home 45 residents. 21 residents have access to en-suites, whilst the remaining have private basins and access to 4 communal wet rooms and bathrooms. The care home is comprised of 2 open plan floors.

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors, and staff for their contribution during the visit.

1.4 Disclaimer

Please note that this report relates to findings observed on the date above. Our report does not represent the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit. Our representatives were able to

enter the rooms of residents, who were able to provide feedback without staff supervision.

2. What is Enter and View?

- The Health and Social Care Act 2012 legally allows local Healthwatch to conduct Enter and View visits which enable to see health and social care services in action
- Authorised Representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit, information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services provided.
- Enter and View visits can happen if people tell us there is a problem with a service, but they can also occur when services have a good reputation.
- The visits enable us to share examples of best practices and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidenced-based feedback to organisations responsible for delivering and commissioning services.
- The visits assist the local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific of health and social care service providers.
- Although Enter and View sometimes gets referred to as an ‘inspection’, it should not be described as such.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit: www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe the nature, quality, and experience of services and to engage with residents and staff.

Healthwatch focused on the following aspects during the visit:

- How residents are cared for
- Choices for residents

- Environment of the care home

2.2 Strategic Drivers

The most recent CQC inspection of George Brooker House took place on the 27th of November 2020, when the service was rated 'Good'. As this was over three years ago, our aim was to collect evidence to see what was working well at the care home and if any improvements that could be made since the last inspection. This is also part of Healthwatch's wider work plan to engage more residents within the social care remit.

2.3 Methodology

Before the visit:

- Authorised Representatives had a pre-visit meeting where the questionnaire was designed. The date and time were also set for the visit.
- This was an unannounced visit carried out by Healthwatch Barking and Dagenham Authorised Representatives to observe the provision of services offered to residents and to review the quality of care given to the residents.
- Feedback from the visit is used to inform service providers and commissioners about the resident experience and staff experience in the nursing home.

Day of the visit:

- The Healthwatch team arrived at the care home at 10:30 am. A member of staff used an intercom buzz to open the door to the reception to allow Authorised Representatives access into the building. They were given access to the building by a receptionist using a secure access button on the door.
- Authorised Representatives waited in the reception to be greeted by the manager, Margaret Strong, who, after some explanation regarding the nature and purpose of the visit, welcomed us into the home through a further door that required a code to open.
- Representatives were guided by staff as to the most suitable residents to talk with as some of the residents have dementia. Staff initially pointed out residents in a common room, then quickly provided a list of residents who were upstairs in their private rooms. Two representatives spoke with residents in their rooms, without staff's presence and one representative spoke to residents in the communal area.

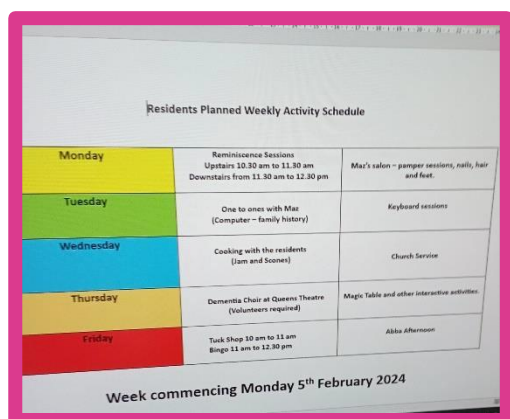
Demographics

Of the ten residents interviewed by Authorised Representatives, three were in the 80+ age bracket, two were aged 65-79, and the remaining five did not disclose their age. Representatives spoke with three male residents and seven female residents. The

nature of disabilities varied – one resident was unable to walk, another had a broken leg, and another had asthma. The remaining interviewees did not want to disclose their disabilities. All residents identified themselves ethnically as White British.

3. Summary of Findings

- There was a high standard of cleanliness and residents appeared to be clean.
- Day-time staff seemed to be well-liked by residents and described as being friendly, with time to talk with residents during the day.
- Most residents said that the staff were responsive to their needs and concerns.
- Staff had an awareness of the residents’ likes and dislikes, but do not always have the time to respond to residents’ specific requests.
- A smaller number of staff members at night meant that residents had a longer wait time to receive care after pressing their buzzers.
- Residents often noted that they knew that staff were doing their best.
- A few residents expressed that the night time staff were not particularly friendly.
- Residents make their own choices regarding clothing and can personalise their rooms.
- Residents can choose when they go to bed.
- Residents reported plentiful amounts of food, drinks, and snacks with some variety available.
- The care home provides weekly timetabled activities, though some residents expressed a desire to spend more time outside. (See Figure 1)
- Meals were supplied three times a day – there was a wide variety with generous portions. (See Figure 2)
- There were fortnightly visits from the GP; residents can see dentists, chiropodists, and opticians.
- One resident highlighted that they do not know precisely when the GP will visit and that this causes them some concern.



The image shows a printed document titled "Residents Planned Weekly Activity Schedule". It is a table with five rows representing the days of the week from Monday to Friday. Each row is color-coded and contains two columns of activities. At the bottom of the table, it states "Week commencing Monday 5th February 2024".

Residents Planned Weekly Activity Schedule		
Monday	Reminiscence Sessions Upstairs 10.30 am to 11.30 am Downstairs from 11.30 am to 12.30 pm	Man's salon - pamper sessions, nails, hair and feet.
Tuesday	One to ones with Mia (Computer - family history)	Keyboard sessions
Wednesday	Cooking with the residents (Jam and Scones)	Church Service
Thursday	Dementia Choir at Queens Theatre (Volunteers required)	Magic Table and other interactive activities.
Friday	Tuck Shop 10 am to 11 am Bingo 11 am to 12.30 pm	Alko Afternoon

Week commencing Monday 5th February 2024

Figure 1: The weekly activity schedule for residents, Monday-Friday.

Figure 2: Kitchen Menu for the week Saturday-Friday, detailing the three meals a day with various options per meal.

4. Service Provision

4.1 Building and surrounding area

- There are 45 rooms in George Brooker House, 21 of which have ensembles and the rest have wash basins only.
- The home is across two floors and has an open-plan layout.
- There are two communal wet rooms and two communal bathrooms. There is a secure room where medications are kept, and it was confirmed that all residents receive support with their medication.
- There is a quiet room and a sensory room among other communal areas.
- Care Home has a hair salon where residents can get a haircut every Friday.
- Relatives can visit their loved ones at home anytime and there are no restrictions to this.
- There was an incident once when staff gave the wrong medication to a resident. The staff was transparent with management about this, and relevant procedures were followed.
- There was an incident when two residents fought, and a safeguarding alert was raised.
- There are fall sensors in rooms for residents who are at risk of falls.
- Residents` room doors have a mechanism that shuts them closed in case of a fire alarm.

- Some residents had “safety gates” installed to prevent other residents from walking into their rooms without consent.

4.2 Staffing

There are 8 members of staff on the day shift (care staff) and 5 at night. The care home uses dependency tools to calculate and check whether they have sufficient staffing. Care home uses dependency tools to calculate and check whether they have sufficient staffing. There were several call aids in the building to manage call outs from residents, and they are used regularly throughout the day.

4.3 Care

Healthwatch Representatives asked if all staff know what residents like and how they find this out. Staff informed Authorised Representatives that the care home uses an app called Nourish and keeps residents' care plans and risk assessments there. Each member of staff has a handset which allows them to update a system online with any changes or activities.

Healthwatch Representatives asked how quickly staff attend to residents and was informed that it depends on the situation and that they would need to pull a report to see the actual numbers, but residents must understand that there are 45 of them and some waiting will be required. Staff reassured Authorised Representatives they have never had any concerns raised about not attending quickly enough.

Staff explained that senior staff and management help arrange GP, dentist, chiropodist and other medical appointments. The GP comes once a fortnight to see a good number of residents. Staff said they would also call the GP as soon as possible when there is a need. A chiropodist visits every 6–8 weeks. George Brooker House has done a lot of promotion and work to improve residents' oral health. When asked who accompanies residents to their appointments if they do not take place at the care home, staff explained that if it is a local appointment then staff would accompany them, and if it is a hospital appointment which may take a long time then relatives get asked to accompany them.

When asked if there was anything that worried staff, Authorised Representatives were told by the manager that they build their staff up, and they get rewarded for their good work. It was expressed that family members can be judgemental sometimes as they cannot see the amount of work it takes daily to make sure residents are looked after. There was a relative who kept emailing staff accusing them of removing a coat hanger. Some residents can also be sometimes non-compliant with their medical appointments which makes caring for them challenging.

4.4 Choice

Authorised Representatives asked staff if residents were being helped with food and drink and they have been told that they know those who are on a special diet and those who need assistance with food and drink, and therefore they provide appropriate support to meet those needs. The Care Home also use a monitoring chart for those who struggle with food and drink, and they also offer monthly weighing for their residents. Staff explained that they did a satisfaction survey with residents to find out if they were happy with the food provided, and there were positive and negative responses.

Next, Authorised Representatives wanted to find out if residents were given choices when it comes to food and drink and if their cultural and personal preferences were considered and takeaway food allowed. Staff expressed that no one asked for takeaway food and that residents try different foods when they go on outings. Snacks are available throughout the day – this includes biscuits, crisps, yoghurts, and teacakes. Cultural dietary needs are considered, however, there are not many residents representative of ethnic minority communities.

Authorised Representatives asked staff if residents could decide when to do things, including when to get up and what clothes to wear. Staff responded that yes, this is in their care plan, and they do spot checks at night. Some of them are awake and walking at night, so they have free choice. Residents also always choose their clothes to wear if they can do so. Authorised Representatives also asked if residents had a choice about the time their carer supports them and how this is managed according to staff. Staff said that residents can tell them their preferences and that they are considered if there are options to do certain things at a different time.

When asked about activities, staff told Authorised Representatives that residents and their relatives receive a weekly schedule which informs them on what is going on. Staff also told us that residents' finances are managed by the finance team and their allowance is kept in the finance office. None of the residents manage their finances.

When asked if relatives' views and suggestions were considered and acted upon, staff said that there is a relative survey that they use to get these views brought to their attention. There were some concerns raised by relatives saying there were issues with laundry as the clothes were not coming out to their liking. Therefore, staff always ask relatives not to bring clothes that can shrink in the washing. As mentioned before, relatives have access to an app called Nourish where they can check all the updates about their relatives.

Lastly, staff were asked if staff felt safe working in George Brooker House, staff replied that they did and added that, sometimes residents experience behavioural problems due to their dementia and old age. There was a resident who was previously living there and was very violent, he had to be moved to a home more appropriate to him. The care team had measures in place to keep him and others safe while he was living here.

5. Detailed Findings

5.1 Care

Authorised Representatives asked residents if they were well looked after and cared for, and all of the respondents said they were, and provided these comments:

“It is adequate, very good, I can’t imagine anywhere with better treatment”.

“I’m well cared for and spoiled”.

“This care home is nice, we socialise”.

When asked if all staff knew what they liked and did not like or what they needed, there were mixed responses:

“Some staff don’t have time, but they are not ignoring me. Like this morning, there was not enough time to do my hair.”

“Sometimes”

“I don’t really know.”

“Odd one would not know, but most staff know me. I don’t feel look after at night, you buzz and then wait forever.”

When asked if staff are friendly and have time to talk to and listen to residents, residents told Representatives that the staff take time to get to know residents, usually have time for chats, and know their likes and dislikes. Whilst the reports regarding the daytime staff were positive, three of the residents noted that the night time staff are not as friendly.

“Staff come and go most of time. Some know me well.”

“Yes, but night staff have a not very good attitude, they are not friendly and do not talk to me nicely.”

“Friendly staff – not at night.”

“They are always friendly and have time for a chat.”

When asked how quickly staff come when they call them, respondents provided these comments:

“Some come straight away, it varies.”

“I never gave it a thought”.

“They mainly come fast but can be 5 minutes or quite a while.”

“Depends how busy they are.”

“Last time I was waiting for quite a while, maybe 25 minutes.”

Next, residents were asked what happens when they need to see a GP, dentist, chiropodist, or other health professional. One mentioned that a GP visit was requested but the resident has not been seen yet. Other comments provided were as follows:

“I just had the opticians come round. Sometimes we must wait, but that is just the British system.”

“My nephew helps to arrange any hospital appointments I may have. GP comes here, so I don` t need to book.”

“Everyone gets seen who needs to be seen.”

Next, residents were asked if anything worried them. While majority said they did not have major worries, some provided these comments:

“Health concerns, I don` t know if they are being taken seriously.”

“It is very hot here.”

“My cough worries me; I have not seen a GP despite requesting it.”

Following these comments, staff reassured Healthwatch Representatives that all health concerns are reported and dealt with. Additionally, due to the majority of residents being frail and elderly they feel cold and express that the home is not warm enough.

When asked if there were any additional comments about care, respondents expressed these:

“GP visits are not frequent enough; I am not told when I am going to see a GP.”

“The machine that I use to walk is not always available.”

Staff have expressed that the GP only visits fortnightly and during the interim, and if there were concerns staff would call the GP, NHS 111, or Community Treatment Team for advice or an ambulance in case of an emergency. Staff also added that there are 3 machines in the home that are used to help them walk.

5.2 Choice

Some residents may feel they had no choice but to move into a care home. However, having the opportunity to be able to make choices when it comes to everyday activities, is crucial.

Residents were asked if they get help with food and drink, and they said they can eat and drink independently. One resident expressed that they have printed notes on their door describing how to make his tea and gravy.

Next, residents were asked if they are given choices when it comes to food and drink. While most said they had choices, and explained that they could choose between two meals, two residents were not fully satisfied with the food options on Sunday:

“We cannot choose food on Sunday; I don’t like roast dinner but that is the only thing they offer.”

Staff expressed that the resident was provided with an alternative like everyone else who does not enjoy a roast dinner.

Following that, residents were asked if they could decide when to do things, for example, get up, eat, and choose the clothes they wanted to wear, and all respondents confirmed they had a choice in these areas.

The timetable for activities was available throughout the home, of the residents who were interviewed in their rooms all had the timetable visible. While most were happy with the activities, some were unsatisfied. Representatives noted that there was an outside area, but no residents were in it. Another resident told Authorised Representatives that there were organised outings, but they did not get to choose where they would be. They were given an outing to a bingo hall but would have preferred to go somewhere else. At the time of visiting, residents were present in communal areas with music and a television, staff were seen dancing and chatting with residents. When asked if there were enough varied activities for residents, these comments were provided:

“Not a lot, sometimes we go out, but most days we watch TV.”

“I don’t like the activities they have; I prefer to go outside. I am not allowed outside enough.”

“There are fewer activities in winter.”

“I like being in my room reading papers or watching TV.”

Given that some people may not find the current offerings to be fully satisfy them, comments indicate that perhaps more stimulating activities are needed. Staff added that they regularly get feedback from residents during residents meeting and also ask them to complete satisfaction questionnaires, advising staff of what they would like to see in the way of activities. Staff also added that they individualise activities for everyone to make sure they are varied.

Following that, residents were asked if they and their relatives` suggestions are taken into account and acted upon. A couple of residents answered that they didn’t know, while the remaining residents said “yes”.

All residents reported being able to personalise their room including bringing items from their homes, most residents had many pictures in their rooms. As for family involvement, relatives also have access to a Nourish app, where they can check on relatives. Relatives also receive a weekly schedule to know what care is occurring and when. All residents reported that they feel their families’ feedback is considered when their care is carried out.

5.3 Environment

All but one of the residents reported that the home was easy to navigate. This resident had a mobility issue that prevented her from walking, and they highlighted that the machine that helps her walk is not always available. Upon entry, Representatives observed that the home was rather hot; two residents in the communal area shared this opinion also. Residents in their rooms were comfortable with the temperature. Some other residents provided additional comments about the environment saying it is always warm in the home and temperature preferences are always accommodated. Other residents said there are fewer staff in the corridors at night which makes them feel worried during the night.

6. Recommendations

Considering the feedback and observations collected by Authorised Representatives, the visit was positive overall. The care home was clean and tidy, and staff were observed to be friendly to residents. Therefore:

1. Healthwatch recommends that George Brooker House management continue to acknowledge the good effort of staff in learning about and accommodating each resident's needs and preferences for care and encourage staff to keep providing each resident with this level of individualised attention.
2. Healthwatch suggests taking additional steps to address staffing levels at night, as it appears that this would ease some concerns for residents.
3. Based on residents' feedback, Healthwatch recommends that efforts should be made for nighttime staff to communicate with residents in a more friendly manner.
4. Healthwatch recommends that staff continue to respond to residents in a timely manner as this is what residents appreciate.
5. Healthwatch recommends that residents who have requested a visit from the GP or other health professional should be given a time frame for this.
6. Healthwatch recommends implementation of more varied activities, and trips that take residents out of the home should be tailored to individual interests.
7. Residents expressed a desire to spend more time outside Healthwatch recommends that depending on the weather, residents should be supported to access outdoor places and activities.

Acknowledgments

The George Brooker House Manager, Margaret Strong is to be commended for their kind hospitality and for spending time with Authorised Representatives. Healthwatch Barking

and Dagenham greatly appreciates their time. We also thank the residents of George Brooker House for taking the time to respond to our questions and comments.

Response from the service provider

RESPONSE FROM GEORGE BROOKER CARE HOME MANAGER MARGARET STRONG:

Please see my response to your recommendations from your visit in January.

- 1) At George Brooker House we promote a holistic approach with each of our residents. Information is gathered upon a resident's admission to the home and this can be found within their care plan and also within their life history profile that is completed by the resident or their families.
- 2) Staffing levels are measured by using the DepenSys Tool. This looks at the individual needs of each resident and converts the needs into care hours. I can advise that we are adequately staffed at this time, and I would like to recruit a Twi – light worker, depending on costings/budgets, thus helping the night team through the busiest periods at night.
- 3) The management has met with the night team and communicated the feedback received about some staff being unfriendly in their approach. The team were sad to hear this and they came up with suggestions as to how they should improve relationships between themselves and residents. We spoke with the resident who felt that there were times when staff members appeared unfriendly and she said, things were much better.
- 4) At times residents will unfortunately need to wait for assistance as we have 45 residents who need care and attention. However, the team endeavour to assist all residents, within a timely manner so they do not become upset or distressed.
- 5) All residents are provided with the date and time of their appointment (if they are able to retain this information) Those residents who are unable to leave the home, may have to wait longer for medical professionals to visit them but again, the resident or their representative will always be provided with the time frame.
- 6) All residents have individualised activities and day trips as one cap does not fit everyone. As I mentioned in point 1, upon a resident's admission to the home we gather as much information as we can so individuals can take part in activities which they like and enjoy.
- 7) Residents are allowed to sit outside in the garden (depending on the weather) and also participate in outside activities. The schedule for activities is published every month and we ask for staff volunteers or family members to assist with the day trips so that

more residents can be involved in the activity. I must also say that there is a wide variety of outside trips, such as: cinema, bingo, pub lunches, country park for a picnic, shopping, bowling, dementia choir, etc.