

**Enter and View visit to:**

Bradwell Hall Nursing Home  
Old Hall Drive,  
Bradwell,  
Newcastle-under-Lyme,  
ST5 8RQ

**Date and time of visit:** 6th March 2019, 2:00 p.m.

**Managers Name:** Lynn Garner RGN, Care Manager

**Authorised Representatives**

Hilda Johnson, Healthwatch Stoke-on-Trent Volunteer

Barbara Jackson, Healthwatch Staffordshire Volunteer

Karyn Sweeney, Healthwatch Stoke-on-Trent

Dave Rushton, Healthwatch Stoke-on-Trent

**Overview of Home**

The service is registered to provide accommodation and personal care for adults over 65 years and up to 187 people. People who use the service have physical health and/or mental health needs, such as dementia. The home also accommodates people with physical disabilities and sensory impairments.

**Reasons & Purpose**

Healthwatch Stoke on Trent received information from a family member regarding problems with the care of a family member who had been moved to Bradwell Hall. We had also noted that the CQC inspection of August 2018 concluded that overall 'the Home Requires Improvement'.

It was also noted that the report stated that staff were not always deployed effectively and prior to the visit the Bradwell Hall website suggested that there were several staff vacancies to be filled.

Because the Home has residents from both the Stoke-on-Trent and wider Staffordshire area, we invited a representative from Healthwatch Staffordshire to accompany us.

## **Methodology**

The Healthwatch representatives were able to speak with the manager, a range of senior care staff, care workers and kitchen staff. Due to the size of the Home, we split into two groups

## **Information Collected**

The Healthwatch representatives had copies of the most recent CQC report from August 2018. The home has different residential areas, including Keele, Audley and Brewood. Due to the size of the Home, these were the only units visited.

## **Staffing Levels**

We were informed that improvements had been made to staffing levels since the CQC inspection. The Care Manager has been there for several years, as have many of the Senior staff. However, there is still a relatively high turnover among care staff, although the dependency on agency staff has been much reduced of late.

## **Physical Environment**

### **External**

Bradwell Hall is located within a large housing estate in Bradwell, Newcastle. A large sign post is situated at the entrance to the Home, but this is set back from the road and is rather difficult to spot.

The car park is too small for the amount of people accessing the Home, especially since a children's day care facility is also located on the site. It can be very difficult finding a parking space.

The grounds appear to be well tended.

### **Internal**

The main reception is located in the older part of the home. The entrance hall is large and very welcoming. All the necessary documentation was displayed except for a full copy of the most recent CQC Inspection. Only the front page of the report was displayed. People viewing the report would be made aware that CQC had two areas of concern, but not the specific concerns.

Some areas of the Home are nicely furnished but others are in need of refurbishment. We were told that there is an on-going improvement plan in place. On the Brewood unit, work was being undertaken on blocked drains by maintenance staff and external contractors. At the time of our visit, the resulting unpleasant smell was very noticeable.

## **Resident Numbers**

The Home is registered for 187 beds, on 5 wings (units). All rooms are now being used as single occupancy, except where two people wish to share.

At the time of our visit the Home had 176 residents. There were two vacancies.

## **Staff Numbers**

Keele/Brewood Units:

Days: 2 x RGN and 10 x care staff

Nights: 1 x RGN and 7 care staff

Tunstall Unit:

Days: 1 x RGN and 4 x care staff

1 x 1:1 care staff (until 8pm)

Nights: 1 x RGN and 2 x care staff

Most registered nurses and unit managers have been at the Home for a long time, but the Home still has vacancies for 4 full-time registered nurses.

Shift patterns have not been changed to provide overlap shift patterns at peak times.

Care staff turnover is high. Exit interviews are used to try to determine the cause. The exact number of vacancies for care staff was unclear, but the Home is currently recruiting care staff. We observed a number of candidates in the reception area awaiting interview.

Senior Care staff are usually promoted internally.

The Home plans to have one Activities Co-ordinator per unit and one has so far been recruited. It is also planned to recruit a pharmacy technician, whose duties will include stock checks.

## **Agency Usage**

Agency nurses and care staff are still used by the Home, but the numbers have significantly reduced evidenced as follows: the number of care staff hours used in October/November 2018 were in excess of 2,000 hours per week. This has now reduced to around 150 hours per week.

The Home tries to use the same agencies for vacant shifts to engender a level of consistency.

The Manager expressed the opinion that that the Home has recently made improvements, but it is still a 'work in progress'. She told us that quarterly meetings are held with all staff groups and daily meetings are held with unit managers.

Because of her workload, the Manager feels that she has very little contact with staff. However, she told us that she operates an open-door policy for staff to discuss any issues as necessary.

Staff questionnaires have recently been issued to enable staff to be more involved in the day-to-day running of the Home.

### **Staff Training**

There is a robust training programme in place, delivered mainly in-house.

New staff have paid Induction Training of one week and one shift on unit prior to commencing shifts. Probationary reviews are conducted at twelve weeks following the date of employment.

All staff have mandatory training as required with annual refresher courses. There is also additional training which covers:

- Dementia
- Clinical holding
- De-escalation
- Safeguarding
- First Aid
- Catheterisation

### **The visit - Audley unit**

First, we met with the recently appointed Manager of this Unit, Martin Rogerson, who told us that, certainly on this Unit, staffing was good and morale was high. He showed us his office and told us to go anywhere. The Audley unit has two residential lounges, separated by long corridors, off which are the resident's rooms. We spoke to residents and further members of staff in the main lounge area.

The main corridors were well lit and had hand rails. Fire escapes and other doors leading off these corridors were security coded ensuring safety of the residents. However, we did observe that the hand sanitisation units were empty and had been for some time (we checked the nozzles).

The main lounge itself was a large room, half of which was used as a dining area. The other area was mainly occupied by residents watching a large wall mounted television. The furniture and furnishings generally were of an adequate nature.

There were two notice boards in the main lounge- one for the menu and one for the Activities. Unfortunately, the menu choices were for the day before, while the activities displayed were more than a week out-of-date.

We then spoke to some of the residents. One told us they were in for assessments and had been in for a few weeks. We were told that the food was not as nice as it has been when they first came in. She also told us that she and her daughter had told staff she could only eat meat if it was thinly sliced but staff were still giving her chunks of meat which she could not eat.

A different resident told us that during a recent evening staff handover at 8:00 p.m. there were six residents in the main lounge, four of whom used walking frames and there was no member of staff with them. They wanted to go to the toilet but needed support to do this. As there was no member of staff around, they tried to get up themselves. The resident we spoke to shouted to them not to try and get up because they might fall.

(At the end of our visit we raised our concern about this to the manager who said the handover only lasted ten minutes but we pointed out that there should always be a member of staff in the lounge with residents because if someone had fallen this could have serious consequences).

We observed staff giving support to residents who needed help with their drinks and they all showed a thorough and caring attitude.

At the far end of the corridor is the second resident's area - much smaller than the main lounge, it does provide similar facilities - i.e. a lounge and dining area. There were far more residents in this part of the Audley Unit, mainly because the Activities coordinator was running a bingo session, which was obviously a popular activity.

The furnishing in this part of the unit are worse than in the main lounge - table and chairs looked in real need of being changed. Since all residents were engaged in the bingo session, as was the coordinator, it was impossible to talk with any of them at this point of the visit. However, we did manage to talk to a Care worker who told us she felt that she was not listened to, which she put down to the pressures of work and the demand on everyone's time.

She told us that the recently appointed Unit Manager was well liked and seemed to be raising morale generally across the Home. As was the case in the main lounge, both the menu board and the Activities display were out of date.

We spoke to staff about the empty hand sanitisation units and were told they would get them re-filled. However, they were unsure who was responsible for doing this. We asked them if there was gel available to use and they pointed to a bottle which was on a trolley. We noticed that some staff had their own bottle attached to their tunic but not all care staff did.

We raised this concern to the manager at the end of our visit as there was no notice up anywhere in the unit directing visitors to use the hand hygiene dispenser.

### **The visit - Keele unit**

We spent a considerable amount of time on Keele and Brewood Units.

Unfortunately, there were no activities taking place during our visit and staff were not actively engaged with the residents. Residents in both lounges were mainly watching television or sleeping. We observed staff chatting amongst themselves and not engaging with residents.

Unlike the Audley Unit, we saw no Activities charts (even out of date ones!).

## **Catering**

The Home currently has a 4\* food hygiene rating.

We were not at the Home during a meal time, but we were told by a relative that meat was served in chunks, not thinly sliced and that there was a lack of choice for pureed food.

The Unit Manager advised us that food moulds have recently been purchased and that this should help to provide a more varied choice of pureed food at tea time.

Food temperatures are checked prior to each meal and fridge temperatures are completed daily.

The Manager was aware of the poor choice for pureed food and has taken steps to resolve the issue.

A member of our team spoke to a resident who told us that while she was comfortable at Bradwell, a carer had shouted at her to “hurry up” on the toilet quite recently. The resident explained that she told the carer “not to hurry her and she would take as long as she needed” but other than that incident she is very happy with the level of care she receives from the nurses and carers.

A second resident engaged in conversation told us he had been at Bradwell for around two years. He said he was very settled, and the food was nice. He said that the nurses were extremely good, and his room was cleaned every day. He showed us his room and it was very clean and homely.

Carers - members of the visit team spoke to four different carers.

Carer 1 explained that she was ‘bank’ staff which meant she was not fixed to work on one unit and moved around the home/units to cover staffing needs. We asked if she enjoyed this way of working and she said she did, as she gets to know more residents and gains experience in different units. She said she enjoyed her job.

Carer 2 had been working at the home around two months after leaving and then coming back. She left to go and work elsewhere but wanted to come back and said she regretted leaving. She said she really loved her job and would not want to work anywhere else. We asked her about the training and she said she thought it was excellent.

Carer 3 had been working at Bradwell around three months. She enjoyed her job but stated at times they were understaffed and said that the turnover of staff was ‘horrendous’. She said that having so many different staff is not good for the residents. This carer was also bank staff but did not like moving around the home and felt she could not get to know the residents properly. We asked if she felt supported in her role - she said she did and would speak up if she felt she wasn’t.

## **The visit - Brewood**

As we moved from the Keele Unit towards the Brewood Unit, we were unable to gain access due to workmen lifting flooring to gain access to a blockage in the drains. We managed to get access from a member of staff who took us to the other end of Brewood. It became apparent that no care staff or nurses were on this unit due to the drainage problem. Brewood staff had dispersed to the Keele unit. A member of our visit team asked who was looking after the residents and a member of staff said they would be checked every hour. Staff on the Tunstall unit were not aware of this issue and could have easily gained access to the Brewood unit to ensure residents were continued to be cared for. All the resident's doors were open on Brewood, so the unpleasant smell must have been seeping into their rooms from the drainage. A staff member on Tunstall said she would speak to the nurse and ensure the residents were cared for whilst this issue continued.

We did not witness any activities taking place with any of the residents. In Keele and Tunstall units all the residents that were not in their bedrooms were all sitting or sleeping in the lounge areas.

During this part of the visit, we also spoke to several members of staff.

One member of the maintenance team has been employed at the Home for one year and enjoys his work. The maintenance team comprises of six employees who all work different shifts.

Another member of staff, a kitchen assistant, has been employed for 11 years and is very happy at the Home.

Some care assistants felt that at times they were short staffed.

Care staff wear polo shirts, but all were wearing different colours and we found it difficult to identify a member of the care team.

We also spoke with the Administrator. She has been employed at the Home for fourteen years and is very happy there.

Most staff members we spoke with were content with their work, but some newer care staff were unhappy and felt that they were not supported by some long-term employees. There were also some concerns expressed that long-term staff did not like to work with new care staff.

### **Our findings**

Staff were able to demonstrate a good knowledge of the residents and the care they require.

Comprehensive care profiles are in place and are reviewed on a monthly basis.

Risk Assessments are in place and reviewed monthly.

Food and fluid charts are completed daily for all residents.

### **Conversations with visitors**

We spoke with two relatives regarding the care their family member received and both were complementary about this aspect of care. They told us that questionnaires are regularly sent out to relatives to seek their views.

Resident/relative meetings are held quarterly but are not usually well attended. Questionnaires are sent to all relatives to seek their views on the service and the Home Manager operates an open-door policy for relatives.

Generally, the Home appears to be responsive to feedback and suggestions made by relatives and holds regular meetings.

### **Further Observations**

We were unable to access Brewwood Unit as a member of the maintenance team and a team of external contractors were excavating drains in the unit to find the source of a blockage.

The unpleasant smell in this part of the Home was considerable and extremely offensive.

During the latter part of our visit, it became apparent that a male resident was still in his bedroom on Brewwood Unit. He was totally isolated and, when questioned, it became clear that staff from Brewwood had not checked him for the whole afternoon. We were very concerned as he was isolated and inhaling offensive fumes. Staff on Tunstall Unit who could have checked the resident (his room can be accessed via Tunstall Unit) had not checked him because they had not been asked to do so.

Our concerns regarding this incident were conveyed to the Home Manager as this is a Safeguarding (neglect) issue. The Home Manager stated that she was not aware of this problem and went straight to the unit to ensure that the resident was safe, that staff were checking this resident and progress was being made on resolving the issue of the blocked drains. She advised us that staff on Tunstall Unit would check the resident until the issue of the blocked drains has been resolved.

The recent CQC Inspection highlighted concerns that medicines were not managed safely throughout the Home. There had been three serious medication errors. This occurred when the Home was using an electronic system for the administration of medicines. This system has been discontinued and MARS charts are now in use while the Manager identifies an alternative system for the administration of medicines. The new pharmacy technician role will provide better quality control for the safe administration of medicine.

### **Comments**

The Home is clearly undergoing a period of uncertainty. The Manager is aware of her responsibilities and is working towards resolving all the issues identified. Unit Managers and maintenance staff also need to understand the importance of



notifying the Manager of all issues which affect the health and safety of all residents and staff at the Home.

### **Recommendations and Follow-Up Action**

The main recommendation is to ensure that the Home Manager is notified of all maintenance and other issues within the Home which impact on resident care and safety. This could be addressed by staff supervision by the Manager and the provision of extra training in Health and Safety.

Due to current issues within the Home, staff morale amongst some new staff is currently low. It may be beneficial for the Manager to spend more time within the Home to increase staff support and assist in staff retention.

Other recommendations are as follows:

- Regularly check the hand sanitizers around the Home and encourage their use - by posters and by word of mouth and at daily meetings;
- Ensure that menu displays and activities boards are kept up-to-date;
- Activities to be displayed throughout the Home;
- Implementation of a new system for the Administration of Medicines;
- Employment of a pharmacy technician;
- Display a FULL copy of the most recent CQC Inspection report in the reception;
- A choice of pureed food to be available at tea times;
- Meat to be thinly sliced, not large chunks across all Units;
- Support for new staff to be improved; this could be addressed by staff supervision;
- To look at improving car parking for visitors;
- To look at standardizing care staff uniforms.

We wish to thank the Manager of Bradwell Hall and her staff for the courtesy extended to our visiting team throughout and would suggest we re-visit the Home in a few months to check on further progress.