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| Name of service: | Brookfield Support Centre for Older People Park Road, St Helens, WA12 9FF |
| Date & time: | 18 th December 2014, 10.30am |
| Authorised Representatives: | Kath Inkpen, Jimmy Jackson |
| Support team member: | Jayne Parkinson |
| Contact details: | Healthwatch St Helens 0300 111 0007 |

Acknowledgements

Healthwatch St Helens would like to thank the staff and clients at Brookfield Support Centre for Older People for their valuable time and hospitality during this visit.

About the service

Owned by St Helens Local Authority, Brookfield Support Centre is a purpose built ground floor building, close to the town centre. The home is divided into 6 units, including respite care, long term care, rehabilitation and day care.

The centre has extensive refurbishment work scheduled for the coming year.

Manager: Sharron Fisher

Purpose of the visit

- To observe the unique service provided by the centre
- To engage with clients and staff
- To observe care at the point of delivery
- To identify good working practice

Methods used

This was an announced visit.

The visiting team used observation through the senses and talking with staff and clients to get a general feel for the environment and care being delivered.

Conversations with clients explored issue such as privacy and dignity, food and drink, treatment from staff and how they felt in general about their time at Brookfield.

Discussions with the manager and staff explored issues including training, their relationships with clients and how they felt about their work.

Summary of findings

At the time of our visit the home was operating to a high standard of care, providing a clean and pleasant environment. Staff morale was extremely high and clients looked to be clean, tidy and well cared for.

One client said that being at Brookfield was, '*Like going on your holidays*'.

Results of visit

First impression

The visiting team felt that Brookfield felt welcoming with a homely atmosphere and no unpleasant smells. The entrance is comfortably decorated and at the time of the visit had been dressed for Christmas which enhanced the friendly feeling of the environment.

Staff

Staff ratio is generally 6:1 including nursing staff and a manager on duty at all times. Staff turnover is low and most have been employed there for a number of years.

Interactions between staff and clients were friendly and non-patronising. Staff appeared to be extremely happy in their work and everyone we encountered was welcoming and forthcoming.

Training in various areas including medication and client handling, is mandatory and usually provided by the Local Authority, but also delivered by Bridgewater Health and local pharmacies. Further training will be negotiated with the Local Authority if additional needs are identified.

Recreation & leisure

They are a range of CDs, books and games on show around the home. At the time of the visit clients were making Christmas decorations and various examples of clients' work was on display around the building. There is a dedicated entertain room where local primary schools had recently performed Carol concerts.

The centre has its own hair salon with stylists visiting weekly and a pamper room where clients can have nail treatments from members of staff.

Food & refreshments

Menu selections are displayed on notice boards in the various communal areas around the centre. Where necessary, consideration is given to clients' dietary needs including preferences, food intolerance, allergies and cultural requirements.

Clients can have a drink whenever they want, with access to tea and coffee making facilities. There is food in the cupboards so that clients have something to eat in addition to meals served.

Privacy & dignity

Clothing is marked with the owners' names and clients have the choice as to whether the centre or their family washes their clothes.

Personal care is not always being provided by same-sex carers, however this is currently unavoidable due to the higher ratio of female staff.

All residents were clean and tidy and looked like effort had been put in to their appearance.

Hygiene & cleanliness

Bathrooms and toilets were clean and well maintained. Communal areas were clean, clutter-free with fixtures and fittings in good repair. The visiting team had some concerns that chairs in the entertainment room look a little bit shabby and are not of impermeable material, however any furniture which is not in good repair can be replaced in the refurbishment and the Manager feels that fabric cushions on chairs provides a more homely feeling. Protective pads are provided for clients with incontinence issues which look like ordinary cushions so do not impact on their dignity.

Safety & security

The visiting team were asked to sign in the visitor book on arrival. The front door is secure and offices are located close by so that staff members can easily observe who is coming and going.

There are signs on external doors reminding staff to accompany any clients who want to go outside that are unsteady on their feet.

Additional Comments

The manager, Sharron told the visiting team that they have one resident at the centre who has remained with them on a long term basis, despite the changes in criteria. Healthwatch St Helens feels that this displays a genuine consideration for the physical and emotional welfare of that resident and that the flexibility shown in this case is commendable.

The visiting team looks forward to seeing the centre again, after its refurbishment has been completed.

Recommendations

- **Consider where smoking room is situated when the centre is refurbished.**

The visiting team felt the smell of smoke that comes into the entertainment room could be unpleasant for some clients and possibly detrimental to their health. If it could be situated in a room with good ventilation and windows that could be opened this could limit the effects to other clients.

Response from Provider

The relocation of the smoking room is already planned into the refurbishment.

Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.