



Enter and View Report:

Burrows House Residential Care Home

About Healthwatch

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Bromley works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Bromley is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

About Healthwatch Bromley

Healthwatch Bromley is the independent health and social care watchdog and the voice of local people in ensuring that health and social care services are safe, effective and designed to meet the needs of residents, social care users and carers.



Healthwatch Bromley gives children, young people and adults a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley provides a signposting service for people who are unsure where to go for help. Healthwatch can report concerns about the quality of health care and social care to Healthwatch England, or directly to the Care Quality Commission.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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.

Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.



In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Bromley would like to thank Burrows House, including their residents and staff, for their valuable contribution and for participating in this survey.

Disclaimer

Please note that this report relates to findings observed on the specific date set out below. Our report is not a representative portrayal of the experiences of all patients, only an account of what was observed and contributed at the time.

Details of the visit:

Name of premises visited	Burrows House,
Address of premises visited	12 Derwent Road, Penge, London SE20 8SW
Name of Service provider	GCH (Burrows House) Limited
Nature of service	Residential Care Home
Registered Manager	Maryam Timamy
Date and time of visit	24 th October 2016 2-4pm
Authorised Representatives	Gerda Loosemore-Reppen, Sue Fielder and Fay Peter Todd



Methodology

This was an announced Enter and View visit.

Healthwatch made contact with the Home Manager to discuss the purpose of the visit prior to the review taking place. An outline of the services provided and the structure of the home were provided by the Home Manager. It was agreed that a Healthwatch poster setting out the details of the visit would be displayed prior to the visit by the Authorised Representatives.

Questionnaires were also sent to the home in order to receive some feedback from Family members of residents.

On the day of the visit.

Upon arrival, the Healthwatch team were shown to a lounge area that was unoccupied to wait for a member of the Burrows House management team to speak to them. The Authorised Representatives (ARs), were formally introduced and a review of the home commenced.

The ARs visited the communal space on the ground floor to engage with residents and gather their feedback on the home. In addition general observations were also made of the general facilities, furnishings, décor, tidiness and resident information displayed on the notice boards.

In total the Authorised Representatives spoke with nine residents during this visit and received five completed Friends and Family questionnaire response forms. There were a number of people with dementia who were unable to provide any feedback.



Purpose of the visit

- To collect feedback from residents to assess to what extent they are satisfied with the service they receive
- Identify examples of good working practice
- Identify gaps in service provisioning
- Observe care home in operation
- Capture the experiences of residents and any ideas for change they may have

Summary of Survey

1. Satisfaction with staff and overall feelings of living at Burrows House

The majority of residents (7/9) stated that they like living at Burrows House. There were two residents who commented they would rather go back to their own home but recognised that they needed additional support.

All of the residents that the AR's engaged with felt that they were comfortable and secure at Burrows House. Comments included "I had a problem in my own home and I appreciate the security door here, I now feel very safe". "I use the lounge area every day and I meet my friend for a chat". "I have just moved in but I have made friends with a couple of ladies".

Residents felt that although there are opportunities to go out, they would like to do this more frequently. Those who had been out with staff or a befriender liked going to the local shops, parks and pubs. Two residents commented that they liked to go out into the garden in the summer.



Five residents said that they have friends in the home who they speak to outside of the activity sessions. A resident was also observed supporting another resident with mobility needs to get into the lounge.

The staff were praised by the residents and the family members who completed our questionnaire. Staff were also observed by the Authorised Representatives engaging well and having positive interaction with residents.

The AR's noted that there were no members of staff in the reception area during our visit which is potentially a safety issue. Visitors had to wait outside for a long time before they were able to enter the building. Also it is a potential risk with residents who have dementia and good mobility.

Although the AR's did not visit during a mealtime, there were no adverse comments from residents about the choice or quality of the food.

During the Healthwatch visit nine residents took part in the afternoon activity "Bingo". The activity organiser was new to activities and this made it more engaging for the residents. The AR's also observed the activities notice board which was impressive and had a lot of choice for residents. Special events/dates are recognised at the home when additional activities are put on such as parties, barbeques and celebrations. All family members confirmed that they were invited to all of these events and would attend if possible.

In the room used by people with dementia there was music playing and a couple of staff members engaging with them. Refreshments were offered to everyone and a choice was given. Resident requests for help were responded to quickly by members of the care team.



2. Personal Choice

Staff were observed offering a choice to residents regarding their participation, or not, in the afternoon activities with appropriate encouragement.

3. Access to community networks and facilities

There are opportunities to go out on supervised trips but as mentioned previously residents would like to see these increased. Of the nine residents who engaged with the AR's just over half of them said that go out with family and friends or with a carer.

Burrows House has a quiet garden area in the centre of the building. There was appropriate shade and seating for residents to enjoy the garden.

Additional feedback

Influence change

The AR's were advised that residents can influence changes that they would like to see at Burrows House. However, only a couple of residents were aware that they could influencing change. It would be helpful if all residents were reminded about how they could make suggested changes.

Staff

Twelve staff questionnaires were received by Healthwatch. Staff training is available to all staff and covers all of the key job requirements. The staff felt supported but three commented that they found it difficult to balance their other work duties with the amount of time needed to support residents. Generally, the



staff were happy with their work and this was observed in their engagement with colleagues and residents.

General observations

The Premises

The overall impression of Burrows House was that the home is of a good standard but in need of decoration, bright clean and is odour free. There are a couple of premises related items to be considered and these have been mentioned in the items for consideration section below.

Items for consideration

1. It would be beneficial if the home notified all residents of their rights to influence/change the support or daily routines that they receive.
2. The home is in need of redecoration and carpets in the main reception area and lift entrance are in need of repair/replacement (trip Hazard).
3. The reception area was unmanned during our visit which is potentially a safety issue for residents with dementia. It also meant that visitors had to wait outside for a long time before they were able to enter the building.
4. Residents would like to have more opportunities to go out with the staff on organised local trips.



Feedback from Burrows House

Please use this box to add any comments, reflections or inaccuracies stated in the report. Response to - General Observation & Items for consideration:

- 1. The residents are notified of their rights and are encouraged to express their views and to influence/changes on a day to day basis also via monthly residents meeting. However, we will take on board the comments made and ensure that the information is given directly to those who do not attend the meetings.*
- 2. We have full time in house maintenance person who oversees day to day Health & Safety and issue of repairs. We have recently had new carpet laid in the front area of the home.*
- 3. The reception desk is usually occupied by the senior carer on duty depending on the time of the day and what is happening around the home. However, the home Administrator's office is adjacent to the front door entrance and she will respond to any call bell. The front call bell is also connected to our telephone system and therefore the call bell can also be responded by the Manager/deputy and also the senior on duty who carries the handset phone.*
- 4. Although our residents are living with Dementia they are not restricted in their movements around the home. They are allowed to walk freely within the premises. The front door is key padded and the residents don't know the number. We have just finalised organising community transport to enable residents who are able to go out on organised trips for the summer outings. This will enable our residents to have more opportunities.*