

My Views Matter: St Brannock's Residential home Mundesley



Healthwatch Norfolk visited St Brannock's on 24/04/2023 to see and hear how people experience care there.

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see 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. 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

My Views Matter

From September 2022 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project was specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter involved visiting 21 residential homes across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It also investigated whether residents' and their families' views were being taken into account in how care is delivered. The 21 homes were selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals told us affect

the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we also interviewed family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project was being implemented with the assistance of About with Friends, NANSAs (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which reported on data gathered from across the county, was published in July 2023.

How we gathered people's views on this care home

We visited St Brannock's on 24/04/2023, and the visit was announced in advance, in order to minimise disruption to the residents. We spent around two hours talking to residents and staff, and observing life in the home on that morning, and examining the building and its facilities. We also interviewed two family members of residents. In total, we spoke to four of the five residents, and spoke to the manager.

The visit team was:



John Spall –
Enter and View
Co-ordinator

About St Brannocks

St Brannocks is based in an Edwardian house in Mundesley, a coastal village in North Norfolk. At the time of our visit it housed five people.

The home is currently run by Janith Homes who run three residential care homes for adults with learning disabilities in North Norfolk, the other two homes being Strawberry Field and The Rookery. They also run day services at Barrington Farm.

St Brannocks was last visited by the Care Quality Commission (CQC) in February 2019 and was rated as 'Requires Improvement'.

Summary

During this Enter and View visit we focused on what residents thought about their care, and the degree to which they were being listened to by the home staff. We considered the following themes, with the following findings:

- **Voice choice and personalisation:** There were regular residents' meetings at the service, as well as one-to-one discussions about other matters. People were supported to develop independence skills, and they told us that they were happy with this support. They were also supported to do most of the household chores themselves. Relatives told us that they were happy with how the home communicated with them, but had some issues with the management of the broader chain.
- **Premises:** The building is a large detached house, which is spacious and well-equipped, and was clean and tidy throughout when we visited. People's rooms were spacious and well-personalised, as were the communal spaces, often featuring artworks produced by the residents.
- **Activities:** All the people we spoke to told us that they were happy with the range of activities they were offered inside and outside the home. They all attended the chain's day service, which people all told us that they enjoyed, particularly its creative activities and working with the farm animals. People also went on unaccompanied outings, and had one-to-one outings with staff each week, if they wanted them.
- **Relationships and community:** People told us that they liked the staff, and the interactions we observed between staff and residents were positive. Relatives told us that the staffing at the home had been fairly consistent over the years, which helped their family members to have good relations with staff. People told us that they got on well with the other residents, and people also spent time out and about in the local area quite regularly.
- **Food and health:** Everyone we spoke to told us that they were happy with the food they were offered, and people were involved in preparing their meals. All of the people here got regular exercise, using the exercise bike in the home, and attending regular keep fit classes at the day centre.
- **Relations with the broader health and social care system:** The manager told us that all of the services that they use supported them well, including the GP surgery, pharmacy, dentists, local Learning Disabilities Team and NCC's Integrated Quality Service.

Overall, all of the people we spoke to at St. Brannocks told us that they were happy with the service, and that it listened to them well. They also seemed to be supported well to develop their independence skills. The relatives we spoke to were also happy with the service.

Findings

Voice, choice and personalisation

More detail on the ways that the home takes people's views into account in specific areas are detailed in the sections below. In this section, we give some more general detail about how residents and their families were supported to take control of their care and their home.

Mechanisms for ensuring residents' voices were heard and responded to

The manager told us that there are regular residents' meetings, where people make decisions about the menu, the running of the house and activities. There were also individual chats between residents and care staff about other matters. The home was staffed at a level of one staff member to five residents, implying that the residents had been assessed by their local authorities as having quite a high capacity for independence. The people we spoke to talked to us about the ways that they had been supported to be more independent, for example with support to take public transport or to look after their bank account, and people told us that they were happy with this support.

The manager told us that they put a particular emphasis on people doing as many of the household tasks as they were able to do safely for themselves. This included cooking, laundry, tidying their rooms, washing-up, cleaning, Hoovering, gardening and mowing, which have all been risk-assessed. There was a rota for these tasks, which was managed by the residents themselves. The people we spoke to were very proud of their participation in the upkeep of their home.

One person told us that they would like to be more independent and to live in their own flat, but that they had not been allowed to. This person's relative told us that this issue had been revisited several times over the years, and that it had been assessed each time that it would not be safe for them, an assessment this relative agreed with.

Responsiveness to family members

The family members we spoke to were positive about their communications with the home. When they told us about instances where communication had not been so good, they were talking about historical problems under the former manager, but they were both very happy with the new manager. One person told us, “now with the new manager, I think it is all working out quite well and there is good communication between us, and I think we're working well together. [The manager] does take into account, if I say something, you know, 'I wouldn't like her to do this', cause I don't think it's good for her or whatever, she takes that into account.”

Another person told us that they always felt listened to, when they gave feedback to the manager. They also said, however, that they did not always get the outcome that they wanted, and referred particularly to a request to have a walk-in shower installed in their relative's bedroom after a fall. The reason given by the home was that there was a walk-in shower available for use on the floor above this person's bedroom.

Both relatives told us that the home was good at facilitating relatives' visits at the home, and one person told us that they had supported their family member well to use public transport to go to visit their family members.

Both family members we spoke to mentioned that, while they were very happy with the home itself, they were less happy with the broader organisation of the home chain. One person said that they thought that they were over-cautious, and could be slow to make decisions. The other person told us that their confidence in the chain management had been undermined during a disagreement over a medical treatment for their relative, which they thought had not been handled transparently.

One person also said that they would like the home to be more proactive in its communications with them.



I've got a, a bit of a voice with the manager in the house. So I think that is good



- Relative

Premises



St Brannocks is a large former doctor's house and surgery. It is a detached building with a generous driveway. The entrance is easy to find, and it is not obviously a care home. There is a large hallway and staircase, The ground floor is all level and it seems accessible for all the people who live here. On the walls throughout are artworks which have been done by the residents, and there are also a few photos of the residents, There are some information displays in communal areas, including details on how to complain about the service, which are in an accessible format.

At the front of the house there is a dining room, which has a pool table in it. The room is spacious, and like all of the rooms, it has high ceilings. There is a hard cover to put on top of the pool table, when they are having a social event. There is also a large sitting room with a TV in it, and three sofas. This has large French windows looking out onto the garden.

The kitchen is spacious, and has an electric cooker and an Aga cooker in it, and has a laundry room next to it. The office is towards the back of the house, and we saw residents entering it freely, which suggests that they did not see it as off-limits. On the ground floor there is a self-contained flat with its own kitchen and bathroom, and two bedrooms. The bedrooms we saw were spacious and well-personalised, with plenty of decorations on the walls chosen by the residents, and collections of objects suggesting well-developed personal interests and hobbies, and creative pursuits in particular.

Upstairs there are five more bedrooms on the first floor. The manager told us that two of these have their own ensuite bathrooms, and three share a communal toilet and a bathroom. There is a walk-in shower in the bathroom upstairs, and one person with a bedroom downstairs told us that they would like it if there was a walk-in shower in their ensuite bathroom. The house is clean, tidy and well-organised throughout.

Activities

The manager told us that the service emphasises encouraging people's independence. As mentioned above, the people living at St Brannocks do a large amount of their own housework, and manage the housework rota themselves. None of the other homes that we visited during My Views Matter had a system like this. People we spoke to were proud of how they looked after their home, and it seemed very positive to us that people here managed the rota for these activities themselves.

The people we spoke to told us that they were happy with the activities available to them inside and outside the home. All of them attended the chain's day service several days a week, and they all told us that they enjoyed going there. There are art activities at the day service, and there were many examples of people's work, including knitting, painting, needlework and papier mâché, displayed around the home. There is also a farm, with animals to look after, and people told us that they also enjoyed doing this, as well as being out in the fresh air and seeing their friends there. They also mentioned that there were keep fit classes there.

The manager told us that people also have one-to-one supported outings each week, and some people were able to go out independently in the village, and using public transport. We heard how one person lost some confidence with outings during the pandemic but that this had been gradually built back up.

One family member did note that there had been changes to the amount of activities available since their relative first moved there. They told us that the home had not reduced the number of activities but that the Local Authority used to offer more local groups and clubs, which seem to have disappeared.

Relationships and community

Between staff and residents

Everyone we spoke to knew who their keyworker was and told us that they were able to choose them, and they all said that they liked the staff. The family members we spoke to said that they felt the staff understood their relatives well and responded well to their needs. They also told us how the staff help build confidence in the residents. For example, one family member told us that their relative might not have initiated some activities that they do enjoy, but took part in the activities because staff suggested them, and their confidence and relationships with staff and other residents had grown as a result.

One person told us that they liked the staff and were mostly happy in the home, but also said that they sometimes got into a bad mood and that staff struggled to calm them down.

The home was fully staffed at the time of our visit. There was one member of staff during the pandemic who was from an agency, but this person is now a permanent member of staff. One family member told us that they liked the continuity of staff at the home, explaining that most the staff tend to stay longer term, helping them to form good relationships with the residents.

The provider chain has an e-portal where much of the mandatory staff training was done, including Learning Disability awareness. However, since lockdown restrictions had been eased (prior to our visit), staff had been doing more training face-to-face.

 I like the continuity. They don't tend to have massive staff changes. [...] Mostly the staff tend to stay longer term which I think is quite an advantage.



- Relative

Relations between residents

The home has two vacant rooms at the time of our visit, and had had them for a while. The manager told us that they did not want to accept new residents unless they could meet their needs, and unless they would fit in well with the other residents.

Two of the residents in the home told us that there were people in the home that are their friends. The family members also said that they think their relatives are accepting of the other people in the house, although one did tell us that their relative finds it difficult to relate to other people in general.

Relations between residents and the broader community

People go to the day service regularly and they all told us that they were friends with people at the day service and looked forward to seeing them.

People also told us that they go out and about in the local area, for example to cafés, for walks and to the post office to get money out. We saw during our visit how staff help people to do this safely.

One family member told us that they like the fact the home is fairly rural, meaning that their relative knows their way around and is confident moving about the local area. We also heard how they are supported to use local public transport independently.

Food and health

As mentioned in the activities section, residents get involved in food preparation in the home, and one person prepares all of their own meals. People told us that they are happy with the food they are offered. Relatives told us that they like the fact that all of the food is home cooked, with no ready meals used, and one relative told us that their family member's special diet was well catered for. We also heard from one resident how they go to the chip shop and to McDonalds, which they would like to do more.

A family member told us that their relative makes their own breakfast and lunch, but would like to be more independent with cooking. They understood that there were risks around their relative being able to use heat in cooking, however.

People at St. Brannocks all seemed to be physically active. There was an exercise bike in one of the hallways, which all of the residents use everyday, according to one of the residents. There is also exercise bike for arms. People go on walks on the beach nearby and take part in regular keep fit classes at the day centre.

Interactions with the broader health and social care system

The manager told us that the local GP practice has provided a good service, and call the home once a week to check if they need anything. They are also happy to speak to the manager whenever she calls them for advice. Annual health checks with the GP have also been done regularly for all of the residents. The home usually use Aylsham pharmacy to get medicine, and they have also provided a good service.

All of the residents were also registered with dentists when we visited, and were having regular check-ups, although two of the residents were registered for private treatment, because no practices near the home were taking on new NHS patients.

The manager told us that they have had contact with the local Learning Disability Team, who have been very helpful and responsive. The manager has also had a few visits from NCC's Integrated Quality Service, who have given them helpful action plans for improvements, that the home has been working on.

Recommendations

Overall, all of the people we spoke to at St. Brannocks told us that they were happy with the service, and that it listened to them well. They also seemed to be supported well to develop their independence skills. The relatives we spoke to were happy with the service under its current manager, too. The only recommendation we would make based on our visit, is that the installation of a downstairs walk-in shower could be considered.

Service Provider Response

Dear Healthwatch Norfolk,

It is great to see the positive feedback given by the residents and their relatives. As I confirmed during the visit of "My View Matter", I always promoted residents' abilities and made them feel that St Brannocks is their home and they own the place, as well empowering them to do more for themselves in order to maintain their independence. It is important to recognise and value their abilities and potential.

Regarding the installation of a downstairs walk-in shower in one of the residents' room, this has now been sorted with a beneficial outcome for that resident. After an assessment, a bath seat controlled by a remote control has been installed in the resident's bath, which is working well and meets the needs of the individual.

It is important to mention that as part of the building there is a bathroom on the ground floor with a walk-in shower which is used by another resident.

Best regards,

Monica Iosif
Registered Manager
St Brannocks



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