

Brooklands Care Home



Have your say

Enter and View Report, January 2025



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via our have your say service www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Brooklands Care Home

Address: 44 Albany Road, Liverpool, Merseyside, L13 3BJ

The Date of the Enter and View Visit: Wednesday the 8th of January 2025 between 10am and 12.30pm

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was an announced visit. We would like to thank Brooklands Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Brooklands Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool 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, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Brooklands Care home is a residential care home situated in a purpose-built 2-storey building in Old Swan. It is owned by Dovehaven Care Homes.

The home has 43 bedrooms including 18 ensuite rooms. At the time of our visit there were 41 residents living at the home.

All the residents live with dementia. We were told that those residents with higher care needs generally live upstairs, but that residents are free to move between floors. The home has had couples living there in the past; couples often preferred to have separate rooms, but a shared room could be accommodated.

The home currently charges top-up fees of £64 per week.

Discussion with the manager

We spoke to the manager David Wright who told us he had been in post as manager at Brooklands for 7 years, but that he had worked in a variety of roles in care homes for the last 22 years. He has made the journey from carer to senior to manager so knows the pressures and responsibilities of the various roles

The manager said that Brooklands care home is *“a very community-based home and referrals do tend to come from the local area”*, and that the home *“has a brilliant reputation in the community”*.

We were told that 90% of the residents come from the local area. The home has good connections with St Oswald’s school and church as well as with Holly Lodge school, who provide virtual activities for the residents and read for them:

“Holly Lodge School has a programme where they read to the residents. They read stories about the Beatles, old recipes and it’s really engaging to see”.

Local supermarkets also provide support via donations, e.g. for hampers, and by helping to fundraise. The manager also told us how Brooklands staff were fundraising themselves; 9 staff had climbed Snowdon and abseiled at Liverpool FC’s stadium. We were shown a photo of the staff who climbed Snowdon on a notice board in the corridor.

Staffing

The manager told us that there is a well-established staff team at Brooklands care home, with some staff having worked there for 25 or 26 years. The home employs 41 members of staff in total, and there are no staff vacancies. They have been using the same agency for the past 6 years but only do so in an emergency. The manager said the agency they use was excellent.

In the daytime there are 2 senior staff, 5 carers, 3 domestic staff, the manager and deputy manager as well as a handyman and one admin staff. At night there is one senior and 3 care staff.

The company that owns Brooklands own multiple care homes and they provide their own staff training. The manager was very positive about the support offered by the owners.

Healthcare

All residents at the home currently are registered with Derby Lane Medical Centre. The practice had recently moved to a new Primary Care Neighbourhood (PCN), and the manager felt that the relationship with the practice had deteriorated since then after previously being very good. The manager said he had had 2 meetings with the practice manager but that there had been no improvement:

"It's a little bit fractured as they have been taken over by a new PCN. Prior to that we had an excellent relationship. At the moment everything has to go through Telemeds. We are trying to get them to re-engage as they (GP practice) have not attended MDTs since October and this has been escalated through MDT"

The manager added that the home had an excellent relationship with the community matrons, and that they and medicine management attended the MDTs.

The pharmacy used by the home, Care Quality Pharmacy, had recently been chosen by the company that owns the home. The manager told us they found the pharmacy to be excellent, all the residents' medications were boxed, and everything was computerised.

The home uses Sheil Road dentists, however the dentist who does home visits has been on sick leave and has not been replaced, so there is a gap in services. This has been mentioned to us by several other care homes during recent visits and is adding pressure across the city. The manager said that **"the dentist that comes in is brilliant with the residents"**.

The manager said that everything now has to go through Telemeds. He said they provided reassurance: *"Telemeds is brilliant, they are quite supportive and direct and arrange help when needed. We have no concerns with it at all and staff are trained in using it. Dovehaven invested in our own internet so we have that to back us up as well"*

Hospital discharges

We were told that there had been some issues around hospital discharges. The manager provided an example of an unsafe and undignified discharge that he had raised as a safeguarding issue. Amongst several issues raised, the resident's clinical and care needs had increased so much during their hospital stay that nursing care was required which Brooklands care home does not provide. There had been no communication from the hospital prior to discharge; when the manager had contacted the hospital, he had not been given any information as he was told that he was not next of kin.

The manager added that there were specific issues with the Royal Liverpool University Hospital as Brooklands is a residential home; hospitals should assess if residents can safely go back to residential care. Based on previous experiences the manager added that he would be hesitant to admit new residents from hospitals.

“They will not do nursing assessments at the Royal, it’s always falling on the residential homes to be the bad guy with no one supporting them. I’m having to gauge on the phone whether they should return”.

We asked how the home had coped during the pandemic. The manager said that despite all staff getting Covid they had stuck together. Staff had not been asked to certify deaths at any point, nor been trained to do so.

Visiting

We were told that there are no rules around visiting, but visitors are asked to avoid mealtimes if possible. If someone does come in at that time they will be asked to wait in the lounge. The manager advised because families understand the reasons for this they respect that.

The manager told us that relatives know the staff, and that there is an open door. There is a complaints’ file but it is empty. We were told that relatives can leave feedback on the home’s electronic systems too, and they will proactively contact anyone who leaves a negative comment.

The home has a private Facebook page which has 160 friends and family, and there are monthly residents’ and families’ meetings attended by the manager and the activities coordinator. The manager added that the family meetings are not that well attended but that this is because there usually are no concerns. The home also has a monthly newsletter.

“The door is always open and if there are any problems they let me know. There is a social page for families showing the activities they are doing, and relatives enjoy that”

Activities

The manager told us the activities coordinator tries to organise something ‘active’ every morning. The home has a paid subscription to a web-based platform called Oomph Wellness which supplies every type of virtual activity including armchair exercises, quizzes, crosswords etc. The home also employs a company that takes residents on outings twice a month.

Residents also use the ‘Connie Club’ where they have events throughout the month. Last Christmas 22 residents, 13 staff and 16 relatives went there, and the manager explained that the more relatives can come along, the more residents could come as well as it frees up staff.

“The Connie Club is a big hit”

The local pub, the Albany, also is praised highly and is welcoming to the residents.

“The Albany are welcoming to residents and are a real part of the community”

At the time of our visit the home had organised events with an Elvis theme as it was Elvis Presley's birthday that week; this included booking an Elvis impersonator that day. A dog regularly visits the home, and there is a poster up with the details including reassuring residents that the dog is friendly.

We were shown the large movable interactive PC/TV which allows residents to play games, bingo and to access YouTube. The home also had 'activity stations' on the wall, boards with sheets of wordsearches and crosswords available for residents to complete at their own leisure.

Residents who smoke can use the shelter in the garden, which the manager said was heavily used by the 3 residents who smoked.

Establishing likes and dislikes

We were told that the manager or the deputy manager will carry out pre-admission assessments which will ask about diet, illnesses, likes and dislikes. They will meet with prospective residents and get to know the person to make sure the home is right for them, and that they will fit in.

Food

The home gets specialist ingredients from an outside supplier; when residents' diets change, for example a change to pureed foods, this needs to be ordered in. They can arrange for any type of food, e.g. gluten-free, vegetarian etc. The home tends to add things to the meals that are bought in, for example add naan breads or garlic bread to make a meal like you would have in a restaurant.

The home employs 2 cooks who have both worked there for many years. The manager told us that they will cater for anything, and both cooks will check with residents and get to know what foods they like and dislike. There is an 'any time menu' which includes things like jacket potatoes, sandwiches, cheese on toast and soup. Residents can also help themselves to a drink, biscuits or crisps when they want.

The manager said they make their own version of a milkshake with full-fat milk and double cream for residents who need the extra nutrients. He added that they have never had complaints about the food.

Communication needs

At the time of our visit there was one resident whose first language wasn't English, but as they spoke English fluently there was no need for adjustments. In the past there had been a resident who did not speak any English. At that time, they had used prompt cards and over time had gotten to know this resident's likes and dislikes. A local GP spoke the same language as this resident and kindly had left their mobile number with the home just in case.

Belongings

We were told that residents' belongings are labelled to prevent loss. Some residents can lock their doors for privacy as a few residents may wander into other people's rooms.

The laundry is done in-house, and there is a 'finder's rail' for anything that doesn't have an obvious owner. Dentures have been lost in the past, but the manager advised that the home tries to fix any problems straightaway. This is further complicated however by the lack of NHS dentists available in Liverpool.

Observations

Upon arrival at Brooklands Care Home, we were met by staff who checked our identification and asked us to sign in. We spoke with the manager David Wright and were then given a tour of the building.

Observations of the building and facilities

We had a look at the communal areas around the home. Everywhere looked very clean, smelled pleasant and looked in a good state of repair and maintenance.

Corridors

Corridors had recently been re-decorated, and there were decorated well with pictures on the walls including some copies of adverts from times gone by that had been painted by staff, as well as photos of residents. There was a staff board with photos and information, and several boards displaying more photos. The hallways were decorated with wallpaper that looked brand-new, and the handrails were in good condition and stood out from the background.

The floor was clean and in good condition across the corridors. The exterior had a gritted pathway that had been cleared of the heavy snow and ice that had fallen that day. The floor in the reception area was clean despite the gritting outside.

We saw a complaints poster displayed giving instructions how residents and families can make complaints with a clear design. There were signs in areas accessed by staff that encouraged the use of person-centred language with examples of how to do this.

There were up-to-date activity boards on display. As mentioned above, we were also shown a large interactive TV/computer on wheels that staff and residents can use for accessing multimedia such as games and YouTube, and the activities boards.

Corridors had different themes such as music legends on the wall which makes the home look inviting. This combined with the easy read signs and designated door colours made the care home easy to navigate and shows commitment to creating a dementia friendly environment.

Stair treads and risers looked in good condition and there were evacuation sledges for fire evacuation available. The manager advised they have weekly evacuation tests.

Toilet doors were painted red and clearly distinguishable from other rooms. Residents' bedroom doors were also painted in a variety of colours and had photos or pictures on the door along with resident names. There was seating in various areas of the corridors which residents were making use of.

The care home has one lift that is maintained by Allied lifts. We were told it is reliable and had not had any prolonged time out of service.

Lounges

The home has two lounges, one on each floor. The first floor has more residents who may require more support but residents are free to move between floors.

The upstairs lounge had a big open space in the centre and comfortable chairs arranged around the outside. The room was nicely decorated and had a large TV and an old-style radio available for residents.

At the time of our visit the downstairs lounge was being used for activities with music playing and a singalong. Several residents were dancing with staff, and the atmosphere appeared upbeat with both residents and staff joining in.

We observed respectful and caring interactions; staff were using the names of residents and using gentle touch to help them manoeuvre around the home. Residents were sharing jokes with staff and asking how they were doing, and staff were engaging with residents in back-and-forth conversation.

Dining rooms

Each floor has its own dining room with both looking clean and well-maintained with plenty of natural light coming in. Condiments and placemats were in place giving a nice dining experience. There was a well-appointed self-service station in the kitchen with drinks and biscuits.

Downstairs there were temporary Elvis decorations in keeping with the Elvis theme that week. The manager advised the ground floor dining room is due to be refurbished, but to us it looked in good condition.

Bedrooms

We were shown an unoccupied bedroom. The manager explained that they had installed sensor beams to combat falls 10 months ago and this had resulted in a large reduction in falls rates. The beds had accessible night lights next to the beds to assist residents getting up in the night.

All the bedroom doors were painted in alternating colours distinguishing them from other rooms. This helps residents to navigate the care home and is an example of dementia-friendly design. We were told that residents can personalise their rooms and bring their own furniture. The rooms were of a good size with storage provided.

Kitchen

we saw both kitchens which appeared clean and well-organised even with a member of the kitchen staff being unavailable due to a family emergency. Kitchen staff greeted us and were busy preparing lunch.

Sensory room

This was a small but cosy and relaxing room on the first floor which the manager told us had been converted from a staff office. The room had low sensory style lighting including fairy lights and lava lamps. There were also sensory 'fidget' style items in place. We felt this room was a great addition for supporting residents who want to relax or are maybe feeling overstimulated. It also looked

like a great resource to support neurodivergent residents and staff. It was another example of dementia-friendly design in the care home.

Garden

The home has a large, well-maintained enclosed garden which felt safe and secure. The manager said the garden functioned as a 3rd lounge in summer. There was lots of space for activities, including several raised beds where residents could do some gardening. A smoking shed was provided.

Hairdresser's room

There was a fully equipped hairdresser's room that was nicely decorated. We were told that this room is also used as a 'pamper room' for both staff and residents.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 5 residents and 4 members of staff



“The staff are lovely and there is loads of activities going on”



Resident A

“It’s better than where I was before. I like dancing I can dance even with a bad leg”

(Do you feel safe here?) “Oh yes”

Resident B

It’s lovely, I’ve not got a wrong word I can say about the staff. They are all lovely and I’ve been here 6 years. There is a nice atmosphere and if you don’t feel well the staff are always there”

“We do lovely stuff and the food is good, you get plenty. There is always something there on the table”

Resident C

"I don't mind living here, you keep going don't you. The staff look after you"

Resident D

"I like it very much"

(How are the Activities?): "Everything is good. I love to see them all dancing. Whatever is going on, we're right there!"

(Do you feel Safe?) "Definitely, All staff are lovely".

(How is the Food?): "No problem at all" (How are the portions): "very good".

(Teas and Coffee): "We don't have to even ask".

(What is the garden like?): "In summer it's lovely"

Care staff

"We have MDT's every week. There is good management with long-servicing staff. It's a good team"

Summary and recommendations

Summary

During our Enter and View visit we observed that Brooklands Care Home seems to be a very well-run care home. The small number of residents we spoke to appeared happy and healthy, the building was well maintained and designed, and many staff are experienced and long serving.

From what we saw on the day staff have gone above and beyond in creating an environment that is clean, well decorated, accessible and dementia friendly. Staff have put not only effort but a lot of thought into the environment and it shows. The care home had multiple design features that would make it easier for someone with dementia to navigate and the sensory room is a fantastic resource that was designed by the staff themselves.

It is clear that activities are a favourite for both residents and staff and this stands out as a real strength for Brooklands. The home was decorated for an Elvis theme and many residents and staff were enjoying the music when we visited. Activity displays were accessible and visual and were updated for the week. There were also activity stations where residents wanting a quieter time could grab a crossword or wordsearch. Brooklands is also linked in well with local businesses and schools and as such part of the local community.

According to management staff are long serving and know the people and area well. This consistency of both management and staffing did show through during our short visit. Staff and residents seemed familiar and comfortable with each other and appeared to have great rapport. Staff seemed skilled, kind and caring when interacting with residents.

Recommendations

We have no recommendations to make to Brooklands Care Home following our visit.

Care Home Response

Brooklands Care Home management responded promptly to our report and were happy for us to publish it.

Positives and good practice

We found during our visit to Brooklands Care Home examples of positives and good practice which included but were not limited to:

- There was a wide range of activities on offer for residents that were well planned, displayed and thought out. Staff engaged well with residents singing and dancing along and there were options for those who preferred quieter options. The activity stations are an excellent idea that provide choice and independence.
- The care home seems to be part of the local community, and it is fantastic that families can spend time together in local establishments supported by the home. The reading partnership with local schools also sounded like a fantastic idea.
- We were pleased to hear that staff are long serving with a stable staffing structure running through the care home from management onwards, as well as about the positive relationship with the owners.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



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