healthwatch Kingston upon Thames

Enter & View Report

Brook House Nursing Home

August 2024

Contents

1. Introduction

1.1 Details of visit

Service Provider	Brook House Nursing Home
Service Address	8a Nelson Road New Malden KT3 5EA
Registered Manager	Peter Haysom
Date and Time of Enter and View Visit	21st August 11.30am-3.30pm
Status of Enter and View Visit	Announced
Healthwatch Kingston upon Thames (HWK) Authorised Representatives	Jill Prawer (HWK Staff Team) Kezia Coleman (HWK Staff Team) Liz Meerabeau (HWK Volunteer) Graham Goldspring (HWK Volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Kezia Coleman (HWK Staff Team)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Provider	Future Care Group

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston upon Thames (HWK). We would like to thank Brook House Nursing Home residents, relatives/friends, and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of HWK's visit.

HWK champions better standards of care in socially funded health and social care services. As part of our remit, we recruit Authorised Representatives who are volunteers from the local community trained to undertake Enter and View visits with the aim of identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK Authorised Representatives' visit to Brook House Nursing Home (Brook House). Brook House is situated in the Royal Borough of Kingston upon Thames (RBK) and is run by Future Care Group. On our first contact with the home, we were informed by the manager that Future Care Group had been taken over by Aria Healthcare, four weeks previously. We were told that there would be no change to the management structure or personnel within the nursing home. Aria Healthcare operates around 68 homes across the country. The website has not been updated to show these developments. We were told that this will be done centrally at the appropriate time.

Care in a nursing home is funded differently than in a care home. Residents are in a nursing home if they have a health condition that has nursing needs. Because of this, funding comes from the local NHS health budget and can come in one of two ways, Continuing Healthcare (CHC), or NHS-funded Nursing Care Procedure (FNC). Brook House uses a system called DEPENSYS which assesses the nursing and care needs of the residents, and the home then ensures that these needs are covered by registered nurses and carers. There must always be at least one registered nurse on duty. We were told that Brook House has a second, supernumerary registered nurse, or the manager who is trained as a paramedic on duty as well.

HWK has not previously visited Brook House. The last full Care Quality Commission (CQC) inspection was undertaken in October 2018 which rated the home 'good' in all five areas (CQC report).

A subsequent CQC report was undertaken in March 2024 which looked at whether the provision was 'safe' and 'well led', with the service given 'good' for both categories.

The Enter and View visit to Brook House was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More details of which can be found in appendix 1 (see page 29).

Entrance to Brook House

2. Executive Summary

Overview: Overall, HWK Authorised Representatives concluded that Brook House was a well-run home offering a range of activities. Brook House had a welcoming atmosphere and the relationship between staff and between staff and residents appeared to be comfortable and relaxed. Among the main things that worked well were:

Living environment: The environment was clean and smelled fresh. It was thoughtfully decorated with among other things, film stars from the 1940s and 1950s, musicians and bands from the 1960s and 1970s, and in the dining room, images of fruits and vegetables. Signage throughout the home was particularly clear and there was a lot of useful information available relevant to staff, residents, and visitors, which was displayed in a way that was easily understandable. We particularly liked the board showing what the different colour uniforms of the staff signified. The manager of the home was keen to hear feedback and be made aware of any opportunities to improve, and this attitude was evidenced by the HWK poster announcing the visit, laminated, and displayed around the home. We also saw a well-placed and visible suggestion box in the reception area, along with the request to 'rate our home'. All the staff and the relatives we spoke to told us that the manager was very supportive and receptive to feedback.

The home has two lounge areas and a separate dining room. The smaller of the lounge areas was called the 'Namaste' room which was a cordoned off area with a running water feature, the smell of incense and leaf decorations all designed to create a calming atmosphere. We were told that agitated residents are soon calmed if they are brought into the area. On the other side of the cordon there were some armchairs where residents could receive visitors. The room had direct access to the garden.

Shown above, two images of the Namaste room.

Mealtime experiences: Our visit was between 11.30am and 3.30pm and we were able to observe lunch time. The Authorised Representatives divided between the larger lounge and the dining room (no one was eating in the smaller lounge). In the dining room we observed the food being delivered to the residents quickly and efficiently by the activity staff and carers. The meals were plated and covered from the heated countertop by the chef and the kitchen assistant. We noted that the lunchtime started at 12.30pm and everybody had their food delivered by approximately 12.45pm. This included those in the dining room, the lounge and those eating in their rooms. The atmosphere was calm and unhurried and the residents seemed to be enjoying their food.

Meaningful activities for residents: Brook House have planned activities every day which are displayed on all the floors in the home and in the corridor leading to the lounge and dining areas and included visits outside of the nursing home. During our visit we observed the two activities staff interacting with the residents with whom they seemed to have a confident and good relationship.

By listening to people and recording their experiences and our observations, HWK has formulated some recommendations designed to help the management of Brook House improve residents' experience.

3. Recommendations

3.1 Living environment

HWK Environment Recommendations (1-5)	Brook House Nursing Home Response
1. Replace the dilapidated garden shed with a shed that is safe, secure, and lockable.	New shed is now at Brook House, in the process of being constructed. Will be completed within the next two weeks. Completed by 4th September 2024.
2. Consider continuing the development work in the garden and introduce other sections, creating areas of interest using plants to create visual and other sensory stimulation (such as smell and touch).	The raised planter outside the back door will be used as 'sensory' type garden. This will include herbs, nice smelling 'safe' plants etc. Gardener has been instructed to help create this space in conjunction with the Lifestyle lead and Dementia Champion. Completed by 16th October, weather dependant.
3. Remove the odour in the assisted bathroom and check the condition regularly.	This area is cleaned regularly, and a new air freshener fragrance is being utilised. The bathrooms do not normally have odours, unfortunately this was a one off for the visit of Healthwatch. This is being closely monitored by the Housekeeping Team. New air freshener fragrance being utilised. Bathrooms being deep cleaned more frequently. Immediate and in place.
4. Move the emergency pull cord in the assisted bathroom into the correct position so that it can be untied and is accessible to residents using the bathroom.	This is a known problem in Brook House. When the Home was built all emergency call bells are situated directly in front of toilets. Hooks being placed on walls next to the emergency call bells for the cord to feed through to the ground. This will prevent them

	being an obstacle to reach the toilet, whilst still allowing them to be utilised in the case of emergency. Completed by end of October 2024
5. Change the toilet seats to a different colour in line with dementia guidelines (See P12 - 6. Using the bathroom)	Thank you for this feedback as it is not something that had been thought about in Brook House. This will now be actioned and toilet seats replaced. to be dementia friendly toilet seats. Starting with communal bathrooms and moving onto residents' bedrooms. Completed by end of November 2024

3.2 Residents' mealtime experiences

During our visit we were able to observe the lunchtime meal. Based on the Enter and View visit to Brook House, Healthwatch Kingston has the following recommendations.

HWK Mealtime Recommendations (1-5)	**Brook House Nursing Home Response**
1. Remove and change the mat at the door from the dining room to the garden to reduce the trip hazard.	New mat ordered at time of Healthwatch visit. Mat ordered and now in place. Immediate
2. Consider the addition of extra staff during mealtimes to ensure that all residents are given the support they need to eat, and staff have capacity to manage comfortably.	All available staff are utilised during mealtimes. This now includes domestic teams and lifestyle teams. Although domestic teams and lifestyle teams are not trained to assist, they can deliver food to residents to free up carer time to assist those residents that require assistance. Lifestyle and domestic teams to be utilised to assist with mealtimes to

	allow the process to be smoother. Completed.
3. Consider the purchasing of larger tables for the lounge, or of individual 'tray' tables for residents' use.	Tray tables will be purchased to allow residents to more thoroughly enjoy their mealtime experience. It is important that all residents have the space and freedom to eat their meals comfortably. This is something that we will work on to improve. Purchase tray tables for those residents that choose to eat in the lounge Staggered purchase, complete by the end of October 2024.
4. Provide more variety of snacks over the week.	This is in progress of being completed. As mentioned in the report, there is a lot of work being undertaken with regards to the food on offer and snacks being offered. This is a gradually process whilst we change over providers etc. By the end of October, we will have fully moved over to new suppliers and our chefs will have undergone further training into snack and modified snacks, therefore allowing them to increase the variety of snack available. Improve the variety of snacks that are available to all residents. To be completed by October 2024.
5. Provide more variety in the food served to residents on pureed diets.	Similar to above, this will increase with the new suppliers and training that the Chef and kitchen team are due to have during October 2024. This will see an increase in the modified diet food, snacks, cakes etc. that are available to those residents who require a modified diet. Improve the variety of food for residents with modified diets. To be completed by October 2024

3.3 Meaningful activities for residents

During our visit we were able to observe the activities before and after lunch. Based on our Enter and View visit to Brook House, HWK had no recommendations to make regarding activities as we found the activity lead and assistant were continually assessing and updating the activities they were providing in line with what they had identified would work well with the residents.

4. What is Enter & View?

HWK works to ensure local people's voices count when it comes to shaping and improving local health and social care services across the Royal Borough of Kingston upon Thames.

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

Healthwatch should consider how Enter and View activity links to the statutory functions in section 225 of Local Government and Public Involvement in Health Act 2007.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. For more information on Enter and Views please visit the HWK website.

4.1 Purpose of visit

This visit was undertaken as one of 18 visits to be undertaken across 15 care homes in Kingston as agreed with Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (KCGB).

4.2 Reason for visit

During this pilot HWK is keen to learn what 'good' looks like and what works well, as well as identifying where improvements might be made. Brook House had a rating of 'good' at its last full CQC report in 2018.

4.3 Methodology

The HWK staff team conducted an information review prior to the visit, this included:

- Discussion with the Kingston CGB to identify suitable care settings.
- CQC report. reports and meeting with area managers
- RBK Quality Assurance guidance
- Brook House website page

The research was then presented to the HWK Board to support decision making. Other factors that influenced our decision included size of building, its location, and the number of residents.

For the visit, HWK followed Healthwatch England Enter and View Guidance.

Our Enter and View of Brook House was an announced visit, meaning that the setting was aware that we would be conducting Enter and View visits. The management team at Brook House welcomed the opportunity to engage with HWK.

Our visiting team was issued with an observations and question framework that supported engagement with residents, visitors, and the care workforce.

5. Results of visit

5.1 Local context

The 2021 Census gives the current population of Kingston at 168,063, with 25,000 people aged over 65 years old. The Kingston Joint Strategic Needs Assessment (JSNA) states:

> 'With 766, Kingston has the second highest number of care home beds per 100,000 population (second to Croydon, which has 779) in London in May 2023. Kingston has 1,286 care home beds across 39 care homes. In May 2023, there were 45 registered domiciliary care providers operating in Kingston providing care in people's homes.'

Dementia and Depression

HWK notes: The 'Kingston Refreshed Heath and Care Plan – 2022-24' estimates that there are 1,700 people in Kingston living with Dementia, of which 61% (1,037) are diagnosed. The plan also informs us of the following:

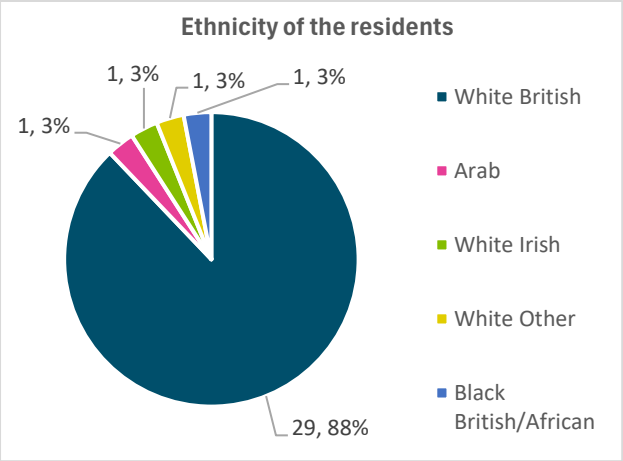
> 'One in five older people, and two in five living in care homes, have depression, although it is not always recognised and treated.'

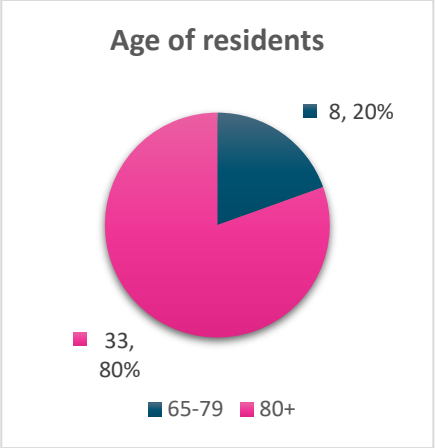
The Kingston JSNA also inform us that Alzheimer's Disease and other dementias were the third highest cause of ill health for people over 70 in the borough. The JSNA also mentions Dementia as being the top five causes of death in Kingston among people aged 70 years and older.

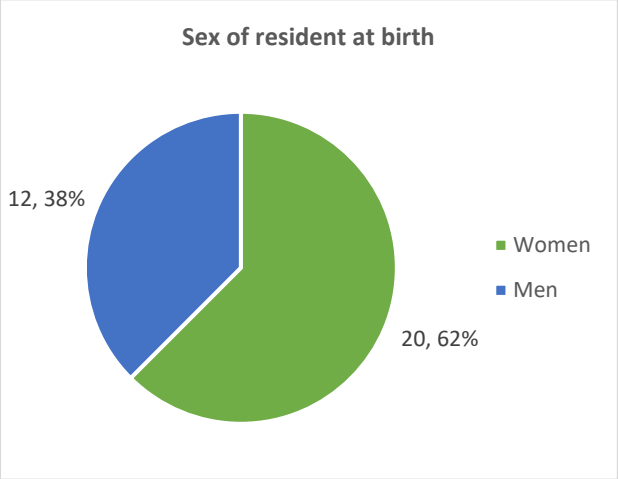
5.2 Brook House residents' demographic information

At the time of our visit, Brook House Nursing Home had 31 residents (of a possible 32), five (16%) residents on RBK NHS-funded Nursing Care Procedure (FNC) and seven (23%) funded by Kingston NHS Continuing Healthcare. Brook House has no RBK block contract beds and does not provide a respite service. 29 (88%) of the residents were White British, one (3%) was Arab, one (3%) was Black/Black British: African, one (3%) was White Irish and one (3%) White Other. Six (20%) were

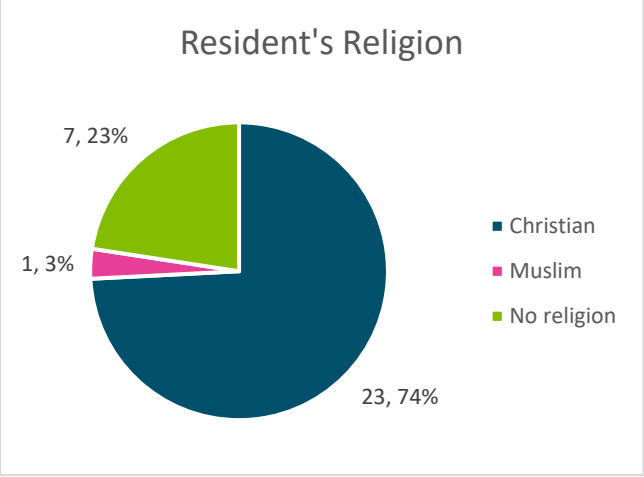
between 65-79 years and 25 (80%) were 80 years and above. There were 20 (62%) women and 11 (38%) men resident during our Enter and View visit.







Many of the residents have a disability or mobility impairment and a range of health conditions including cardiovascular, cancer, diabetes, and hypertension. 22 of the residents have some degree of dementia.



23 (74%) of the residents are Christian, one (3%) is Muslim and seven (23%) have no religion. All (100%) are heterosexual / straight. All speak English, some with another language and can be reminded to use English should they speak in their native tongue. There is one (3%) resident with dietary requirements for religious reasons, and 22 (71%) who have dietary modifications for medical reasons.

The home has 48 staff (15.5 care staff at fulltime equivalent, and 25 fulltime equivalent including all staff). The care home uses, on average, eight agency staff per week.

1.3 Living environment

The HWK visiting team used an observation and question framework to prompt insights about the care home environment.

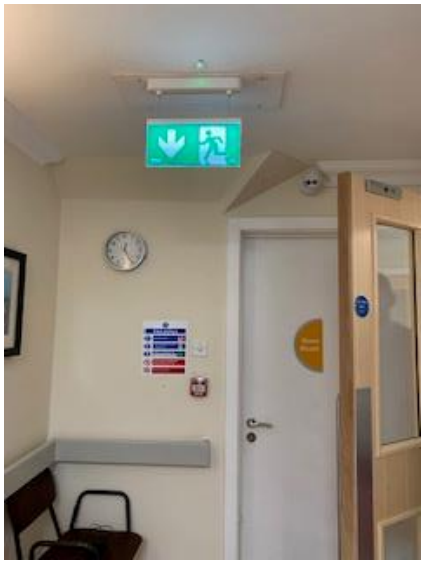
All the rooms in Brook House have an ensuite toilet and 30 bedrooms have shower facilities. The outside view of the home is illusory as the layout of the home goes back with a long corridor from the front of the house. When entering the home, HWK arrived into a clean and 'efficient looking' area with a receptionist at the reception desk.

Shown above from left to right, reception area as you enter the front door, the area opposite the reception desk and the manager's office.

The manager's office is to the right of the entrance, and there is a visitor's toilet situated there. There is keypad entry to the home. Through the door, the care home goes both to the left and to the right. Turning left along the corridor leads to the larger lounge and the dining room. Turning right along the long corridor were resident's rooms, the nurses station and at the end, the Namaste room. There are 18 rooms on the ground floor. All but three lead directly out to the garden, allowing the resident to have some personal outdoor space, which also gives easy access to the main garden. There are ten rooms on the middle floor, and four on the top floor.

Shown left from left to right, leading down to the larger lounge at the end of the corridor, and the pathway in the garden showing the personal areas in front of the residents' rooms to the right.

We found the signage in Brook House to be very clear and well designed. There were many information boards thoughout the home with useful information presented clearly. The first bit of information displayed through the door from the reception is the number of falls from the previous month (which in July 2024 was three). The manager told us that when they began working at the home the number averaged at nine so that this number had reduced by two thirds. We were told that the aim was to have no falls.. Next to this board were two other notice boards with information about ways to reduce the number of falls, and about the mental capacity act.



Shown above from left to right, examples of the signage in the nursing home. Naming the area, rooms to be found through the door and where the stairs lead to, fire notices and a description notice showing the purpose of the room, and hand sanitiser and warning note not to use life in case of fire alongside the keypad.

The home was very clean and smelled fresh and not 'institutional'. We were told that the head housekeeper took pride in cleaning and maintaining the environment for the residents to help avoid sickness. We were told that the dining room undergoes a deep cleaning three times a day, with tables and chairs disinfected using antibacterial products with a neutral or gentle lemon smell to ensure the area doesn't get overwhelmed with the smell of cleaning products.

The home employs five staff members to cover housekeeping duties. The head housekeeper works from Monday to Friday from 7.30am – 6.30 pm. Three members of staff work on cleaning duties from 8am – 2pm throughout the week. One works on Monday and Tuesday 8am – 2pm, and then Saturday and Sunday 8am – 7pm. The second works Wednesday, Thursday, Saturday and Sunday 8am – 2pm, and the third works Friday 8am – 2pm and then Saturday and Sunday in the laundry from 7am – 3pm on Saturday and Sunday. Another member of staff works in the laundry from 7am – 3pm Monday to Friday.

The manager displayed a very positive attitude towards our visit and told us he welcomed the opportunity to get the potential feedback the team might give. This reflected a willingness to be transparent about the care at the home and throughout our visit we saw a number of opportunities for resident and visitor feedback, a suggestions box and a review card in the reception area, the poster advertising our visit on every floor of the home, information about whistleblowing and the above-mentioned information about the number of falls. As well as this there was helpful information for residents and staff to improve good practice, including the noticeboard highlighting the meaning of the different colour uniforms, information about how to keep hydrated, and a fun quiz about naming LGBTQ+ icons (see images below).

Images from left to right, helpful information highlighting the meaning of the different colour uniforms, worn by staff, information about how to keep hydrated, a fun quiz about naming LGBTQ+ icons, information about the mental capacity act, about falls prevention, and about whistleblowing.

The garden was accessed through the dining room and through the Namaste room. It was a large area which was at the far end of the house. There was a table and chairs which seated five, with an umbrella for shade. During our visit we observed a resident and two visitors sitting at this table. The far corner of the garden contained a cordoned off smoking area, well-away from the living space. There were some raised flower beds (yet to be planted), which contained a water feature that during our visit was not switched on. There was another area with table and chairs, and on the far side of the garden, building work was underway to create a decked area for a further table and chairs with shade. We were told that the maintenance worker who was building this decking had been in post for one month and had made an impact on the home immediately. To the right of

this development was a very old and dilapidated shed which we were told was to be demolished when a new shed, currently on order, would replace it. This dilapidated shed had broken (plastic) windows, and a protruding piece of wood lying on the floor. This was removed immediately when it was pointed out. We were told that the new shed would arrive around 16 September 2024 (see 3.1. recommendation 1). The visiting team felt that the garden was an underused resource for the residents with dementia. Different plants and flowers can create different sensory environments for residents to see, smell and touch. We discussed that trailing plants could be grown up the fences, as well as new flowerbeds along the pathways (see 3.1 recommendation 2).







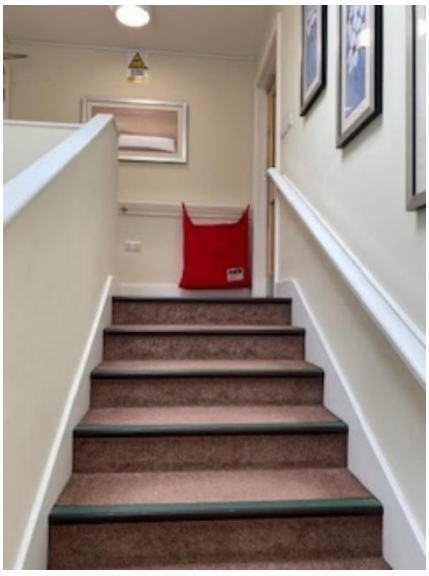

Shown from left to right and top to bottom, the designated smoking area, the raised bed to be planted, the water feature, the bird house with a nail sticking out, the shed that will be replaced, an area of the garden with tables and chairs to sit out (as well as the area outside the window of the Namaste lounge), the beginnings of building and, the plans for the garden.

Upstairs in the home there were rooms for residents, accessible by a lift and by stairs. The stairs were carpeted and had a differently coloured edge to each step. At the landing of each floor there were evacuation chairs and slides in case of fire, and good signage to fire escapes. The top of the house had four rooms and was overly warm, which surprised us as it was a modern building. Large fans were used to cool the area, and there was a skylight which could be opened to create a draft, although we were told that this did not happen often because it was difficult to use. The middle floor had ten rooms. Throughout the house there was information about keeping hands clean, and hand sanitising gel dispensers.

The middle floor had ten rooms. Throughout the house there was information about keeping hands clean, and hand sanitising gel dispensers.

noticed that the flooring used by Brook House, simulated wood effect in parallel blocks, is like that in wards in Kingston Hospital which had been refurbished to suit patients living with dementia, inducing a more calming effect and reduction in anxiety and disorientation.

On each floor there was a noticeboard with the activity rota displayed for residents, and on each floor we saw a poster advertising our visit had been displayed also. On the ground floor there was an assisted bathroom and a toilet for the residents to use. The assisted bathroom had an unpleasant smell, and the emergency cord had been tied up as it was positioned in the wrong place and got in the way of the residents using the toilet (see 3.1 recommendations 3 and 4). The toilets were clean in both facilities, but neither had the differently coloured toilet seats which is recommended for those with dementia (see 3.1 recommendation 5).



Shown above from left to right, the residents' shared bathroom with information about the risk of covid and the need to wash hands thoroughly, the fire chair and slide at the top of one flight of stairs, the lift on the top floor of the home and the fan to keep the area cooler, the demarcated stairs, and the activities rota which we saw displayed on every floor of the nursing home.

During our visit we spoke to four members of staff, one resident and one relative during our visit. We have captured some comments about the environment below.

"Staff are wonderful. I talk to them a lot." (Resident)

"Generally, it's clean." (Relative)

"He is bed bound and has never had a bed sore and has never been smelly (I visit every day). He refuses personal care and is

very racist. He is a tricky character. He is very well cared for. Staff give dignity to the people in here." (Relative)

"The manager brought a different (and positive) energy when they joined 18 months ago." (relative)

"Rooms are kept clean; the head housekeeper does a very good job." (Staff member)

"I strongly recommend this establishment." (Resident)

"I like coming to work." (Staff member)

"Some things had to be improved upon, like lost clothes in the laundry, but works well now." (Staff member)

"We work as a team." (Staff member)

"Manager's door is always open. They are very supportive." (Staff member)

5.4 Residents' mealtime experiences

The HWK visiting team used an observation and question framework to prompt insights about residents' mealtimes experiences.

The dining room was a good-sized space which allowed for residents to bring mobility aids and wheelchairs into the room and be by them at the table. There were four tables seating between four and two people. There was a door to the garden, which was open during our visit, and we observed the visitors bring 'their' resident into the dining room from where they had been sitting in the garden. They then had lunch with the resident at the table. The manager told us that they encourage visitors to attend during mealtimes, and stipulate that they must eat with their resident – not sit and watch – as it is important to make the occasion

'normal'. We were told that the nursing home happily provides the meal to the visitors.

The mat in front of the door to the garden was a little curled at the edges and could be a potential trip hazard (see 3.2 recommendation 1).

The walls were decorated with themed prints and the food was brought to a heated serving counter and distributed by the chef and an assistant chef.

During the lunchtime 'lounge music' was playing at a background level that complimented the atmosphere. There were flowers in vases on each table and a menu and a large clock on the wall with clear numbers.

Shown from left to right, the serving counter with plated food, the food being served, roast chicken and vegetables, and pasta with tomato sauce and feta cheese with vegetables. Members of the visiting team ate both meals and were impressed with the quality and taste.

The lunchtime began at 12.30pm and care staff and the lifestyle leads all participated in distributing the food to the residents at pace so that everyone in the dining hall, those who chose to eat in the lounge, and those who ate in their room, all had their food by 12.45pm. We were told that around eight residents usually ate in their rooms every day either because they wanted to, or because they were not feeling well. Of these about four needed support with feeding. Around five residents chose to eat in the lounge in an armchair. There was room in the dining room if more residents wished to go there to eat.

During mealtimes there were six care staff on duty to support residents to eat. This was done using staggered teams. The nurses would also help to assist

residents if needed. The lifestyle lead and assistant encouraged residents to eat, but did not assist them with feeding. We observed a member of the care staff assisting a resident to eat in the lounge. While supporting this resident they were focused on their role, however they were briefly called away at one point to help another resident. Everyone in the lounge needed some sort of support to eat with two or three needing one-to-one support. The authorised representatives got the impression that mealtimes were a little 'stretched' for the staff. On the day of our visit things proceeded very smoothly, but we wondered what might happen if something unexpected happened (see 3.2 recommendation 2).

The visiting team also felt that the lounge didn't lend itself very well to eating. The tables were very small and seemed suitable for only one plate at the table, although some were utilised by two residents (see 3.2 recommendation 3).

In the dining room we observed one resident eating their food (a pasta dish) at the table with their hand. While their clothes were protected, their hands and the tablecloth were both covered in the tomato sauce from the pasta. We raised this with the manager who told us that this resident used to use cutlery but as their dementia worsened, they preferred to eat in this way. The staff helped the resident to clean up after the meal, but we were told that it was important that the resident should have the opportunity to do what suited them best.

We were told that the residents were asked which meal they would like before the lunch session and were shown plated food to choose from (we did not observe this process). If neither of the dishes offered were selected, the chef would cook something different for the resident, either an omelette, jacket potato a salad or sandwiches, but that this had to wait until the rest of the residents had been served so there would be some delay. We asked how residents could contribute to deciding which food would be available on the menu and were told that the residents either told staff what they would prefer to eat at the monthly residents' meeting, or if they were not able to convey their wishes, their relatives would suggest something at the quarterly relatives' meeting. The chef told us that they observed residents' reactions to the food he had prepared and would notice likes and dislikes and amend menus accordingly. The chef also used the

residents' care plans to see their likes and dislikes. We were told that the chef holds a book of residents' dietary needs in the kitchen which was also available during the lunchtime as food was being distributed, to ensure that residents all got food within their dietary restrictions.

Image above shows the snack bar in the dining room, with orange slices, crisps and chocolate biscuits.

In both the lounge and in the dining rooms there was a snack area for residents to access whenever they wanted. We were told that there was always fresh fruit as one of the options, some crisps, and some chocolate. On the day of our visit there were orange slices, crisps and 'Kit-Kat' fingers, alongside cartons of juice. Members of staff told us they did not think there were enough snack options for those on pureed or soft diets, and that the residents could be consulted more on what kind of snacks they would like to have. Two staff members also commented that they felt that residents on pureed diets did not get much choice about what they ate (see 3.2 recommendations 4 and 5).

We were told by kitchen staff and the manager that the changeover of ownership would have a positive effect on the food provided at the home. The chef told us that a new, and bigger, food mixer was to be provided which would help in meal and cake preparation, and both told us that the food supplier to the home was to be changed to a company that sourced meat, fresh fruit and veg, and bakery produce locally. Both were pleased at this prospect and felt it would improve the quality of the food provided.

We were told that every day a resident became 'resident of the day' where their care plan was reviewed. The resident also got to choose what they would like for their evening meal – e.g. a steak or fish and chips. On each residents' birthday the chef told us he baked the resident a cake. He showed us a photograph of one of the cakes he had made from his phone.

We observed a member of staff distributing medication to residents. This staff member was wearing a tabard indicating their role.

During our visit we spoke to four members of staff, one resident and one relative during our visit. We have captured some comments about the residents' mealtime experience.

"Food here is good, there's no issue with the temperature. Those on a puree diet don't have much choice and can't really give a choice (due to their cognitive decline). We can only know by their body language. The other residents are happy with their food." (Staff member)

"Food here is not always satisfying, but it is good." (Resident)

"I didn't know there were snacks. I don't like to ask… But I'm sure I would get some if I did." (Resident)

"Could improve the snacks. There are none for people on soft and puree diet. They are not as diverse as they could be." (Staff member)

"Food is good here, on the odd occasion we send the porridge back because it's too thick or too loose, and the chef makes if correctly. This very rarely happens." (Staff member)

"He doesn't like the food, but he's a difficult man (and always was)." (Relative)

"I've overheard residents say they would like snacks more tailored to what they would like." (Relative)

"If a resident doesn't want something to eat, it is not a problem, and the kitchen will make something else." (Staff member)

> "We do medicine rounds throughout the day. 8am, 12pm for those taking medicine for Parkinson's, 1pm for paracetamol, 4pm for those taking Parkinson's medication, 5pm normal meds, through to 6.30pm, and then 8pm for nighttime meds. If a resident is refusing to take their medication we leave it for a short while and then come back. Usually their mood has changed." (Staff member)

5.5 Meaningful activities for residents

The HWK visiting team used an observation and question framework to prompt insights about residents' experiences of the activities at Brook House.

The home has a lifestyle lead and a lifestyle assistant, the term that they used for those who led the activities for the residents. The lifestyle lead works Monday to Friday from 9am – 5.30pm, and the lifestyle assistant works from Saturday to Wednesday from 10am – 5pm meaning that from Wednesday to Friday both staff members are in.

The lifestyle lead noted that the recruitment of a lifestyle assistant in June 2024, to lead group activities, enabled them to do more individual work in residents' rooms. Two activities are scheduled each day, one in the morning and one in the afternoon. There had been a third activity scheduled for 4.15pm but this had been discontinued as it was found that residents were beginning to get agitated (called 'sundowning') or were too tired to engage at that time.

For those residents who are bedbound or who like to stay in their rooms the lifestyle lead told us that they provide sound healing – playing nature sounds or the residents' favourite music and discussing emotions that it provokes. They also stop by the residents' rooms for social chats, provide hand massages which can be very calming, have reading sessions with the resident, or do word searches and puzzles together.

On the afternoon of our visit the activity was a 'silent disco.' This took place in the larger lounge area and involved residents listening to the same music together

but through headphones. We observed the activities assistant leading this activity. She was able to encourage most of the residents in the lounge to engage. We observed her ensuring that residents who were choosing not to engage were given the option later, and were asked which music they would like played. There was no sense of coercion. Later in the session we observed the lifestyle assistant dancing to the music which encouraged some residents to 'dance' in their chairs. The activity provoked a lot of smiling and laughing from the residents and seemed successful.

We were told that there are trips outside of the home every two weeks, run by a company hired for this purpose. Recent venues have been visits to a garden centre and the Brooklands Museum. Not all residents who can access these visits can go on the trip due to limited space on the bus, but those who miss out are given priority on the next trip. The activities lead estimated that about 80% of the residents participate in these outings.

We were told that as the lifestyle lead and assistant get to know the residents more, the activities can be better tailored to resident needs. Future activities planned are quiz nights, knit and natter sessions and a 'gentleman's club.' The lifestyle lead told us they had recently attended a lifestyle lead conference which had been excellent.

The authorised representatives spoke to four members of staff, two residents and two relatives during our visits. We have captured some comments about the activities offered below.

"I hear fun and games going on – he's a difficult person (and doesn't join in)." (Relative)

"There's a good range of activities. Residents enjoy the baking sessions. They make the cakes." (Staff)

"I feel bored most days… Nurses and staff are wonderful. They go to a lot of effort with the activities to enrich our lives." (Resident)

"We do a lot (of activities) with the residents. It can be quite hard to get some engaged as one activity works one day but not the next. The yoga and baking works well." (Staff member)

"I join in the activities if there's no rush. I like the bingo. I tell the residents the numbers…" (Staff member)

"Since we've had a second activities staff member more residents get involved." (Staff member)

"Lifestyle leads go into the rooms; they take the newspapers and sit with the residents. They ask if the resident would like to join the activity, they massage hands…" (Staff member)

"There's more participation in activities – passing the ball and making scones. They're introducing new things, it's good." (Staff member)

"The residents feel really happy when we do activities – it is a happy time." (Staff member)

"I think perhaps in the summer there should be more opportunities to be outside. They are inside all the rest of the year." (HCA)

6. Next Steps

This report will be shared with Brook House Nursing Home, Kingston Borough Council, Care Quality Commission, the Kingston Care Governance Board, and other stakeholders. We will also share this report with Healthwatch England and will publish the report on the Healthwatch Kingston website. We will agree with the management of Brook House Nursing Home the next steps to be taken in response to outstanding recommendations, and work with them to ensure any agreed actions are followed through and implemented.

About Healthwatch Kingston

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers, and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of health and care nationally.

Appendix 1

In the autumn of 2023, Healthwatch Kingston (HWK) entered into conversations with the Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (CGB) to pilot an announced Enter and View at a local care home. The aim was that HWK's independent legal powers to visit NHS health and social care services and see them in action, could support a wider

understanding of care provision and the wellbeing of elderly residents in the borough. This work would also support the 'Age Well' focus in the 'Kingston Refreshed Health and Care Plan 2022-2024' and 'Age Friendly' ambitions set out in the 'RBK Director of Public Health's Annual Report 2023: Ageing Well in Kingston' and 'A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: 'Older People: Living Well in Later Life'). This Enter and View work will also allow us to support the RBK new vision for Adult Social Care and Health which aims to better understand the needs of residents from all our diverse communities.

The remit of the KCGB is to report on and manage quality and risk across the whole care market in Kingston. This board also helps report on any issues and concerns, manages risks in the marketplace and supports good practice in quality and delivery. KCGB members include RBK Adult Social Care and the Quality Assurance Team, Care Quality Commission (CQC) and HWK.

As there is already oversight of local care provision via members of the KCGB regarding risk management, safeguarding, performance monitoring and quality management, the HWK Board made the decision to focus this Enter and View on three areas (environment, activities, and mealtimes) within the care and nursing home setting. The focus on these three areas, will allow residents to share their lived experience of being in a care home, and for the HWK team to observe mealtimes and the care home activities throughout the day. It will also provide independent insight into local care provision.

It was later agreed that this Enter and View would act as a pre-pilot for a series of announced HWK Enter and View visits to local care and nursing homes between April 2024 and March 2025.

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