

# Haldane House Care Home

Enter and View Report 12<sup>th</sup> and 25<sup>th</sup> March 2025

**healthwatch**  
Bracknell Forest



# Contents

Contents.....1

What is Enter and View? .....2

Purpose of the visit .....2

Background of the home .....3

Preparation and Planning for the visit .....3

Observations.....4

Quality of Care .....118

Activities and Daily Life.....18

Food and Drink .....19

Hydration and nutritional needs.....22

Dignity and Respect .....23

Staff .....23

Staff: training and support .....24

Connections with other services .....25

Recommendations with response from manager .....26

# What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Bracknell Forest to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Bracknell Forest can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

## Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

# Background of the home

Haldane House is based in Sandhurst and specialises in dementia care for the elderly. It can accommodate up to twenty-five residents over three floors. There are twenty-seven members of staff.

It was part of the Atkinson Group and, between our visits, it was sold. The new owner was there on our second visit and spoke to two of the team. The manager was unaware of the sale until the new owner arrived.

The home supports residents from Bracknell Forest and the Local Authority will receive a copy of this report.

## Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Bracknell Forest Advisory Group who agreed the visit to Haldane House Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 12<sup>th</sup> March. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

On our first visit the manager was unwell and not there to speak to, but we were able to speak with the deputy and were shown around by another member of staff. Two of the team returned on 25<sup>th</sup> March to complete the visit and spoke with the manager on that occasion.

During our time there we were unable to speak with any residents, due to their dementia.

Additionally we received surveys from four relatives/friends, and two members of staff, out of a team of twenty-seven. We were disappointed that more members of staff did not engage in the Enter and View Process.

**Disclaimer Please note that this report relates to findings observed on the specific date set out above. Our 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 at the time.**

# Observations

## Interactions with Staff

We arrived on the first day and were asked to sign in. The manager was unavailable so we were introduced to the deputy manager who informed us that this was her second day. She had worked in another of the Atkinson homes and was aware of how they operated. We were shown around by another member of staff.

We observed that the staff on duty that day treated the residents kindly and patiently. The member of the team that showed us around asked two of the residents if they would talk to us, and advised that they might be able to talk if they were having a good day. One refused and the second became agitated, so we decided not to continue.

## Environment

**As well as general observations, we used the King's Fund Dementia-Friendly tool.**

The manager told us that she had used this tool and asked for some budget to buy new signage and dining aids, but no money was forthcoming. A lift would also help not only the residents, but the staff too.

### 1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

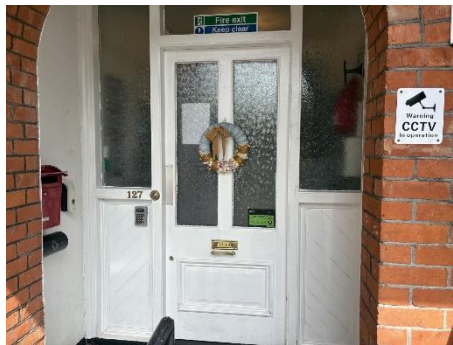
All assessment criteria met.

Examples of where the assessment criteria were met:

**Is the entrance obvious and the doorbell/entry phone easy to use?**

On the day of the visit we found the entry to Haldane House easy to find, the doorbell was easy to locate and use and there was parking available at the front of the home.





Are there social areas such as day rooms, dining rooms?



## 2. The environment promotes well-being

All assessment criteria met. As examples

Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?

We observed age appropriate artworks and large colourful wall murals



Is there independent access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?

There was a solid ramp from the rear door into the fairly large garden. The garden had a mixture of covered seating and uncovered seating providing choice. There were some tall flower planters. There was a rear gate which was secured.



We did not see any signage from the home to the garden that we have seen in other care homes. Haldane House might want to consider adding that signage. An example is below:



### 3. The environment encourages eating and drinking

All assessment criteria met, except:

Are large dining areas divided so as to be domestic in scale and encourage people to sit in small groups or alone if they choose?

The dining room consisted of one large dining table. It is preferable to have smaller tables.



Below are some example of other care homes where the criteria were met.



Do residents have independent access to snacks and finger foods?

On the day we visited the care home, we didn't see snacks or finger foods that could be seen by residents.

Here are some examples where we have seen drinks and snacks readily available in the lounge area of other care homes we have visited.





Examples of where the assessment criteria were met:

Do the people living in the care home and/ or their relatives have independent access to drinks?

When we visited the care home we did see drinks available in the dining room.



Is there a sufficient level of lighting in rooms occupied by resident?

The care home living room and dining room have large windows that provide good light into those areas.

In addition we saw a bedroom that provided sufficient light and the window was low enough for residents to have a view.



#### 4. The environment promotes mobility

All assessment criteria met:

Examples of where the assessment criteria were met:

Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?

All of the flooring we observed, contrasted with the walls and skirting



Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

Where there were handrails they were all in a distinctive colour that contrasted with the walls.



Are there points of interest e.g. artworks or photographs, on the walls hung at a height where they can be easily seen?

There were several large colourful art murals on the walls



If the care home was going to consider adding future large artwork as points of interest, below are some examples we have seen in other care homes that are recognisable and familiar to older residents and can provide wayfinding for residents



## 5. The environment promotes continence and personal hygiene

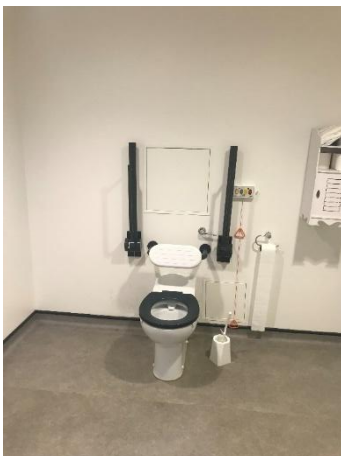
All assessment criteria met except:

**Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet?**

All of the toilets we observed did not have toilet seats and rails that contrasted to the toilet. It is important to have a contrast so that residents can easily identify the toilet seat.



Here are some examples from other care homes we visited to meet the criteria



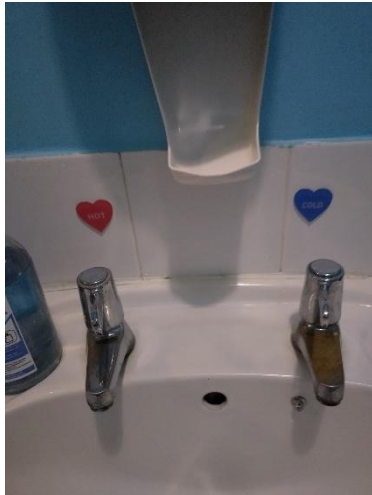
**Are the taps clearly marked as hot and cold and easy to distinguish?**

Whilst there might be a small thin coloured blue and red ring on each tap. None of the taps would be easily distinguishable as hot and cold to some residents. Ideally there needs to be a large sign above each tap.

We are unable to provide any examples from other care homes we have visited as none of them met this requirement. However some care homes that we have revisited,



whilst unable to source taps more clearly marked, have made their own adjustments to ensure that it is easier for residents to see which are the hot and cold taps:



Some examples below where the criteria was met:

**Are all the doors to toilets painted in a single distinctive colour and do they have the same clear signage with text and images?**

All of the toilet doors we observed were easily identifiable, the doors were in a distinct colour and had both sign and text to identify them as toilets



**Is there easy access to toilets big enough to allow space for a wheelchair and for family carers/staff to assist with the door closed?**

The toilets we observed had enough access to meet the requirement:



6. The environment promotes orientation

All assessment criteria met except:

**Are bedrooms and bedroom doors personalised e.g. through the use of numbers, accent colours, artworks, or personal photographs?**

We observed bedroom doors that were in blue distinctive colour in contrast to the walls. The doors did have door numbers and some had a resident's name. However we didn't observe doors with personal artworks or personal objects that would be recognised by the resident.

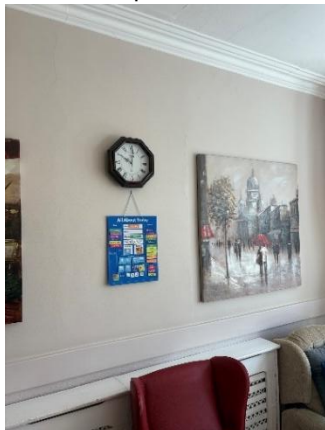


Here are some examples of personalisation from other homes we have visited that met the criteria:



Is there a large, accurate and silent clock clearly visible and does it display the correct day and date?

We observed two clocks in the lounge, one was small and therefore might be difficult to see by the residents. There was also a larger clock in the living room showing the time and date, however this was set back in an alcove so would have been difficult for all residents to see. The care home might want to consider moving the clock to a more visible location, or to purchase an additional clock.



Below is an example of a large clear and easy to read display, including day, date, time and weather from another care home we visited.



Examples where the assessment criteria were met:

Do signs e.g. for, dining rooms, lounge have both pictures and words?

We observed the signs for communal areas having both pictures and words.



Have strong patterns or images been avoided e.g. in wall coverings, and flooring?

We didn't observe any strong patterns that might disorientate residents.



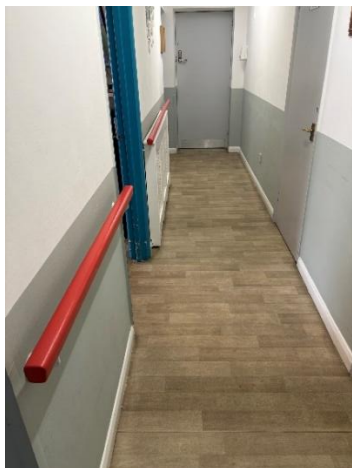


## 7. The environment promotes calm, safety and security

Are spaces clutter free so as not to prevent easy movement in the home?

All assessment criteria met. As examples:

We observed no cluttered areas that could affect residents safe movement in the home



## 8. Additional Observation

### Light Switches:

The Kings Environmental tool highlights the need for light switches to be in a contrasting colour to the walls they are on, this enables people with dementia to easily identify light switches. We did see a couple of light switches that didn't contrast with the wall colour, however we didn't see all the light switches, so we have added this as an additional item rather than include as part the other criteria above.

An example of the light switch we saw:



Example of contrasting light switches that we observed at another care homes we visited:



### Seating:

On the day of our visit it was not possible to take photos of the seating in the lounge area as the staff were very busy with residents, and we have to avoid residents and staff appearing in photos. We have included below the Kings Fund recommendation on seating if the home was going to consider any changes in the lounge seating.

Kings Fund – Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation?

## Garden Observation

While the garden is small, it was well laid out. The access had to be via a keypad, so that residents cannot wander out into it without supervision.



We were told that there is a barbecue held in the summer.

We noticed that there did not seem to be a communal room linked to the garden, where the residents could have a good view of it, even when indoors.

The relatives were happy with the garden:

“The garden is nice, I would like more flowering bushes.”

“Small, but pleasant.”

We asked how the garden could be better used and it was suggested that more outside activities would be good.

We also noted that the flooring that led up to the garden door tended to flex when walked on and this could be unsteady for those residents who were either walked down the ramp to the garden or were being pushed in a wheelchair.

# Quality of Care

## Relatives:

All the relatives felt that their loved ones were well cared for and were presentable and were able to choose what to wear as much as possible.

They also felt that their loved ones were allowed to get up at a time that suited them and had good access to healthcare and other services.

“Mum needs help with everything but the staff encourage her to be as independent as possible i.e. giving her a sponge to wash herself.”

# Activities and Daily Life

There is an activities room which is located next to the kitchen. We did not see any activities during our visits and there is no dedicated activities manager. We know from visits to other homes that a dedicated activities person, who is not a carer, is a valuable asset to the team and makes a big difference to the residents.

Staff comments were as follows:

**"No activities coordinator. Lots of choice but no time to do activities most days."**

The manager also spoke about the need for a dedicated activities co-ordinator and had asked the previous owners to create this role, but nothing had happened. The manager was aware of the benefits of singing for people with dementia and is keen to get the community involved and bring children in as well.

Additionally the manager would like to be able to take the residents out, but there is no minibus to do this.

It is hoped that the new owner will take this on board.

## Relatives' comments

The relatives felt able to join in with the activities if they wanted to and that there was a good variety their loved ones.

**"Where mum cannot participate in activities, she enjoys watching others."**



# Food and Drink

## Lunchtime Lounge Observation

Lunch service began in the lounge at 12.15pm, there were 8 residents sat in chairs around the perimeter of the room. The TV was on and remained on throughout lunch.

Service was quite slow as most residents needed 1-2-1 help with eating, so each person was served individually. The first meal was served at 12.15pm with the final resident receiving their food at 12.40pm. The food looked appetising and portion sizes were good. The residents seemed to particularly enjoy the apple crumble with one saying, "Oh yes, mmm. Yum"

There is a dining room next to the lounge, but the table was not laid for lunch and no residents were offered the opportunity to eat there. Instead, two residents were moved to the activity room for lunch.

2 residents were asked by carers if they wanted to eat in the activity room and were assisted to move there, the carer encouraged one resident saying, "you'll be more comfortable there"

The assistant manager came into the lounge to assist a resident who needed help to eat. They had positive interactions, and she smiled and treated the resident with care. Other carers who were helping feed residents were also kind and encouraged residents to eat and drink.

Food was pureed for those who needed it, or the carers cut the meat up for others. Not everyone was told what they were eating, some people who were being assisted to eat were informed "you've got meat, mashed potatoes, carrots and vegetables, is that OK?" whereas others who were able to self-feed were presented with their plate and no explanation was given.

Carers were observant and when one resident pushed her tray away, having only eaten a small amount, a carer came over and asked, "Are you OK?" She then sat with the resident and encouraged her to try and eat a little more.

People who required assistance to eat had an opportunity to chat with carers while they were eating, carers kept them informed about what they were doing and made conversation. "I'm going to get your pudding, I won't come back immediately but I will come back, see you shortly"

In contrast the residents who were able to eat independently did not have anyone to speak to during lunch. The TV noise and the position of their chairs would make it difficult to speak to each other. I was sitting close to one resident who told me about his garden, he enjoyed speaking and smiled at me as he relayed the story. Had I not been there he would not have had the opportunity to talk.

## Activities Room Lunch Observation

12.20 two residents (A and B) were brought in seated in their wheelchairs and placed at a small table next to the kitchen serving hatch. Both had bibs put on and a carer explained it was lunchtime. One was very sleepy and the carer encouraged him to open his eyes.

The carer went to the kitchen hatch and told them who was waiting for lunch and was given a tray for resident A. Other carers and the deputy manager also came up and stated the name of the resident they were about to serve and the appropriate tray was provided.

The carer presented the food to resident A and cut up the meat for them and explained that their lunch had arrived. Another carer brought over a tray of food for resident B.

Both were able to feed themselves. Resident A ate his food very quickly and seemed to enjoy it. The meal looked appetizing with plenty of vegetables. Both residents were given a glass of squash.

Resident B was encouraged to eat his meal, which had been cut up for him by a carer who then went to help with other residents. Resident B sat and did not attempt to eat his food. After three minutes a carer came and checked on him and encouraged him to eat and offered to help. She stood and fed him and offered encouragement and he then picked up his fork and started to eat. He fell asleep halfway through his meal.

Resident A was offered pudding and given a serviette. He was told it was apple crumble and custard, that it might be hot so to be careful and eat slowly. He ate quickly and was clearly enjoying the pudding. No staff had the time to sit with these two residents and talk as they were so busy elsewhere.

Another carer came in and offered B some help and sat and encouraged him to eat, but he refused, even when she tried to feed him. She offered him a 'beer after lunch' if he would eat a bit more. She offered him pudding but he said 'No'. She asked what he would like to eat and she would get it for him. He then stood up and the carer said that if he ate some more she would take him for a walk. She offered a cup of tea and he said yes. He continued to refuse pudding. The carer told the kitchen she would try and get him to eat some pudding in ten minutes and took the tray away. B drank some of his squash and then fell asleep (it was very warm in the room).

Five minutes later another carer offered B some pudding and he said 'Yes'. The carer pushed his chair back close to the table (he had pushed it away) and encouraged him to eat but he refused.

Meanwhile A was offered a cup of coffee and he drank this quickly and clearly enjoyed it.

Resident B then ate his pudding and said it was nice when the carer asked him.

Deputy manager was helping with the food.

Resident B was waiting for his tea but then drank his squash and finally ate all of his pudding. He managed to push his wheelchair back (even though the brakes

were on) and tried to get up. He had pulled off his slippers and a carer tried to help him as he had put them back on the wrong feet, but he wouldn't let her. He stood up and tried to walk and the carer took his chair and helped him and explained that his slippers were on the wrong feet so it was hard to walk. After a few steps he sat down in the chair and the carer was able to change his slippers and explained that would make it easier for him. She was very patient and positive.

On our second visit we noticed that the kitchen door was propped open (it wasn't lunchtime) even though there was a sign saying it must be kept shut:



## Other feedback

We were told that residents were involved in the menu planning.

Relatives felt that the food was plentiful, of good quality and that their relatives received enough help with eating and drinking as they needed. All were able to join their relative for a meal and felt that cultural needs were also catered for.

## Staff Feedback

The feedback from staff was that the food was good and that there were lots of snacks available.

# Hydration and nutritional needs

All the staff we heard from were aware of the need for hydration and we saw them encouraging residents to drink, while we were observing.

“All residents' food and fluid intake is recorded. All residents are on fluid watch.”

We saw squash was readily available at lunchtime and also at other times:



# Dignity and Respect

## Relatives:

The relatives felt that their loved ones were treated well, they were allowed to get up at a time that suited them and able to choose what to wear, as much as possible.



# Staff

## Relatives' feedback

All the relatives/friends we spoke to felt that the staff were caring and kind and that their loved ones were well looked after.

They also felt listened to and knew who to speak to if they had any issues.

They were encouraged to visit the home and were kept up to date with any changes to their relative's condition.

"I feel we are kept informed about mum's health at all times."

They also felt involved in decisions regarding their relative's care.

"I am called whenever a doctor is called to see mum and whenever she is prescribed medication such as antibiotics."

When asked if they felt that any concerns were acted upon, the majority were happy and one responded as follows:

"Not always."

## Staff: training and support

The feedback from staff was that they felt support varied:

"Higher manager is supportive, senior management less supportive. E-learning is repetitive and no face to face."

We were aware that our recommendations made in November 2024 to its sister home were not addressed in Haldane House after the Longlea report was issued. We were surprised, on our first visit, that this had not been done, but, on learning of the sale of Haldane House we understood why no investment would have been made by the previous owners, once they had decided to sell.

The staff we heard from felt supported and listened to by the manager, but not by the more senior management team, especially in relation to a concern that had been raised.

The manager felt that they had an excellent team of carers and that it was like a family:



" I love the staff and the residents: the staff here are fantastic"



We appreciate that this feedback may change in the future, under the new owner and will be returning after six months for a follow-up visit.

## Connections with other services

Staff mentioned a good relationship with the GP Practice. In fact this service has improved recently and there is a named doctor who comes in every four weeks.

A pharmacist comes in every two weeks. A pharmacist also does medication training.

The optician visits every six months, there is also a podiatrist and a hairdresser visits once a week.

They also have a dentist who visits and one resident received a filling at the home. There are no issues with dental provision.

There are challenges with the discharge process with medications missing. Concerns were raised by the manager that, any person being discharged from hospital needs to be carefully checked in terms of their mobility as Haldane does

not have any lifts, only stair lifts, which are not as safe if a person is having mobility issues.

We were told that sometimes the discharge summary document was missing when residents returned from hospital, which was of concern, plus other residents had come back in a wheelchair and not with their walker or a case where a walker had not been returned with the patient.

Another issue experienced was around mental health support for residents. When the mental health team was asked to provide support, it was not forthcoming and the resident's mental health deteriorated further. Despite repeated referrals by the manager to try and get support.

The manager felt well-supported by the Local Authority but not by the previous owners/line manager and is hopeful that the new owner will address the issues and provide better support.

# Recommendations with response from manager

Overall we could see that the residents were well cared for by the staff and that the main improvements that could be made had, in many cases, already been asked for, but had not been implemented by the previous owners. We would like to make the following recommendations:

- Consider swapping the activities room with the dining room so the latter is located next to the kitchen. Or introduce smaller tables in the dining room.

Make more use of the dining tables for residents to sit at, rather than eat their meals where they are sitting.

**Response from Manager: Smaller tables for the dining room have now been ordered to make eating a more intimate experience. There are also small tables in the activity room as an extra eating area.**

- Turn off the TV during mealtimes – play music instead.

**Response from Manager: Age-appropriate music is played during mealtimes.**

- Make snacks more readily available in the lounge

**Response from Manager: New snack bar has been ordered which will be visible to all residents.**

- Put in signage for the garden

**Response from Manager: Signage has now been sourced for the garden.**

- Make sure taps are clearly marked 'hot' and 'cold'

**Response from Manager: Sticky labels have been ordered for signage for hot and cold taps.**

- Recruit a dedicated activities manager.

**Response from Manager: Advert has been placed to source an activities co-ordinator.**

- Install larger clocks to make it easier for residents to see the day and time.

**Response from Manager: Clocks have now been ordered.**

- Consider personalising the resident's doors to their rooms.

**Response from Manager: All rooms now have boxes next to the door with memorabilia pertinent to the resident.**

- Introduce a mix of seating in the lounge.

**Response from Manager: Clusters of seating have now been formed in the lounge. One end for music and TV and a quiet end.**



- Discuss use of a shared minibus with other homes in the area, for trips out.

**Response from Manager: This remains a work in progress currently.**

- Install a lift to help both residents and staff

**Response from Manager: Plans from an architect have been drawn up which will incorporate a passenger lift within the home.**





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