



**Reconnect, Reset,  
Rebuild.**

**Bracknell Care  
Home**

**healthwatch**  
Bracknell Forest

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## Background

Healthwatch Bracknell Forest partnered with Frimley Health and Care Integrated Care System (ICS) to support their engagement project- Reconnect, Reset, Rebuild. The aim of this project is to bring together people in communities across the Frimley area to spark conversations about health and wellbeing priorities. The information in this report will help Frimley ICS to identify what matters most to the residents of local care homes empowering them to better join up health and care services, to improve population health and reduce health inequalities.

### Why is Frimley Heath and Care carrying out this engagement now?

Recent reports, such as the Darzi review and the recommendations from Grenfell, remind us of the urgency to listen and understand the needs of our communities. As the government's 10-year plan for the NHS takes shape, it is essential that it is rooted in and reflects the true needs of our communities. This is our chance to make it happen.

## What we did

Healthwatch Bracknell Forest visited Bracknell Care Home on 13<sup>th</sup> January 2025. Bracknell Care Home is a small and friendly care home offering residential and nursing care as well as respite care. There are currently 24 residents between the ages of 64 and 100 years old.

We conducted 10 interviews with residents. We analysed their detailed feedback and identified themes.

## How do people receive health and care services in Bracknell Care Home?

Residents are cared for by Forest Health Group and a GP visits the care home weekly. Community dentistry, sight and hearing checks can be done in the home.

If residents need same day care from a GP, a member of staff contacts an allocated email address for the care co-ordinators team- they usually have a response and plan of action, visit or prescription within 2 hours. They also have an allocated care co-ordinator.

When residents need care outside the home this tends to be related to catheterisation, dialysis or hospital admission.

The care home manager has identified a need for a more streamlined process when accepting residents being discharged from the hospital. Currently, the home receives a weekly prompt by email from Access to Resources for availability, who then send referrals accordingly. This works well.

The next step involves a social worker assessing the patient, which can sometimes be a lengthy process. While discharges can occasionally be completed within 72 hours, they often take longer. The longest recorded time between an available place being confirmed and a patient's discharge was three weeks. Additionally, securing the necessary medications for a patient prior

to discharge can sometimes delay the process further. These factors contribute to inefficiencies in the discharge procedure, which the manager seeks to address for smoother transitions.

## **What we heard**

### **We asked people what is most important to them, to maintain or improve their health and wellbeing.**

Themes included- Being well looked after in the care home, good treatment in hospital when needed, maintaining personal fitness and activity, being able to see primary healthcare providers easily, good communication, their faith, and maintaining a positive mindset.

### **We asked the residents about their top priorities when receiving health and care services.**

#### **Clear Communication**

The need for effective communication across different health and care providers, including hospitals, GPs, and social care. Several responses highlighted frustrations with poor communication, such as lack of updates after appointments, delays in services, and confusion about appointments.

“Since coming out of Frimley Park Hospital I have had no visit or contact from social care. It makes me angry; I feel I’ve really become a burden, not wanted anymore and we cost the government money. I feel forgotten now I don’t pay taxes.”

“If you’re giving drugs, please tell me what they are, I need to know. When having dialysis, it is even more important”

“I was admitted to hospital and was left in a cold corridor, I didn’t know what was happening and nobody told me. I was frightened.”

“Communication is the most important thing and with my family too, including my daughters.”

"Technology is very important to me due to my paralysis and could be used better to share information."

A resident shared with us "of course I couldn't go back to hospital now because I've been discharged from the NHS, that means I can't use them again. I'm not sure why?" I spoke with the resident and explained that a discharge letter just meant that they were being sent back to the community for that particular condition not that they couldn't use the NHS at all. The resident said, "really isn't that what it means if you're discharged?"

"When I was staying in Frimley Park Hospital, I felt left out at mealtimes. I was in a corner of the ward and was often forgotten when they came round to ask what people would like to eat. I was needing to have a liquid diet, and they were very good at feeding me but I didn't always have choice about what I ate."

### **Access to Health Services:**

The significance of good medical treatment, access to GPs, and good care in hospitals was highlighted. This includes reliance on care home staff to manage appointments and the critical role of healthcare professionals like doctors and dentists.

"I get all the help I need from GPs and others. I depend on the staff in the home to make appointments, which they do."

"I get everything I need here; I wouldn't be able to manage things like appointments on my own."

"I haven't used the GP here, but that is important to me. I have some memory problems so I'm not sure if I've spoken to him."

"I've never had any problems, people come out and check you here. Nurses, doctors and such."

### **Timely Response and Reduced Waiting Times:**

A common concern was the need for quicker responses. Improving waiting times for medical treatment and enhancing the responsiveness of staff would significantly impact patient satisfaction and comfort.

"Quicker response when pressing the call buttons in hospital- having to wait is hard."

"Improve waiting times for treatment."

### **Reliable and Continuous Care:**

A key priority is the reliability and continuity of health and care services. People emphasised the need for follow-up after visits, clear communication, and not being left without updates or feedback after services have been initiated.

"A nurse came here about my oxygen and was going to send me to Windsor, but I haven't heard anything. It was in October. No feedback or letter has been received by the care home."

"Getting help when I need it, for example the dentist hasn't been able to see me about an issue."

"Me- I need to be at the centre of any care I receive. I haven't been when I use the NHS recently"

### **Complex Healthcare Needs and Coordination:**

For individuals with multiple health conditions or appointments, the priority was effective coordination of care, ensuring that all medical appointments and treatments are well-organised and properly communicated to avoid confusion and prevent delays.

'I have multiple appointments at different hospitals and healthcare spaces due to complex health needs. My priority is good communication and continuity of care. For example I have an appointment this week in hospital, I was told it was pre booked but when the care home called they said that that department only see people in an emergency. I have booked patient transport to take me to the hospital but I'm concerned that when I arrive they won't be expecting me. It's been worrying me all week.'

### **Supportive Environment and Care:**

Appreciation for a caring and supportive environment, with several references to the quality of staff and the care provided in Bracknell Care Home, as well as the feeling of being well-looked after.

"I'm happy in Bracknell Care home, no complaints- staff are wonderful, it's a home from home"

"It's most important that I am getting the help I need here, especially personal care."

"Nurse comes in and gives me my tablets"

### **Independence, Mobility and a Sense of Purpose:**

Many people prioritised regaining or maintaining independence, and a desire to stay mentally engaged and active. There was also an emphasis on having a sense of purpose and achievement.

"I'm due to go back into hospital for an operation. I've had the pre op appointment and that went well. I'm hoping that after my operation I'll be more independent and be able to walk with a walking aid."

"It's about altering my mindset now I'm in a care home, accepting how life is in here. I would like some tasks and a sense of purpose but there are things that I enjoy that we take part in here like puzzles, crosswords, and activities, it keeps my mind busy. I would like people to be brought together more to share experiences."

'To be able to do what I can, not stay in bed. I want to sit in my chair and do my art, it keeps my hands and mind active'

"I would like better access to physiotherapy so I can stay mobile."

#### Community and Social Support:

The value of community and helping others was mentioned by individuals, reflecting a desire for stronger community support and connections in care home settings.

"I'm community minded. Throughout my life I've always helped people, including helping families. I would like to see more of that."

"I'm looking for more of a community. It would be good if there were more people living in the care home who were able to communicate with me. The staff are very kind and friendly, I do speak to them a lot."

#### General Satisfaction with Care:

Some respondents were generally satisfied with their care, with a few stating that no improvements were necessary. They appreciated the kindness and attentiveness of the staff in the care home or hospital.



"I've mostly had very good experiences with the NHS. Today I'm quite pleased with everything, it's not 10 out of 10 but it's good."

"Nothing, I'm content. I can't praise Bracknell Care Home enough. I couldn't manage on my own."

## **We asked people if they had experienced any barriers to getting great care.**

### **Communication Issues:**

Communication was repeatedly cited as the main barrier to receiving good care. This includes poor communication between healthcare providers, patients, and family members, and delays in receiving updates on care plans.

"Communication has been the biggest issue. I was in hospital due to a serious infection and my daughter didn't find out I was critically ill. They were using an old telephone number that I had told them not to use on multiple occasions. They need to make sure they have the next of kin contact details."

### **Inadequate Discharge Information and support:**

Not receiving comprehensive discharge notes or proper instructions upon leaving the hospital created confusion for some individuals and resulted in a lack of clarity about their next steps or care needs. A sense of disorientation and lack of information upon transitioning into a care home was noted by some respondents, who felt unprepared or unaware of their new environment, which created emotional distress.

"When I was discharged from hospital and brought to the care home I was not given enough information, I didn't know what was going on. I didn't even know where I was, it was a shock when I realised I was in a care home and I could have been anywhere."

"Not getting full discharge notes, this has been a problem for other residents too."

"Some time ago I was in hospital and when I was discharged, I was supposed to be having help and care at home. I was told by the hospital that somebody would be there that day to help me, but nobody arrived. I needed to have a shower and foolishly I decided to try and do it myself. I fell when I was in the bath, I had to stay in the bath all night until the postman came in the morning. I called out to him, and he raised the alarm. Social care said they had no records of me needing help, no reference came through."

"Better consistency and open communication between services. Discharge at Christmas was a challenge."

#### Delays and Waiting Lists:

Long waiting times for essential services, such as dental care and housing (e.g., moving to a more appropriate living setting), were mentioned as significant barriers to receiving timely care.

"Social care giving me what I need at the right time, I have been waiting over a year to move to a more appropriate setting. The social worker gives me updates but then nothing happens."

#### Accessibility Issues:

Problems, such as a stretcher lift being out of order and miscommunication between services, led to difficulties for patients with mobility issues, highlighting the need for better coordination and accessibility.

"I receive dialysis at Brants Bridge, and I'm confined to bed. The stretcher lift was out of order over Christmas and none of the patient transport people had been told so when we arrived we were unable to access the building. Luckily the type of bed I have can be folded up and I was willing to give it a go getting into the wheelchair lift, we did manage to get in with a squeeze. There should have been better communication with patient transport so they could have taken me somewhere else if needed"

### Age-Related Barriers to Treatment:

One individual reported being told they were too old for surgery, causing frustration and concerns about their independence.

"I have an old injury to my wrist and hand that has caused me pain, despite physiotherapy. My doctor referred me to have surgery, when I went for the pre op appointment I was told that they could not do it because I was too old. After I went back to my doctor they did agree to do it because at that time I was still living on my own at home and it was affecting my independence."

### We asked people what improvements they thought would have the greatest impact?

#### The residents identified these top 6 themes

- Improved communication
- Continuity of care during and after discharge
- Better coordination of care
- More personalised care and choice
- Improved access to services
- Better community and social connections

These findings will be shared with Frimley Health Integrated Care System to be considered alongside other feedback received as part of the Reconnect, Reset, Rebuild project and will be presented to their board for consideration. We will update the public with any actions agreed at a later date.

Healthwatch Bracknell Forest  
Unit 49, Aerodrome Studios, Airfield Way,  
Christchurch, Dorset, BH23 3TS

t: 0300 0120184

[www.healthwatchbracknellforest.co.uk](http://www.healthwatchbracknellforest.co.uk)

e: [info@healthwatchbracknellforest.co.uk](mailto:info@healthwatchbracknellforest.co.uk)

 <https://twitter.com/healthwatchbf>

 <https://www.facebook.com/HWbracknellforest/>

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