

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Ashton Manor Nursing Home

Wrecclesham Grange, Beales Lane, Farnham, GU10 4PY

18th October 2016, 2pm-4pm

Alan Walsh, Jason Vaughan & Jade Parkes

Healthwatch Surrey, The Annexe, Lockwood Day

Centre, Westfield Road, Guildford, GU1 1RR

0303 303 0023

Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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, only an account of what was observed and contributed at the time.

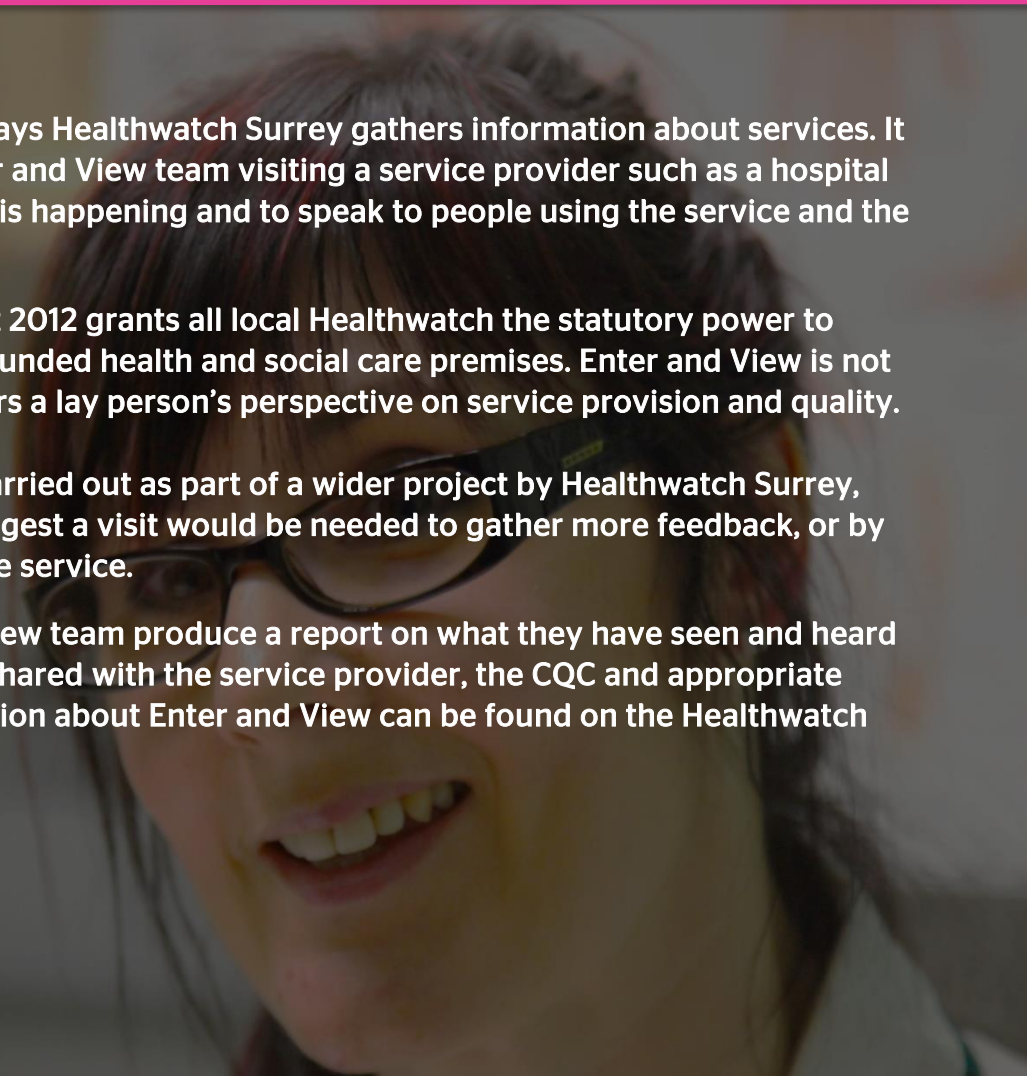
What is Enter and View?

Enter and View is one of the ways Healthwatch Surrey gathers information about services. It involves members of our Enter and View team visiting a service provider such as a hospital or care home to observe what is happening and to speak to people using the service and the staff working there.

The Health and Social Care Act 2012 grants all local Healthwatch the statutory power to 'Enter and View' all publically funded health and social care premises. Enter and View is not an inspection, but instead offers a lay person's perspective on service provision and quality.

Enter and View visits can be carried out as part of a wider project by Healthwatch Surrey, where there is evidence to suggest a visit would be needed to gather more feedback, or by invitation of the provider of the service.

After the visit, the Enter and View team produce a report on what they have seen and heard during the visit. The report is shared with the service provider, the CQC and appropriate commissioners. More information about Enter and View can be found on the Healthwatch Surrey website.



Purpose of the visit

- To find out whether care homes in Surrey provide their residents with relationship-centred care, and if they support their residents to take part in 'meaningful activities' in line with their preferences and abilities.
- To discover if care homes learn about their residents, and plan their care, menus and daily activities around their preferences
- To determine whether residents are given the opportunity to engage in community clubs and/or social activities and develop a role within the home if they wish.
- To find out if residents feel that they are listened to
- To identify any good practice examples of person and relationship-centred care
- To observe residents and relatives engaging with the staff and their surroundings
- To capture the experience of the residents and relatives and any ideas they may have for change.

Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into how well care homes in Surrey are 'relationship centred' - focusing on activity based care and supporting people to continue to be as active and independent as possible.
- 'Amplifying the voice of care home residents' is a Healthwatch Surrey priority for 2016/17

Methodology

This was an announced Enter and View visit. The provider was given the time and date that Healthwatch Surrey (HWSy) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed neither was the CQC inspection report.

We spoke to the Manager of the service who advised us as to the layout of the home and asked a member of staff to show us around, we were also given permission to approach residents and staff. We spoke with a resident, a member of the care staff, the Activities Coordinator and the Manager. The interview with the Manager took place in the office, with the other interviews taking place in the lounge.

The home appeared clean and well decorated with no unpleasant smells. In the reception area there was an activities agenda on the noticeboard, there was also information on who the nurse in charge was for that shift. We were shown into the lounge area where residents were situated with staff. We were shown the dining room in which there was a piano, there were menus and vases of flowers, there were also menus on the wall. We went through a conservatory and were shown into the garden which was spacious and had three canopies for staff and residents, along with a garden bench. We went onto the upper floor via a lift on which there was 'warren' of corridors - this floor housed the Manager's office and residents' rooms.

The Manager told us there are two floors with 36 rooms and 35 residents. On the day we visited we were informed there were 6 care staff and 2 nurses on duty.

Summary of findings:

- The residents and their environment were clean and tidy.
- We saw evidence of interaction between staff and residents.
- We saw evidence of one to one activity with staff and residents.
- Management and Staff were friendly, approachable and communicative.
- Washroom, bathroom and toilet facilities were clean and accessible.

Results of visit

Person-centred approach

When speaking with the Manager about what she understood person-centred care to be, she told us it is 'care based on what individual needs and interests are. You look at the individual and make sure you understand them as a person, this is to give care that makes a resident's life better'. For the activities coordinator person-centred was ensuring that 'from when they open their eyes in the morning...' residents are given 'personal care'. The care staff member we spoke with told us that 'person-centred care is the residents' choice' meaning the focus is on the resident's wants and needs.

The Manager informed us that the home uses life history information from residents when they come to the home so they can find out their likes and dislikes. She told the home uses 'two admission forms in a file called 'Key To Me', one form looks at personal relationships, one looks at personal habits likes and dislikes, hobbies, routines and preferences...' this is 'embedded in (the resident's) care plan'.

The care staff member who spoke with us told us: 'On admission day we have care profile one and care profile two...' these look at the residents' 'history and interests, how they like to interact and their choices.'

When we asked the Manager how activities link into individual care plans, she replied: 'Through 'Key to Me' this highlights the activities a resident likes to do which links into the care plan. We do this so we know what the residents' likes and dislikes are so we can create activities that they are interested in, that stimulate them mentally, emotionally and physically. This approach is person-centred because we are focusing on a person's individual needs and what makes them happy.'

The Activities Coordinator also informed us that residents have a personalised activity programme this is created by having 'one to one' meetings with residents and looking through their 'life stories'.

When we enquired whether the activities are regularly evaluated and reviewed, the Manager replied: 'We do activities surveys every quarter to evaluate the effectiveness of current activities. We also do daily observations and will change activity if it's not working or residents tell us they're not keen on whatever activity it is. Whatever we do we have to meet peoples' individual needs.'

Provision of meaningful activities and methods of reducing the risk of social isolation.

The Manager told us that meaningful activity is 'based on the individual, on what their wants, needs and preferences are.' She reiterated that meaningful activities should 'stimulate people mentally, emotionally and physically'.

For the Activities Coordinator, meaningful activity is giving the resident 'personal care and talking to them, making it an activity rather than just a routine.' When we asked a member of the care staff what meaningful activity meant to them, they informed it is about encouraging people 'to live a normal life'.

The Manager told us the 'everybody is responsible' for meaningful activities in the home, 'care staff, nurses, management, the Activities Coordinator, chef and cleaner, all are involved in meaningful activities, every member of staff engages with residents'. The Activities Coordinator informed us that meaningful activities are 'seen as part of everyone's role. She added: I try to get staff involved' in a variety of activities such as the 'Daily Sparkle Reminiscence Newspaper, Arm Chair Exercise, Brain Teaser, Reminiscence Quiz and Sing-a-longs'.

We asked the Activities Coordinator how she encourages residents to engage when they are reluctant to, she replied: 'I slowly, slowly persevere I never give up on them.' She told us that one resident wanted to stay in their room all day, she continued saying: 'I needed to encourage him a lot to come down each day, now he comes down every day.'

The care staff member said when trying to get a resident to engage 'we will keep approaching - maybe sometimes it depends on (who) the person asking and approaching' is. They continued saying 'a change of face or method...' could help a resident 'to take part'. We asked if they supported residents to use outdoor space or go outside, they told us: 'We always arrange with staff to escort' residents who go outside.

A resident who we spoke with regarding this said: 'I just have to ask and they will push me out.' They added: I usually go to quizzes. People don't necessarily ask me what I want to do, but they ask me if I want to take part. The staff are very good, some of them are young, but I am very old. They have mixed nationalities... (name of staff member) is very kind'. When we asked whether they helped out in the home, this resident told us: 'I fold the napkins up.'

Our Authorised Representatives also spoke with a resident said who she 'loved to play golf when she was able bodied, but since having a stroke she has not been able to'. We asked if anyone at the home had ever tried to do any activities around her outside interests such as playing bowls in the garden and she said 'no as there was not much time for staff to do those kinds of things'.

Whilst at Ashton Manor our Authorised Representatives observed a quiz activity that was taking place. They recorded: 'The only person who was helping residents in the room complete the quiz was the coordinator who was reading the quiz from a book. Other staff seemed to take the opportunity to sit all of the residents in one room and then get on with paperwork nearby'. We observed that 'no other member of staff was supporting the Activities Coordinator with the activity, or helping to support residents'.

How are activities differentiated to meet individual needs?

When we asked the Manager how activities are differentiated to meet individual needs, she stated: 'If they don't want group activity we do one to one. We try not to make a big issue if it. We incorporate activity into the daily routine so it is the norm. We try variety, we try different things to engage and stimulate a resident.'

In this regard, the Activities Coordinator talked about allowing for the different interests of residents when designing activities, she told us that 'activities are for everyone...' but 'sometimes (people) need a smaller group'. She further informed us that she does 'one to one's with residents who are immobile in their room where she will 'read poetry and listen to music'.

In relation to engaging effectively with residents who are living with dementia the Activities Coordinator told us it 'depends on the level of (their) journey...' at 'level one and two they are lucid and engaged. Further in, their journey the activities can be...' to do with 'end of life' which could involve 'reading, talking, aromatherapy and music'.

When we asked how the Activities Coordinator differentiated activities to suit the individual she responded by saying 'if (residents) are in group sessions I sit them closer to me'. She gave the example of reading the Daily Sparkle saying 'I read it if they cannot'. When we spoke with a resident and asked them what activities they liked to do they told us: 'I do quite a lot myself.' They did add: 'I don't want to talk about the past.'

Involvement with local community?

The Manager told us Ashton Manor has links with the local community through having attachments to the 'three denominations of church we are involved with'. She told us that 'communion is planned into activities. We were also informed that Ashton Manor has links to the 'local primary school' who have 'volunteers doing activities'. The home has a hairdresser, chiropodist and physiotherapist who visit. According to the Manager there is also a 'local volunteer from church who comes in and does activities with residents.'

The Activities Coordinator concurred with the Manager when they told us the local 'primary school come in to play board games and sing carols', churches come in (Baptist Church and Church of England), the police memorial band are going to come in and the Salvation Army'.

Involvement and opinions of family and carers:

In relation to family involvement, the Manager told us that families and relatives are invited to take part in events. We get families and friends involved in 'Key To Me', families have surveys every six months so the family can have a say in what is working or not working. The feedback from surveys can influence the activity programme of the resident. Families are also involved in planning outside activities with residents.'

The Activities Coordinator told us that 'families can bring things in from years gone by. A care staff member told us the home does 'encourage the family to join in if they are not too busy to come on outings'. The 'garden is always open and families will always take (residents) into the garden'.

Activities Training:

The Manager informed us that 'all staff are trained in person-centred care. An external trainer comes in to deliver person-centred care training, this includes mandatory training such as; Health & Safety, Fire Training, Moving & Handling, Food Hygiene, Dementia Training, End of Life, Infection Control, Mental Capacity, Managing Challenging Behaviour and Swallowing difficulties.' The Activities Coordinator informed us they were 'National Activity Providers Association (NAPA)' trained, had spent 25 years as a Police Officer and had 3 years (of) Dementia Training'.

Barriers to Meaningful Activities:

We asked the Manager what barriers there are to carrying out meaningful activities with residents, she replied: 'Sometimes our resources, occasionally staffing capacity. Sometimes a person may need one to one support but on that day it might not be possible, but that is not the norm. We do try to overcome this if it occurs, we always provide one to one support but the length of time may be diminished if we are short on staff.'

The Activities Coordinator told us the main barriers they faced were 'educating people and getting people to see how big an impact little changes can have' on peoples' lives can be difficult.

Any immediate concerns noted by the visiting team were shared with the service provider on the day of the visit.

Conclusions and Recommendations:

- Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

The findings in this report will be considered alongside the findings of the other twenty four Care Homes that were part of a programme of visits exploring activities provision of these services in Surrey. A summary report will be published in January including further conclusions and recommendations of the programme.

Service provider response:

Thank you for this.

Only one comment to make. The Resident referred to regarding outside entertainment on page 6 recommendation 2, she does go out on trips organised by the home and with family as well. Due to her mental state she will often times not remember this. This year we had 11 trips planned in the home all of which she has been on and also trips organised with her family. Hope this helps to clarify this point.

Regards

Carla