Enter and View Report

Elizabeth Court

April 2018

Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Grenadier Pl, Caterham, Surrey, CR3 5YJ
Service Provider	Anchor
Date and Time	Wednesday 21st February 2018, 10:30-14:00
Authorised Representatives	Natasha Ward, Sarah Wood, Gareth Jones, Jane Owens
Contact	Healthwatch Surrey, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL Tel: 0303 303 0023

1.2 Acknowledgements

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

1.3 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.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To find out to what extent mealtimes at the care homes visited are person-centred, ensuring dignity and respect
- To capture the views and experiences of residents and visitors in relation to mealtimes, accessing food and drink, and experiences of the home in general
- To observe residents and visitors engaging with staff and their surroundings
- To identify examples of good practice.

2.2 Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into person-centred care in Surrey care homes - focusing on supporting choice, dignity and adequate access to food and drink at mealtimes and throughout the day.

- ‘Amplifying the voice of care home residents’ is a Healthwatch Surrey priority for 2017/18.

2.3 Methodology

Visits were announced in advance and home managers received notification by post. Prior to the visit the home manager was contacted by telephone by the visit lead to discuss the visit further, and to ascertain the layout of the home and an estimate of how many residents would be able to give consent to participate.

Staff provided guidance to the visit team about who was appropriate to approach to interview. The purpose of the visit, the role of Healthwatch Surrey, and the way in which information would be used was explained to those spoken to in order that they could provide informed consent.

Information was gathered by using semi-structured interview questions and observation in combination. Separate question schedules were developed for residents, staff and visitors based on guidelines from the Social Care Institute of Excellence and comments from contacts working in Adult Social Care. Questions were open ended, designed to be administered flexibly and in a conversational style. Information was recorded using written notes which were collected in by the visit lead at the end of the visit. The visit team used a checklist to record and comment on observations around the home and over lunchtime.

The visit concluded with a team debrief where comments, compliments and concerns were highlighted. The home manager was given opportunity to comment on the draft report prior to finalisation.

2.4 Summary of findings

- Residents and visitors made positive comments about the home, giving examples of choice, and examples of staff being responsive;
- The staff we spoke to gave examples of ways in which the home encourages residents to eat and drink;
- In first floor dining rooms we observed staff facilitating choice over the mealtime;
- The mealtime observed seemed to differ between the ground and first floor dining rooms.

2.5 Results of visit

The home had 45 residents at the time of the visit. The home is split over three floors, however one floor was temporarily closed off and did not house any

residents. The Healthwatch Surrey visit notice was displayed and the CQC rating was visible.

Staff Comments

The home environment and trying new things

Staff explained that the home is part of the Anchor 'Inspired' project; this project involves decorating the home with artwork such as quotes and 'vintage' posters that may encourage residents to reminisce. Posters and art work could be seen on the walls and an old fashioned sweet shop had been created on the ground floor.

The manager told us about new ideas the home had for encouraging residents to eat and drink, and provide variety, such as an activity coordinator taking the lead on themed days which involve themed menus and mentioned that starting a 'breakfast club' allowing for a more flexible breakfast time for those who wake earlier was a possible idea for the future. Examples were given of how food had been built into activities in the past, such as the recent valentines day film showing where residents were offered popcorn and ice cream. It was explained that the home try different things out to see what residents enjoy, for example marshmallows had been trialled as a snack option however this was changed as residents preferred alternative options.

Food and drink in the home

We spoke to a chef who explained that the food suppliers are set by Anchor, and menus are sent through by Anchor to the home, however kitchen staff can be flexible if residents would prefer alternatives. Cakes are baked freshly in the home and residents' receive a cake to celebrate their birthdays; the chef gave an example of an upcoming birthday, where the staff had planned a cake design involving football as this was an interest of that particular resident.

The manager explained that there are snacks and drinks offered regularly in between meals, and the home has 'elevenses' where staff take ten minutes to devote their time to chatting with residents. We were also told that sandwiches were saved and kept in the kitchen in case residents wish to eat in the late evening or at night, with one member of staff stating "residents are hungry when they're hungry".

Residents are asked to choose their meal options in the morning if they are able, however show plates are available for residents who may need more support to choose.

Involving residents and encouraging feedback

We were told that the home welcomes feedback; visitors are encouraged to visit and can have meals with residents, giving a good opportunity to get feedback, and one of the chefs will go round the dining areas regularly at mealtimes to see if residents are enjoying their meals. One member of staff explained that a taster

session takes place when new menus are received from the provider, whereby residents can sample food on the menu before new dishes are introduced.

Resident Comments

We were able to speak to one visitor and six residents during the visit.

Person-centred care/choice

The residents we spoke to gave examples of choice being facilitated by staff. Some residents told us that they can stay in their rooms if they wish, and said that they are asked in the morning what meals they would like. However, we did hear from a couple of residents that seating arrangements in the dining areas are decided by staff “We are told where to sit”.

Residents told us that if they would like anything to drink or eat in between meals then they can ask, and there are drinks and fruit bowls in communal areas to which they can help themselves. It is important to note that many of the residents in the home are reliant on staff to provide drinks due to limited mobility.

Residents were complimentary of the food available, with some commenting that the menu was ‘varied’ and others explaining the food was of good quality. One person told us “the food is excellent, 99 out of 100 meals are good”. Residents also mentioned that a chef comes around to see how meals are going and said that they can leave comments in a feedback book.

We were able to speak to a visitor who was very complimentary of the care provided by the home and who gave examples of the care staff being responsive and person-centred. We were told that some residents can be challenging, however staff are patient and persistent in supporting them to eat and drink. A visitor also told us that the home is supportive not just of residents, but is supportive of families too and said “I was struck by how friendly everyone is”.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

The home has a number of smaller dining areas across the different floors. Tables were still being set up at the start of lunchtime and in one dining room the tables were left partially laid and the curtains were left closed. Lunch was delayed by approximately 20 minutes. It is possible that, due to training that had involved a high number of staff that morning, the usual lunchtime was affected.

Responsive staff and supporting choice

Observations varied across the ground and first floor dining rooms.

In the first floor dining rooms staff were seen to be supporting residents into the dining areas, and residents were asked where they would like to sit. Tables were laid with cutlery, napkins and some tables had vases with flowers in. Residents were offered a choice of drink and were supported to use the napkins laid out; one member of care staff asked "would you like your napkin on your lap or tucked in to your collar?" Food was served from hot trolleys and residents were prompted and encouraged to eat. When one resident did not eat their main course, a member of staff asked if they would like something else; the resident requested a dessert option instead, which was provided, and the member of staff said that the main meal option could be saved for later. Staff appeared to be cheerful and were interacting with residents, asking how they were and making general conversation. One member of staff asked "is the breeze ok or would you like me to close the window?"

On the ground floor, residents were offered drink options and their food options were served; however, some residents were unable to start as they did not have cutlery, or did not have cups to drink from. Residents asked if they could have napkins as there were none on the tables and care staff provided them with paper towels. The manager gave reassurance that the lack of cups/cutlery/napkins was a result of training which had meant the dining room could not be set up far in advance, and many staff were unavailable in the run-up to the mealtime.

A resident in one of the ground floor dining areas was observed cutting up food for another resident and began to support them to eat, however this appeared to be difficult as the individual was 'slumped' forward. After some time the resident requested the assistance of care staff who attended to the other resident and spoon-fed a few mouthfuls. The main meal was then removed and replaced; the resident was assisted again to eat a few mouthfuls and care staff then moved on to continue serving.

On both floors residents were offered a choice of dessert following the main course and the chef came around to check that the mealtime was going ok, stopping to sit and chat with residents at their tables.

Additional observations

Volunteers observed that in the communal areas the music was playing very loudly, and in competition with the televisions which were also on and at quite a loud volume. This was raised with the manager who noted the observation.

Volunteers also noted an unpleasant smell in a small section of corridor on the first floor; when raised with the manager reassurance was given that the carpet in the corridor was due to be replaced that week as they were already aware of the issue.

2.6 Recommendations

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

The findings of this report will be considered alongside the findings from the additional 19 homes included in this programme of visits; a full report of themes and findings will be produced spring 2018.

2.7 Service provider response

Report was sent to the home on April 9th following a visit from Healthwatch on the 21st February 2018.

On the whole, the findings of the report are accepted. However, as regards the late setting of the tables on the ground floor, I would like to clarify the following:

This living area is populated by customers who have capacity to make choices.

A training session for the staff had been booked from 10.30-12.30 and the customers had been asked if their dining room could be used for the session. The dining room was not set for lunch when the customers came in and so staff were doing this as the customers entered the dining room. Normally the dining room would be set for service during the morning.

The two customers who were sitting together, are friends and one often helps the other at mealtimes, by buttering her bread or cutting up her meat. This is a positive relationship and something staff encourage. The more frail of the two is partially sighted and is increasingly confused now. Staff occasionally intervene to ensure that she is supported and prompted to eat.

It is hoped that all customers are encouraged to sit where they please at mealtimes and this is something that we discuss with the staff.

The loud music playing in competition with the television has been noted and will be discouraged in future, unless it is the customer's choice.

The smell in the corridor was due to a malodourous carpet. This room has had new flooring and the odour has gone.

The positive feedback from the report will be shared with the staff. It is good to note that customers were given lots of choice and that the Chef visits the dining rooms and looks at the comments books. Snacks are available at all times and choices offered from the nutrition and hydration stations. Food and meal choices are always a hot topic at customer meetings. The Home Manager tries to have a meal with the customers at least once a week, in order to check the quality of the food and get a feel for the meal service.

Sue Guyon, Home Manager