



Enter and View Report

Worplesdon View

March 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Worplesdon Road, Guildford, GU3 3LQ
Service Provider	Barchester
Date and Time	Friday 9 th February 2018, 10:00-14:00
Authorised Representatives	Natasha Ward, John Bateson, Christine Warren, Hannah Webb, Angus Paton
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.

3 Findings

3.1 Summary of findings

- Residents and visitors commented that they were happy with the home environment and told us the staff were caring and friendly;
- Residents told us that the dining environment was pleasant, and that the food had improved following recent changes;
- Residents and visitors commented that the reinstatement of residents’ meetings was positive and gave examples of where they had been listened to;
- We saw, and were told about, choice and person-centred care in the home.



3.2 Results of visit

The home had 74 residents at the time of the visit with a total capacity for 78. We were greeted by the home manager and shown to communal areas of the home. The CQC rating and Healthwatch Surrey visit notice were clearly displayed.

Staff Comments

Person-centred care and choice

We were told that residents have a detailed assessment conducted prior to coming into the home, showing their likes, dislikes and preferences, and this is reviewed regularly with involvement from family members. The home manager explained that care staff get to know residents well, getting to know preferences in detail, for example “how many pillows each resident likes”. The staff within the home are allocated to one of three floors wherever possible to increase continuity of care.

Staff told us that “all of us are different - we consider character, history, we record likes and dislikes” and explained that they give time for residents to make choices and accommodate residents changing their minds. The chefs we spoke with explained that the menu and food come from a supplier called ‘Cater plus’; the main menu is designed to meet the needs and preferences of residents, along with a menu of alternatives including omelettes and sandwiches. They explained that they receive daily feedback from residents and said, “we change the menu if it is not working for the residents”.

Encouraging food and drink intake

The home has a bistro on the ground floor where there are a selection of cakes, snacks and drinks available and residents and visitors are welcomed to use this as a social area. The home also has a ‘shop’ area, decorated with vintage posters and props. The home has three dining rooms, and each is set up in a restaurant style with a ‘host’ who serves food up; we were told that on the dementia unit ‘memory lane’ residents are shown the meal options on show plates and the home has recently simplified the names of meal options to make them easy to understand.

We were told that there are open serving areas in each of the dining rooms, and these are often used to bake cakes; staff explained that the aroma of baking can be stimulating for residents’ appetites. Residents can also take part in baking, such as making biscuits and pancakes.

Staff told us that they conduct regular drinks rounds and will prompt residents to eat and drink where necessary. The home manager told us that he will often observe at mealtimes or help to dish out food which gives a good opportunity to pick up on any issues.



Resident and Visitor Comments

We spoke to six residents and five visitors. Comments were positive, and residents seemed to be happy and at ease.

Caring and responsive staff

Residents commented that they were happy with the home and told us that the staff were caring and attentive. One resident said “I like living here; the staff are friendly and will help with even the smallest things” and another explained “I like it here, they [staff] are very kind”. Visitors also complimented the staff and said the “the manager is very hands-on”.

Residents and visitors told us that the home had reinstated regular residents’ meetings where they were able to discuss issues such as food and activities and explained that their comments were often listened to. One visitor commented that they had mentioned an issue that they wanted addressed and that “they [care home] acted on it”.

Mealtimes at the home

Many of the people we spoke to were complimentary about dining areas, saying they were “Nice, like a restaurant”. We were told that there had been changes to the menu and the way food was prepared recently, and many residents told us that they had seen a great improvement in their meals. One resident commented “The food is getting better, the chef is doing a splendid job” and a visitor told us “there has been a big improvement”. A minority of residents suggested that there was still some room for improvement, and told us that more seasoning and larger portions could be offered.

Residents also told us that they had plenty of choice at mealtimes and that they are always asked if they have enjoyed their meal. One resident explained that “If I wanted something else I could ask” and said that when they have requested meals which are not on the menu, the home has been able to accommodate.

We were also told that residents are given a choice about where they have their meals and can choose to stay in their rooms if they wish. One person told us that they sometimes choose to eat in their rooms to watch television, and that staff are accommodating of this. However, one visitor did explain that sometimes it can take a while for breakfast to arrive in the morning for those who stay in their rooms commenting “[resident] didn’t get breakfast until 10:45”.

Residents also told us that there are snacks offered round in between meals as well as a selection of drinks. One resident told us that they are offered smoothies, which they enjoy.

Residents and visitors commented that they enjoyed the “social aspect” of the bistro area and told us about home made birthday cakes for residents’ birthdays and having drinks and snacks in the garden when the weather is good.



Observations of Lunchtime

We observed half an hour over lunchtime, with at least one volunteer placed in each dining room.

Dining environment

The dining rooms were observed to be light and airy. Tables were laid to look like a restaurant, with table cloths and menus, and there was quiet music playing in the background. Each dining room had a 'host' taking charge of the serving whilst other staff were allocated to either seat residents or support them with their meals. Residents' clothes were protected by large napkins.

Choice and support

Residents were served drinks as they were seated and show plates were used on the dementia floor to allow residents to make a choice between the meal options. Choices were explained simply and alternatives were actively offered; for example, one care worker said to a resident "would you like something else?". We noted that one person did have an alternative meal to the two main choices, and when one resident asked for a smaller portion than on the show plate, this was accommodated.

Residents were served efficiently, with starters, mains and desserts being replaced as they were finished so that there was minimal time spent waiting. Residents who required support were assisted promptly and staff made sure they were sat next to residents and at their level when assisting. In one case a resident who was being supported to eat was asked if they would like their soup heated up, as they required more time to eat. There was polite conversation between staff and residents with staff asking about the food and chatting about more general topics.

Additional observations

Drinks stations were observed around the home and fruit was available, although this was whole and un-peeled. There were activities going on around the home in small groups which residents appeared to be enjoying. In the ground floor 'bistro' area there was a 'You said, we did' poster showing how resident and visitor feedback had been used; one of the changes being a fruit salad added to the menu.



3.3 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.

3.4 Service provider response

None provided.