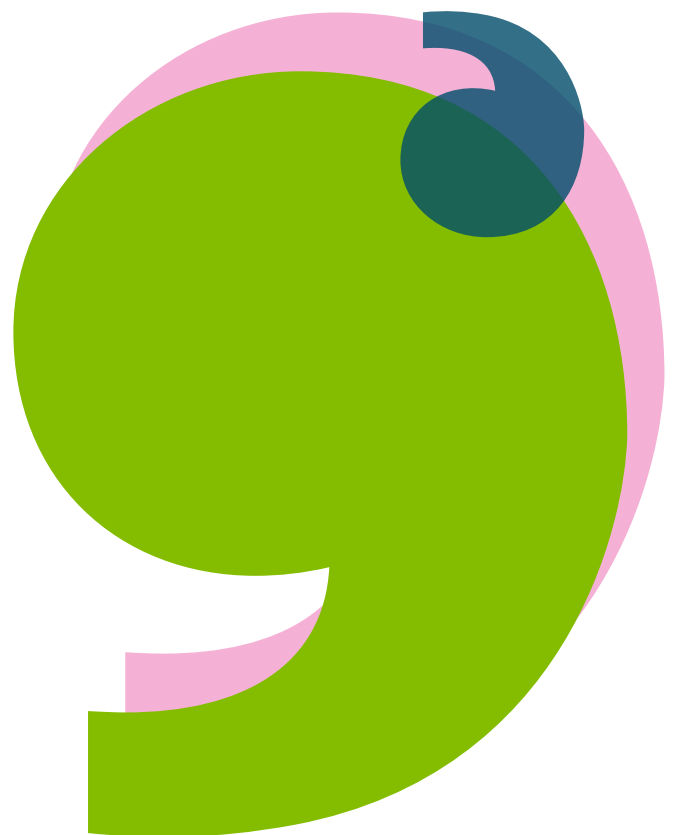




Enter and View Report

Sunrise of Virginia Water

January 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Christchurch Rd, Virginia Water GU25 4BE
Service Provider	Sunrise Senior Living
Date and Time	Monday 15 th January 2018, 10:00-13:00
Authorised Representatives	Natasha Ward, Mary Probert, Jackie Tapping, Jackie Parry, John Bateson
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 gave very positive comments about mealtimes, food and drink and gave examples of person-centred care
- We observed examples of positive ways of working that showed consideration for individual choice and dignity during and outside of mealtimes (e.g. style of protective bib, availability and presentation of fresh fruit, multiple mechanisms for resident feedback)
- We observed interaction between care home staff and residents which was caring and responsive
- The home environment was clean and tidy and there was easy access to drinks and snacks throughout the home.

2.5 Results of visit

The home had a capacity of 92 residents however was not full at the time of the visit due to refurbishment. The visiting team had access to both the assisted living specialist care ('Reminiscence') areas of the home. The home manager was available to greet the team and show representatives to the communal and dining areas. Due to renovations one of the dining areas was closed off.

Staff Comments

Involving residents and encouraging feedback

The manager explained that the design of the new dining area had been agreed in consultation with the residents. In the reception area there was a notice board showing the notes of the most recent residents' meeting where residents had given positive comments about the Christmas meal and were able to make suggestions/requests to the chef directly. The home manager explained that these meetings took place on a monthly basis with the chef in attendance, and where residents required more support to contribute, carers and visitors were able to advocate for them. **In addition we were directed to comment books in the dining areas where residents and visitors could leave their comments about the food and drink offered in real time.**

Person-centred assessments and specialist support

The manager stated the importance of assessments for all new residents where needs and preferences were recorded, and also mentioned the importance of monitoring residents' dental health and weight when considering their mealtime needs. We were told that menus were changed approximately every three months and developed in consultation with a nutritionist and that the home was in contact with a SALT team to advise on the need for puree/soft diet.

The chef told us that the home is able to cater to all preferences and requirements (including vegan and coeliac), there are always a selection of options available for each mealtime course and that residents can request to have food items not on the menu if they would prefer. The chef also told us that all new recipes are uploaded onto a provider database of recipes so that they can be shared between other homes, and that he is able to use this database in planning meals to suit the residents' needs and preferences.

Encouraging food and drink intake

The manager pointed out several 'hydration stations' around the home where drinks were available as well as a variety of snacks including fresh fruit, which was well presented. The manager explained that fruit tended to be soft or was cut up to be accessible to all residents.

One member of staff said that they make sure to sit at tables with residents during mealtimes and eat together 'like a family'.



Barriers to person-centred care

There seemed to be a high patient-staff ratio over lunchtime however one person said that this was not always the case, and commented that lunchtimes could sometimes be difficult to manage if there were fewer staff available.

Resident Comments

We were able to speak to 10 residents in total. On the whole comments were very positive with residents confirming that they had a good choice of food at mealtimes, food was well presented, and that they were given the choice to eat when and where they wanted. One resident told us "If you want anything special you can ask, they are very flexible and accommodating."

Person-centred care/choice

Most residents we spoke to chose to eat meals in the dining room and selected where they wanted to sit, however told us that they were able to eat in private away from the dining room if they wished to. Residents commented that the dining area was pleasant and that the staff were friendly and caring, and knew about their needs and preferences. "The staff here are most helpful, loving and caring."

One resident commented that her family were able to come in and eat with her at mealtimes, and that it was easy for visitors to arrange to take her out for lunch too which she enjoyed.

Dining environment

A couple of residents commented that the dining area in 'reminiscence' could get quite loud sometimes, particularly in combination with the music which could be 'intrusive', and we noted some visible signs of frustration over this during our observation.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

In the serving area of each dining room there were notices of residents' specific dietary requirements shown on the inside of cupboard doors acting as a discrete reminder for staff. Notices showed information including residents' special requirements, portion size preference, need for thickened fluid, allergies, preferences/likes/dislikes.

Both dining areas were set up to look like a restaurant with table cloths, flowers on the tables, music playing in the background, and menus with large print on the tables. Drink options were available in small jugs on tables which had lids on to prevent spillage; options included juice, water and wine.



Responsive and supportive staff

In reminiscence, staff either took the role of serving food or of sitting with residents at the table, meaning that assistance was available to those who needed it as soon as their food had been served. Food options were plated up and shown to residents to help with choice. We observed one resident ask for a smaller portion, and staff responded to this promptly. One resident asked to have food which was not on the planned menu and this was accommodated by the chef.

Where residents needed assistance, staff supported and were active in conversation with residents on the table, prompting conversation by asking questions such as “What is your favourite comedy programme?”

Additional observations

To protect the clothes of some residents, bibs were available but were designed in the style of a large napkin. We were told that this style had been an initiative generated and championed by the home with residents’ dignity in mind.

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

I thank you and your team for the time on the day and the comments within this report. I will share with my team and the residents once the final report is issued.

Inga Taylor, Home Manager

