

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Abbey Chase Nursing Home

Bridge Road, Chertsey, Surrey, KT16 8JW

23rd September 2016, 1:45pm- 4:15pm

Alan Walsh, Gareth Jones & Angus Paton

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.

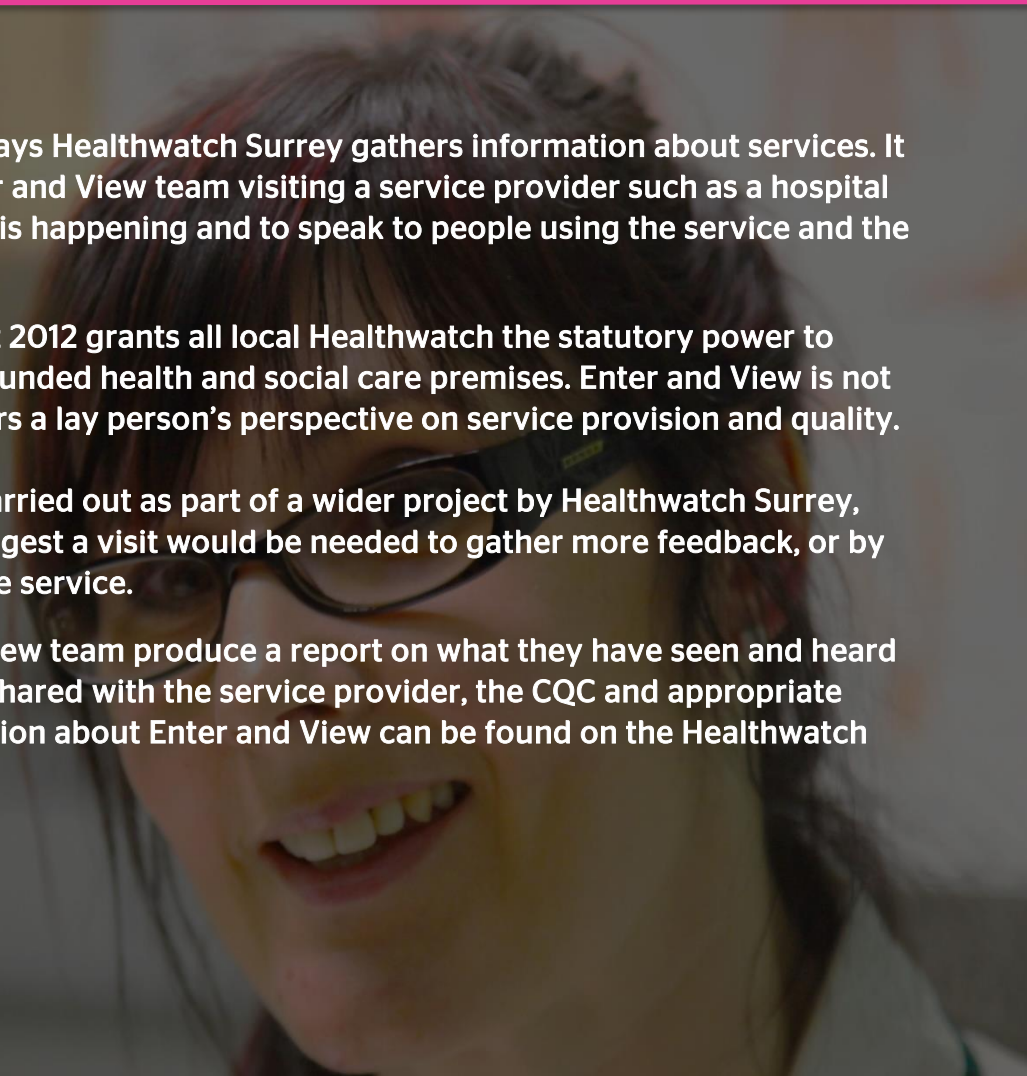
What is Enter and View?

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 (HWS) would be visiting. On arrival, in the reception the Healthwatch Surrey notification letter was displayed, as was that the CQC Inspection Rating. There was a weekly activities programme displayed on the notice board that included painting, manicures, 1-2-1s, Irish Bingo, Exercise Class, Eyes Down For Bingo, Holy Communion, Macmillan Coffee Morning and Film Matinee.

We spoke with the Manager of the service who advised us as to the layout of the service, showed us around and gave Healthwatch Surrey permission to approach residents and staff. During the visit the authorised representatives spoke to the Manager, the Activities Coordinator, a Home Care Manager, a Registered General Nurse and two residents. The interview with the Manager took place in the office, as did the interview with the Activities Coordinator, with the other interviews taking place in the lounge.

The home is set in grounds with extensive space, surrounded by trees, a rose garden, a pond with 200 fish, a foot bridge and a marina. Internally, the home is well decorated and clean, with no unpleasant smells, the owner said the home had 62 beds that were occupied with a total of 61 residents'. The home has two wings, West Wing and East Wing. We were shown 'wet rooms' for

residents that made it easier for the resident to take a shower. We saw two residents' rooms that were spacious and decorated to reflect their likes and interests. One person who was a wheelchair user had a particular interest in music and their room had framed posters of musicians. Another resident had photos of their family and framed wedding photographs from many years ago. The Manager spoke with both residents who responded very positively with one resident telling us they were 'very happy' at Abbey Chase.

Summary of findings:

- The residents and their environment were clean and tidy.
- We saw evidence of interaction between staff and residents.
- Staff were friendly and approachable.
- All rooms that were observed were spacious, well decorated and clean.
- Washroom and toilet facilities were clean.
- Disabled access for residents and visitors was very good.

Results of visit

Person-centred approach:

We asked the Service Manager what they understood by person centred care, they told us: 'treating everyone as an individual, everybody is assessed as an individual through care plans.' When one of our Authorised Representatives asked the Activities Coordinator what person centred care was, they responded that they 'are sensitive to the individual needs of residents.' We spoke with two members of the care team one of whom advanced that person centred care is the 'need to understand each resident, use care plans written on admission'. The second care staff team member said that for them you 'need to know personalities'.

The Service Manager told us that at Abbey Chase they collect life histories in which the residents' family is involved. 'Both the resident and family sign the care plan. All care staff see the care plan and the resident's handbook, these were included in the CQC Report.' The Service Manager informed us that activities are evaluated and reviewed on a monthly basis.

When asked about incorporating activities into care plans, one care staff member told us there is 'continual updating of preferences...' these are 'logged daily, staff must read them'.

We asked a resident if they had been asked what activities they would like to do by staff, this resident replied: 'Yes' the activity Coordinator does and she 'will remind you of the days programme'.

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

When asked who is responsible for meaningful activities, the Service Manager replied: 'It's my responsibility to employ someone to do activities, it's their responsibility to organise activities.'

The Service Manager also stressed that those organising activities should incorporate 'equality and diversity' into activities and that 'staff are also involved' in doing activities with residents.

The Activities Coordinator told us: 'All staff are encouraged to join in activities when they have time. They prepare residents and help them to come downstairs.' We asked a Home Care Manager who was responsible for organising meaningful activities, they told us the 'Activities Coordinator' was responsible, but 'we are all expected...' to contribute, 'including nursing staff...'

The Home Care Manager then told us they are involved in activities with residents, and added that 'all staff' are expected to assist and are notified of daily activities. Another member of staff told us they are involved, but that it is 'not as part of job description, but feel it is essential that they participate in care'.

We asked the Service Manager directly what meaningful activity meant to them, she told us the residents 'needs are reviewed every month'. When we touched on allowing for the different interests of residents when designing activities, one staff member told us the 'activities programme appears to have only one activity at a time, so a resident might be frustrated if they want to do something else'. The Registered General Nurse told us how they build meaningful activities into their daily work schedule they said they do additional work to their RGN work, 'sometimes fitting it in around normal activities'.

In relation to encouraging residents to engage with meaningful activity in the home, the Service Manager said, you 'can't force them, it's about choice. If they don't want to join in we do one to one, it's about contact'. The Home Care Manager told us 'knowledge of the residents' preferences and persuasion' helps encourage them to engage, they also said we 'try to make them smile'. The RGN we spoke to told us that they used 'persuasion' and 'will help as a care worker if necessary'. The Activities Coordinator told us that when they are not organising activities, they try to 'engage on a one to one basis with those residents who are reluctant, but she does not push them'.

The Home Care Worker we spoke with told us there is 'extensive use of outdoor space' for residents and a 'pianist visits' the home also. The Registered General Nurse stated: 'Outside space is invaluable for health.'

One resident we spoke with said they liked to play bingo, do competitions and have their hair done and had recently done painting. Another resident said they liked to read books. When asked if they had done outside activities, one resident said 'Yes', but not so often.' This resident did say their family had been to see them recently, their 'sons, grandson, and great grandchildren' visited them for a party. When we were speaking with the first resident, a relative appeared and joined in the conversation and told us: 'The home is fine, but does not live up to its promises regarding activities.'

How are activities differentiated to meet individual needs?

When talking with the Activities Coordinator we asked how they differentiated activities to suit the individual, they replied: 'Many residents have levels of deafness...' we 'cope by speaking loudly'. For those residents who are blind, this staff member said: 'One example is when a blind residents' husband comes in to help her.'

No other staff expanded on this area of discussion when asked, although care plans and assessments were mentioned in other areas, there was no specific mention of these when we asked about differentiating activities to meet individual needs.

Involvement with local community?

We spoke with the Service Manager who told us that Abbey Chase has links with the 'Brownies, Princess Alice Hospice, PAT Dog and the local vicar'. She said there are 'two hairdressers and a chiropodist, who come to the home, adding: 'Some people are too poorly to go on a journey, so we bring activities to the residents.' The Activities Coordinator informed us the home has a 'Catholic Service once a week and Church of England monthly, the PAT Dog comes regularly'.

Involvement and opinions of family and carers:

The Service Manager informed us that families are involved in providing information for their relatives care plan. She told us that families 'read the care plan, they sign the care plan. Families inform the service about the resident...' so the home can get the bigger picture.

One resident we spoke with was asked if they like their family or friends to be involved, they answered: 'Not particularly.' But told us that their family do visit.

Activities Training:

When asked what formal training staff had undergone for an activities role, the Service Manager stated: 'Every member of staff has references, a DBS check, two weeks induction with trained staff who work in pairs for a month.' They do 'recovery and handling, fire training and after six months they are booked in for an NVQ'. She continued: 'They do Safeguarding, Health & Safety, Food Hygiene, Infection Control and Medicines'. The Service Manager acknowledged there is no formal training activities or for those seeking a vocation in activities. The Activities Coordinator acknowledged that they had no formal training for their role regarding activities.

Barriers to Meaningful Activities:

The Service Manager was asked what barriers there were in the home that prevented meaningful activities taking place, she replied: 'Residents disability, impairment, but we send staff to support them.' When we enquired if there was anything outside the control of the service that affects how the home provides meaningful activities for residents, she replied: 'Nothing. There's nothing.'

The Activities Coordinator said there were barriers, they told us that 'activities mainly take place in the dining room, but there is not enough space to avoid clashing with the caterers'. The Activities Coordinator also admitted to one of our Authorised Representatives being in 'two locations' 'East Wing and West Wing - is a problem, as 'it takes time to bring them together'.

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:

No response was received from the service provider.