

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Albury House Care Home

6 Albury Road, Guildford, GU1 2BT

23 September 2016, 9.30am - 12pm

Alan Walsh, Jason Vaughan and Jane Owens

Healthwatch Surrey, The Annexe, Lockwood

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.

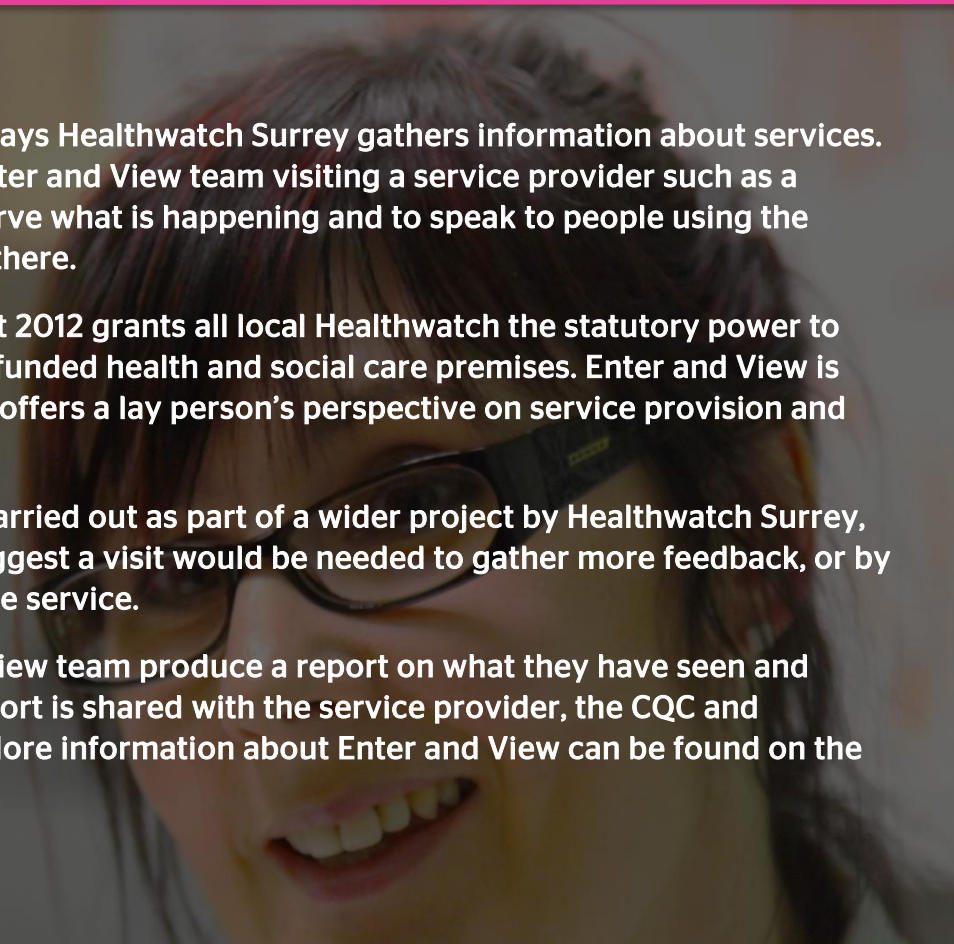
## What is Enter and View?

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.

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## 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

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## Methodology

This was an announced Enter and View visit and the provider had been given the date and time we were visiting. There has been no manager in post at Albury House since July 2016 so we spoke with the owner who informed us he was acting as the Manager.

On arrival, at the front door we were faced with one the Healthwatch Volunteers - who is a wheelchair user - having to negotiate a steel ramp that was 'rickety' and less than satisfactory so they could enter the building. In the reception area, the Care Quality Commission Inspection Report Rating was displayed but the Healthwatch notification letter was not visible. There was no activities agenda on display. On the wall, we noticed a white metal box that was held in place by wooden slats that had been screwed into the wall, with other wooden slats screwed on top of the first set of wooden slats. This was inappropriate and unsafe. Adjacent to this was a small black box with wires running to the white box, although the Manager informed us these were 'dead wires', a Healthwatch Representative informed the owner that these needed removing immediately.

The owner informed us there was no Activities Coordinator at the home and 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 Owner, three care staff and a resident. The interview with the Manager took place on the ground floor in the office, with the other interviews taking place in the conservatory.

We were informed the home has capacity for 31 residents with the rooms spread across 2 floors with different levels on each floor. The Owner said there are 20 residents presently living in

Albury House. On our visit there were three care staff, including one Senior to support the residents. Whilst touring the premises it became clear that the home was not wheelchair or walking frame friendly. One of the Healthwatch representatives noticed that 'throughout the home it is not easily accessible for wheelchairs and Zimmer frames'.

We were shown two empty rooms that were spacious, had kitchenettes, and a bathroom with chair lift access, but again these were not wheelchair friendly and in one of the rooms the linoleum in the bathroom was 'raised' causing a trip hazard. In the same room bathroom there was a 'pool' of water under the sink. We spoke with the owner about and he was unsure what had caused the water to be there. There was also exposed wiring on the wall near the bathroom door. All these issues were highlighted with the owner, who emphasised he would ensure these faults would be corrected.

The owner showed us that chair lifts were fitted for access to different levels. We were told that residents use a lift to reach the ground floor, but there are stairs with key coded doors at the entrance of the stairs which the staff use when moving between each floor. When on the ground floor we were shown the dining room that was pleasant and clean. We entered the lounge and saw signs of positive interaction between staff and some residents where a singing activity was taking place.

When we entered the conservatory it became clear there was an access issue for wheelchair users - from the lounge to the conservatory, to the garden there is a raised area that a wheelchair user would find difficult to negotiate. One of the Healthwatch Representatives noted: 'There are 'lips' in the doorways which means that residents with walking frames have to be lifted up...this is another issue regarding disability access.' In the conservatory, the carpet has three distinct rips in it this is also a trip hazard for residents who are using walking frames that could catch in the rips. The same Authorised Representatives did note that 'we observed a resident lifting her Zimmer frame when she was walking'.

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## Summary of findings:

- The residents looked very clean and tidy.
- We observed staff engaging with residents they were very supportive.
- We observed numerous hazards such as exposed wires, trip hazards and disability access issues.
- We saw evidence of a social interaction in a group - a music activity taking place where the lead member of staff and carers were enthusiastic and engaging the residents.

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## Results of visit

### Person-centred approach:

When asked about having a 'person centred approach' the Owner indicated he had been left with 'issues' by the previous manager and had been 'sorting out problems since August'. When the question was repeated, he went on to say that with person centred care you have to 'work around a person, they have a choice...' it's about 'what they want to do'.

A care worker that we spoke said that with person centred care you 'focus on an individuals' preferences, choices and beliefs - everyone needs to be respected.' This staff member told us they ensure care is person centred through communication: 'I make sure I know what the residents choice is.' In this regard, the Senior Carer told us you have to 'stimulate them'. Person centred care is 'their choice' you have to 'respect their decision'.

When asking another care staff member about person centred care, they told us it was about: 'Personal choice, respect - reading care plans - finding out about the person and offering things that they like.'

When we enquired if the home collects a residents' life history when they come to Albury House, and if activities link into care plans, the owner said: 'Yes we do. We talk to a resident if they have capacity, if not we talk to the family...' 'It has to be person centred.'

A care staff member was asked what individual residents like to do and whether the home uses life histories to help residents with their activity plans, they replied: 'I think so, maybe not 100% but I know some residents preferences, likes and dislikes.'

### **Provision of meaningful activities and methods of reducing the risk of social isolation:**

The owner told us that meaningful activities are: 'Anything the person does from morning 'til midnight.' He reiterated that there is no Activity Coordinator at Albury House but that he was: 'trying to recruit an activity person.' When asked who is responsible for meaningful activities at Albury House, he replied: 'Activities are being done by staff, not just in the lounge, but in their rooms.'

One care staff member told us that all 'staff share the input so people don't get bored'. When asked whose role it is to organise meaningful activities for residents, a Senior Carer told one of our representatives: 'All the staff are focused on activity.' In this regard, a care worker told us: 'Usually after afternoon tea we all are involved with activities, we go outside in the garden and have a chat.'

When speaking with a senior staff member, the Authorised Representatives were told they 'had been here for two months' at the home they previously worked they had been there ten years, but that home had closed so they have 'brought ideas' to Albury House.

When addressing the notion of staff knowing a residents daily routine and preferences, one of our Authorised Representatives recorded: 'Yes, this was witnessed by the care staff interviewed who knew her needs.'

The same representative whilst observing a sing-a-long activity felt that, for them: 'staff were very kind and considerate and treating residents with respect and dignity... and that staff were talking to residents and not talking amongst themselves which is very positive.' Additionally, the Senior Care staff also informed us that they had sourced 'memorabilia cards and were looking into laminating pictorial cards regarding menus to aid choice'. During our conversations with staff, we became aware that activities are organised by care staff with no input from Management.

One resident told us they had 'been out only in garden in the last two months'. A care staff member informed us that residents use outdoor space 'during the summer only in the garden, but family can take them out for lunch - all planned in advance.'

For those residents who do not want to engage, the owner stated: 'If they don't want to do activity it's their choice, we don't force them. We leave them for some time, then return to see if their mood has changed.' A care staff member told us: 'If a resident wants to be left alone they need to be left alone, but we try to stimulate them by going back after fifteen minutes. We approach the resident a few times using different members of staff.' Another staff member said that to engage a resident they 'promote' activities and 'encourage' the residents - they did not expand on this.

During our visit, we observed two residents who were sat in the conservatory, one was reading a newspaper and the other was taken for a walk in the garden, they did not participate in the group activity Sing-a-long that was taking place in the lounge.

### **How are activities differentiated to meet individual needs?**

In relation to activities being differentiated to meet individual needs, the owner stated: 'In a care plan there are activities around social life, what they like and don't like regarding activities.' The Senior Care staff we spoke with told us they were involved with activities 'twice a day' and although there was no 'timetable' we 'adjust to the individual.' Another care staff member told us they were also involved in activities 'twice a day' and that they vary 'from person to person'. They added that giving 'choices' was important...' and staff 'go round to include people in their rooms'.

One of our Authorised Representatives highlighted there was evidence that care staff had recently found out that one resident used to paint and they had brought colouring books into the home for the resident and that resident is 'now engaged and enjoying colouring'. There was also an example observed by the Authorised Representatives of a care staff member taking a pencil to show a resident how to join 'dot to dot' and then returning the pencil to the residents hand so helping them with the exercise.

In this sense, Authorised Representatives observed that care staff are - to some extent - doing their best with activities in difficult circumstances. Whilst it is thought by some Authorised Representatives that care staff are trying hard in this area, with no structured activity programme, no Activity Coordinator and poor leadership from the Management, it was difficult to ascertain - in a structured sense - how activities were being differentiated to meet residents' individual needs. One Representative observed that: 'Unfortunately leadership is lacking from Management, but Senior Care Staff are trying very hard.'

### **Involvement with local community:**

The owner told us that Albury House has involvement in the local community through a 'hairdresser, dentist, chiropodist and manicurist'. He also said the 'church people come in...' but there had been 'no outing for residents this year, can't remember how long'. He went on to say that he was: 'Planning to buy a bus...' but in the past a change in regulations regarding seating capacity for disabled had prevented purchase. Although there had been no resident outings in 2016, our Authorised Representatives were informed that a trip into Guildford to go shopping was being planned prior to Christmas.

We were informed by a member of staff that: 'One lady goes to music group in Guildford...' they 'book a taxi, member of staff support her, but not go with her - she is independent'. This member of staff also informed the residents had been on 'no outside trips this year'.

One of our representatives was told by the Senior Carer the home 'will be planning a meeting to organise access to visit to see the Christmas lights', there was no expansion on this.

One resident told us they have 'been out into the garden, but not out in the community' as they have problems walking because they did not have proper shoes. We were informed by the Senior Carer that this resident did not have appropriate shoes to walk, so they had referred the resident to Occupational Therapists who were ordering appropriate shoes for the resident. Our Authorised Representatives recorded that the 'care staff would be chasing this up so that the resident would be able to go out' on a trip.

### **Involvement and opinions of family and carers:**

In the absence of a Registered Manager, we spoke with the owner regarding the involvement and opinions of the residents' families, he stated: 'Family are involved for people who lack capacity. Those who have capacity, no family involvement unless resident wants that, we listen to family - we do something of residents' choice.'

### **Activities training:**

The owner told us that not having training for delivering activities was not a problem as staff have 'experience of life, staff don't have to be trained, staff have ideas and are creative. He informed us that staff do this through 'quiz, bingo, drawing, dot-to-dot, manicuring and chatting'. None of the staff we spoke with told us they had undergone formal training in this area.

### **Barriers to meaningful activities:**

The owner said that 'not having a bus' was a barrier to providing residents' with meaningful activities. He went on to tell us that he was 'going to buy a bus, but regulation change regarding disabled seating capacity prevented purchase'. He also told us that Albury House 'need to recruit activities person who can drive, but with special licence'. He stated: 'There are no other barriers.'

One care staff member believed that 'transport' was a barrier to activities and stated it 'is a very big issue'. A resident informed one of our representatives that that the reason they had not done any outdoor activity was they did not have 'proper stuff such as correct shoes'.

We were informed that if a resident needs a taxi it has to be booked two weeks in advance at a cost of £50 to take a resident to an activity within Guildford - the cost and time-frame are barriers to a resident going out into the community.

*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.

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## **Service provider response:**

No response was received from the service provider.