

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Arbrook House Nursing Home

36 Copsem Lane, Esher, KT10 9HE

14 September 2016, 9.30am - 1pm

Alan Walsh, Mary Probert & Janice Turner

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.

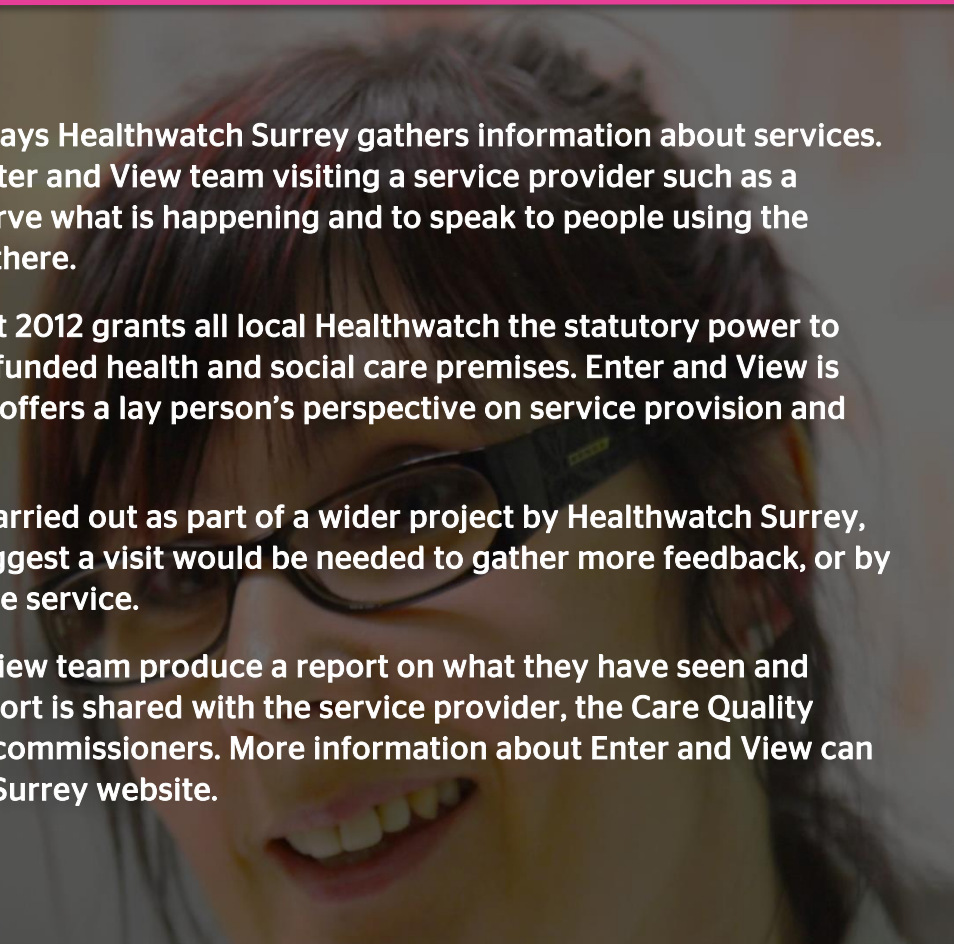
## What is Enter and View?

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 Care Quality Commission and appropriate commissioners. More information about Enter and View can be found on the Healthwatch Surrey website.



## Purpose of the visit

- The aim of the visit is 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
- Observe residents and relatives engaging with the staff and their surroundings
- 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. The Manager informed us that he had not seen the Healthwatch letter announcing our visit, but had been on annual leave, he was happy for the Enter & View to proceed. On arrival, in the reception area, the CQC Inspection Report Rating was displayed. There were also signs displaying the Deprivation of Liberty Safeguards, Investing in People and Surrey Safeguarding. There was a large and dominantly displayed activities board that showed the weeks' activities in pictures, and provision for Customer Feedback and a Suggestion Box. The property was clean, with no unpleasant smells.

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, two care Staff, an Activity Coordinator and two residents. The interview with the Manager took place on the first floor in the 'quiet room', with the other interviews taking place in the lounge, the reading room and the hairdressing 'salon'.

The Manager told us there were five units, with 37 residents presently housed in Arbrook House, supported by nine care staff and two nurses at the time of our visit. The home has three floors and a large garden area with a 'lake' that houses Koi Carp, there is a lounge with a TV and bar. There is a pharmacy on the ground floor, along with a hairdressing salon. There are 42 rooms with ensuite toilets, 3 rooms do not have showers.

On the top floor there are two flats to assist with independent living. These flats have a TV, walk in shower and toilet, these flats were very spacious, clean and well decorated, the Manager said that air conditioning was due to be fitted in these flats very soon..

### **Summary of findings:**

- The residents and their environment looked very clean and tidy. We observed staff engaging with residents, the staff were very supportive.
- In the garden we observed a resident talking with the Manager, whilst other residents were seen actively engaging with the Manager and other staff
- We saw evidence of a number of social activities on a weekly rota that was fixed to the wall in the reception area, these included: Singing, Music, Bingo, Crosswords, Relaxation, 1-2-1 Time, there were also outside activities that involved using a minibus

### **Results of Visit**

When asked about having a Person Centred Approach the Manager replied: 'It's about treating someone as an individual, not just as part of a group.' There are monthly resident updates in which the Manager stated: 'Families are involved. A residents family will meet with staff and discuss any changes with the resident, this is person centred.' There are two full time Activity Coordinators employed at the home, on this subject, one of the Activity Coordinator's indicated that Person Centred Care was: 'Everything they want to do, regular meetings change things'. A member of the care staff stated that person centred care is: 'Having a choice, having respect and meeting a person's specific needs. According to this staff member: By knowing the residents likes and dislikes, we find out what they want to do to meet their needs.'

One member of the care staff team that we spoke with seemed unsure about what person centred care was, when asked they replied: 'I really enjoy what I'm doing, I get pleasure, rewards and blessings from residents, I go home with no guilty feelings.'

The Manager was clear that the home does collect life stories' from resident's when they come to the home: 'We speak with the resident and to their family, feedback is important.' He further stated that activities are regularly evaluated and reviewed: Both of the 'Activity Coordinators have a feedback form for residents, every time we have a new activity we gauge and evaluate it.'

One member of staff said they ensure person centred care is built into meaningful activities by 'informing and encouraging residents to attend activities.' They also 'helped take residents to the activities and listened to feedback from residents.' Another care staff member told us: 'We have care plans and life histories, we constantly ask the residents what they want to do sometimes their likes and dislikes will change.'

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

The Manager told us that meaningful activities meant 'giving someone a focus in life, finding out someone's likes and dislikes through their life story and meeting peoples' personal needs'.

He stated that 'everybody' is responsible for meaningful activity in the home: 'All staff see it as part of their role.'

When asked how activities link to individual care plans, the Manager asked for an example, which was given, after which he said: 'Activity can be determined by able bodiedness.' He went on to say that the purpose of encouraging meaningful activities with residents was about 'giving them a goal, a focus.' It was about the residents 'life having meaning', that meaningful activities help with 'self-esteem, confidence and self-worth.' A member of the care staff said it was the Activity Coordinators role to organise meaningful activity, although it's part of 'everybody's role' to be involved.

Regarding those residents who do not want to participate, one of the Activity Coordinators told us that when a resident does not want to join in activities 'we sit next to them and encourage them.' The Manager did stress that if a resident did not want to participate in activities, they would 'not be forced to.' A member of the care staff team said: 'If a resident says 'No', I give them five minutes then return to see if they still say 'No', we respect that. There is no enforcement, it is about their choice.'

We spoke to two residents one of which said they 'liked going out' because when they were younger they liked 'travel and go cruising.' They also liked to go to garden centres and watch TV programmes such CSI America and any others associated with crime, 'it becomes addictive.' Another resident said they liked music, going out to the garden centre and joking with other residents. She added the staff 'work jolly hard to keep people cheerful, we are well catered for, there are a variety of activities.' We observed a clearly displayed photo activity board.

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

The manager said we 'try to find out what the resident wants to do and gear activities towards their needs and wants, it's about choice.' An Activity Coordinator told us that when a resident came into the home, they did a 'Map of Life' that was made with the help of relatives. We were also told that some residents do not like group's activities so one to one activity is available with a staff member for those residents who want it.

When asked about doing activities with residents who have dementia, a care staff member said: 'For someone with dementia we explain what the activity is, if they can't do the activity physically then can still be involved.' Another member of the care staff team informed us that some residents are bed bound so cannot be involved in some activities. This staff member said that residents in this situation are encouraged to participate by 'chatting with them, playing music, watching TV.' They further stated that there was good support from the 'floor managers' in this respect.

### **Involvement with local community?**

The Manager of Albrook House was clear the home had links with: 'Schools, Museums, the Church, a local hairdresser, Physiotherapist, Occupational Therapists, General Practitioners, Dentists and Opticians.'

An Activity Coordinator informed us that schools come into the home and there is a 'Harvest Festival' and Summer Fete that take place, the home also has links with the local church and the home has volunteers from the local area

A member of the care staff team stated that: 'Residents go out with family to coffee mornings and we support them in getting ready. We also take residents into the garden and down to the lake.' Another member of the care staff reiterated that: 'We take residents down to the lake to feed the ducks, we also 'assist residents to participate in growing tomatoes in the greenhouse.'

We spoke to two residents one of whom told us: 'Every week there is an outing. I'm unable to get out in the garden without assistance, as I'm unable to walk, but it's easy to ask for help, I don't have to wait long.' This resident also stipulated that they 'would like to go to the seaside...for a day out.' The other resident said that residents 'had use of a mini-van' for trips outside.

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

An Activity Coordinator said that there was a residents/relatives meeting held every 2 or 3 months, allowing families and relatives to be involved with a residents activities programme. When prompted on the level of involvement that resident's families have in planning of activities, the Manager informed us that it was 'up to the resident, the more a resident has capacity, that gives a fuller clearer picture of what would be of value to them.' It was stipulated that 'family members go on activities,,, and there is a monthly resident update that involves family who meet with the staff.'

One resident told us they had one son and two grandchildren. They said their son is 'busy with them and doesn't expect him to always visit' although the son 'bought a suitable car to be able to take her out occasionally.' Another resident said they had one son who had bought a second hand car with disabled access so he could take 'mother out'.

### **Activities Training:**

The Manager stated that staff have 'no specific training, but there's interaction between residents and staff.' When asked what formal training they had undergone for their role, one of the Activity Coordinators intimated they had done 'some' training. When asked to expand on this, we were informed they had previously worked in dementia home that gave them 'good grounding'. They stated that were involved in the 'Activities Network across Surrey developing links through social networks on-line, that they had 'good support from the Manager' and a 'good budget'. She also informed us that she was able to make purchases for activities without having to go through any approval process.

### **Barriers to Meaningful Activities:**

According to the Manager, 'staffing levels are good' with an average 3.5 staff to each resident, there were 'not really any barriers' to providing meaningful activities for residents, apart from 'time constraints' or if 'the activity lead did not turn up.

One of the Activity coordinators said that the 'paperwork can be a chore'. It was stated that the work is 'split between colleagues and not always as balanced as it could be.' This staff member

said they were 'passionate about their role' but claimed that they did most of the paperwork and they did not like 'compromising activity time.' 'It would help if paperwork was computerised.'

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*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:**

The report looks grand to me. Please do go ahead.

**Kind Regards,  
Jonathan May, RGN, BSc  
Arbrook House Home Manager**

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