

# Enter and View Report

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Elizabeth Court Care Home

Grenadier Place, Caterham, CR3 5YJ

8th November 2016, 2pm- 4:15pm

Alan Walsh, Jill Bowman & Lauren ter Kuile

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.

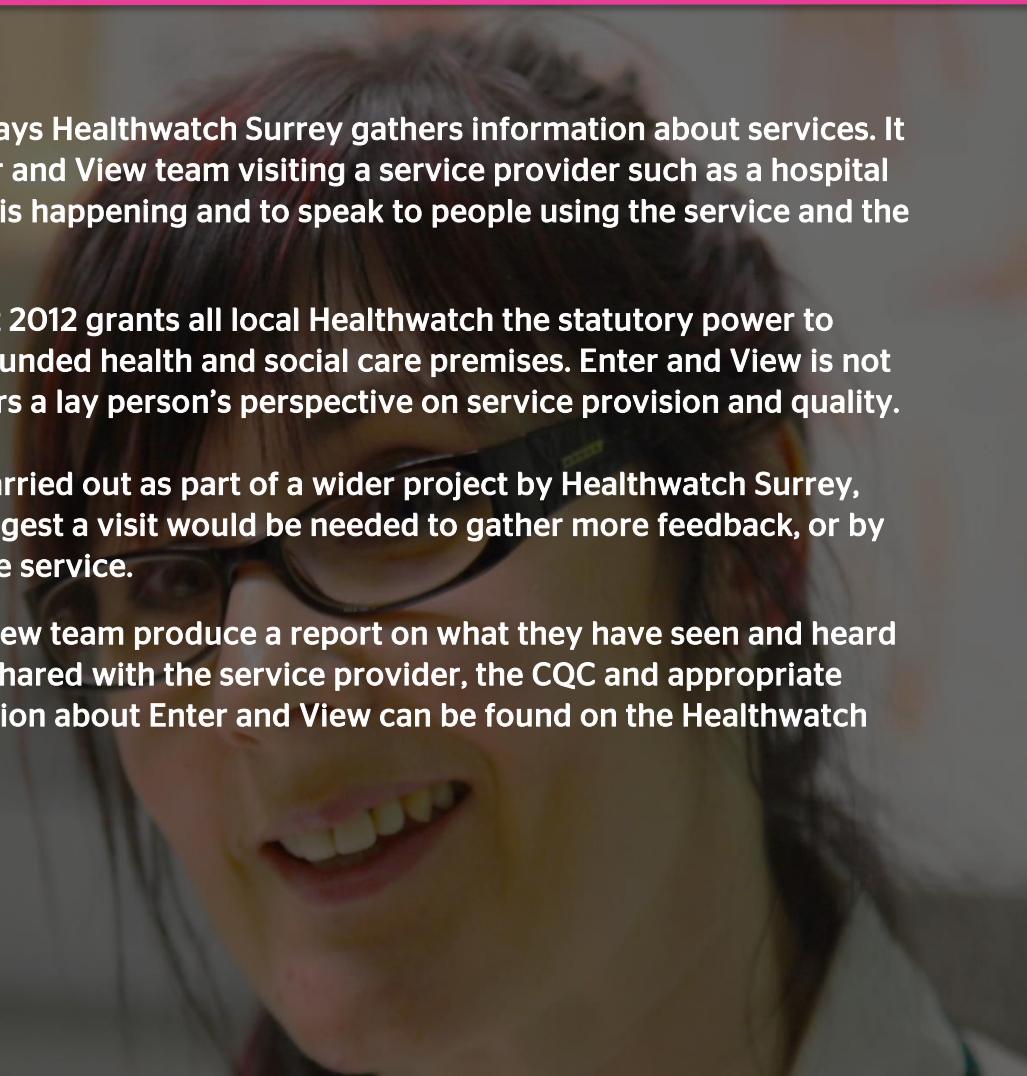
## What is Enter and View?

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.

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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. The provider was given the time and date that Healthwatch Surrey (HWS) would be visiting. On arrival, in reception area the Healthwatch Surrey notification letter was not displayed, the CQC Inspection Rating was displayed. Background music was playing in the reception area, there are canvassed pictures depicting staff and residents doing activities. There is a 'You said We Did' feedback board by the entrance. We spoke to the Deputy Manager of the service who advised us as to the layout of the home and showed us around, we were also given permission to approach residents and staff. We spoke with 5 residents, two friends and family, two care staff members, and the Deputy Manager. The interview with the Manager took place in the administrators' office, with the other interviews taking place in the lounge and the dining room of one of the five units.

The home is beautifully decorated and clean throughout and it is free of obstructions. We were informed by the Manager that the home has three floors consisting of five units. On entering the first unit there is a 'corner shop' that is well stocked with sweets. It has an old style till dating back to the 1950's and posters of 'The Women's Land Army' and 'Victory Babies' on the wall of the shop.

On entering each unit, we heard background music playing, which produced a nice ambient feel. Also in the entrance of each unit there is an activities board displaying a full activities calendar and a notice board showing the CQC Inspection Report Rating, resident and family meetings, volunteering information. Each unit has its own lounge, dining room, communal bathroom and kitchenette.

Outside the resident rooms in the dementia unit are 'Memory Boxes', in the dining room there are canvassed photographs of past film stars such as Elizabeth Taylor, Richard Burton, Judy Garland, Diana Dors and Doris Day. The Deputy Manager informed us that Elizabeth Court has 59 rooms and currently houses 50 residents. At the time of our visit were informed there were ten care staff and two team leaders on duty.

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## Summary of findings:

- The residents and their environment looked very clean and tidy
- We saw evidence of interaction between staff and residents, some who were complimentary about the service and staff.
- We saw a care worker supporting a resident with their personal needs
- Management and Staff were very friendly and approachable.
- Washroom and toilet facilities were clean.
- There are good accessible disabled facilities for residents and visitors.

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## Results of visit

### Person-centred approach

When we asked the Deputy Manager what she understood to person-centred care to be, she told us it is 'around individual choices, every individual is different, assessing an individual, looking at their likes and dislikes. Everyone should be treated equally to meet their needs whether it is nutritionally, psychologically, physically, emotionally or socially. Many times we hear, but we don't listen, you have to listen to the individual. It's about the individual and meeting their needs.'

One of the care staff we spoke with said that person-centred care is: 'When you get to know that person and do an activity that they are capable of doing and feel comfortable doing.' Another member of the care team told us person centred care is 'care that matches the individual needs and caters for individual preferences'.

The Deputy Manager told us the home gathers life histories to get an understanding of the residents, she said: 'Sometimes you can go back by reminiscing - families, friends, neighbours, sometimes their GP are involved in gathering information on a resident, even their grandchildren. She gave an example when one grandchild of a resident had told her: 'I used to go to Nan, she loved to bake.'

We asked a care staff members how they ensure care is person-centred and is built into meaningful activities in their daily work schedule, they replied: 'We ensure care is person-centred by getting to know the residents. We do that by talking with the resident and their family and reading their care plans. Once you understand the resident and their likes and dislikes, you can do activities (group or one to one) that fits their needs and incorporate this into the daily work schedules, this is how I do it.'

When we asked the Deputy Manager if activities are regularly reviewed, she said: 'Yes they are, on a daily basis, change is ongoing. We have to constantly evaluate and review to prevent isolation, exclusion, boredom and keep activities person centred.'

We spoke with a group of residents and enquired whether anyone at Elizabeth Court has asked them what activities they would like to do, they responded by saying: 'They ask all the time. I like to go for walks, staff are very flexible.' We asked if staff help this resident to get involved with activities, they replied: 'Definitely (name of Deputy Manager) is marvellous.'

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

When speaking with the Deputy Manager about what her understanding was of the term meaningful activities she told us it's 'whatever gives that individual a sense of worthiness and feeling valued, doing an activity that's enjoyable, listening to residents and giving them time.'

One care worker said that meaningful activity 'is when the activity is geared towards that individuals' ability and needs.' Another member of the team told us: 'It gets them motivated, the individual really appreciates it is meaningful to them.'

We asked the Deputy Manager who is responsible for meaningful activities at Elizabeth Court she replied: 'All of us. Yes, we have an Activities Coordinator, but it's a team effort, so we are all involved. The Activities Coordinator organises and facilitates group activities, but helping a resident to make their bed, tidy up and make a drink are also activities, all staff do this. Reading a newspaper to a resident, having a one to one chat is an activity.'

A care staff member informed us that the 'Activities Coordinator organises activities, 'but having said that, all staff have a part to play in delivering and being involved in activities.' The other member of the team we spoke with informed us it is 'everyone's duty to do activities with residents.' She added that 'listening to life stories and sharing your own' story is an activity.

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so, the Deputy Manager replied: 'It's around the individual, each individual has an interest. It's about knowing what their interests are.'

Of the care staff members who spoke to us, the first stated: 'The residents who don't want to engage, I usually put on an old pub song CD, I start singing and they all start singing. If it's one resident in their room, or anywhere, I stroke their hand and ask 'What's wrong?' and how they are feeling. I hold their hand and ask them to talk to me. I'd say 'I'm here if you need me, would you like a cup of tea?' I'd give them quiet time and always let them know I'm here if they want to talk.'

The other care staff worker told us: 'Those who don't want to do it we try to encourage even if it's only for a short time.' This member of staff continued saying they 'encourage everyone to come out of their rooms'.

The Deputy Manager explained that the purpose of encouraging meaningful activity is 'stimulation, mentally, emotionally, physically. It makes the individual feel worthy, it helps them feel valued and look forward to ever day, it gives residents a purpose.'

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

The Deputy Manager was asked how activities are differentiated to meet individual needs, she told us: 'That's why the life history is so important, we see our residents for the individuals that they are. They have a say in the running of the home. What is it they want to do? What do they want us as care workers to do for them? It's not about what we think they would want or like to do, it's about their independence and having choices.'

One of the care team stated: Life histories are important because they give you information on the resident, but there's more you can do. I take time to get to know the residents so I understand them. I do that through listening so build up trust so a resident feels safe.' The other care worker who spoke with us told us there 'life histories for everyone. We know their preferences and dislikes. On other units people need help and we know from their care plans, we have a diabetic lady and we help her make choices'. She added: 'The group activity meets everyone's needs, but within that group activity you have to differentiate to meet peoples' individual needs.'

## **Involvement with local community?**

According to the Deputy Manager, Elizabeth Court has community links with 'local churches, doctors, nurses, dietician, dentist, opticians, chiropodist and a dementia friendly group.' She told us that 'schools come in to sing Christmas Carols, Pet Therapy come in, an aroma therapist comes in we've got entertainers, singers and dancers. We go out to Fairfield Halls for concerts we go shopping, to the café and have lunch'.

We asked care staff members how they would support residents who use outdoor space, the first staff member told us: 'I would support them in the garden. We have our own minibus I support the residents when they go out into the community. There is one resident I walk with to Tesco's to get his paper. I go with residents to their GP which is nearby.'

The resident who spoke with us told us: 'Anybody can go out if you want to...carers go with you to the doctors' surgery,' church visits, community centres, and shops.

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

We asked the Deputy Manager what involvement families have in the home, she replied: 'The families run the garden club, welfare meetings and take out relatives. They volunteer when we have fetes/fairs. We have a good working relationship with families, we listen when a family makes a complaint, we learn from listening, working in partnership for the well-being of their loved ones.'

## **Activities Training:**

The Deputy Manager informed us there is 'no formal training directly for activities, but activities staff do all the mandatory training. Our Activities Coordinator is very creative, always thinking of different activities and ways to engage our residents'. She went on to tell us that staff do the 'Care Certificate, NVQ's, Health & Safety, First Aid, Fire Training, Infection Control and e learning online'.

## **Barriers to Meaningful Activities:**

According to the Deputy Manager, the biggest barrier to meaningful activities could be a 'Risk Assessment', she said: 'We look at the risk, reduce it, make sure people are safe, whether they go out on a trip or a barbecue in the garden, even using different types of paint for arts & crafts activities. We would meet the needs of any resident and not allow any barrier to prevent an activity taking place.'

Residents that we spoke to mentioned that the home had a mini bus that had been recently purchased with donations from the residents. However, due to the lack of volunteers to drive the bus the bus was barely used, which was felt to be a great shame.

*Any immediate concerns noted by the visiting team were shared with the service provider on the day of the visit.*

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## **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:**

Thank you for your email.

My sincere apologies for overlooking any instructions due.

The report is absolutely fine and we have no changes or comments to make.

Kind regards,  
Mary Tennyson  
Care Home Manager