

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

La Luz Residential Home

4 High Street, Tadworth, KT20 5SD

17th October 2016, 9:30am- 11:15am

Alan Walsh, Angus Paton & Jane Owens

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.

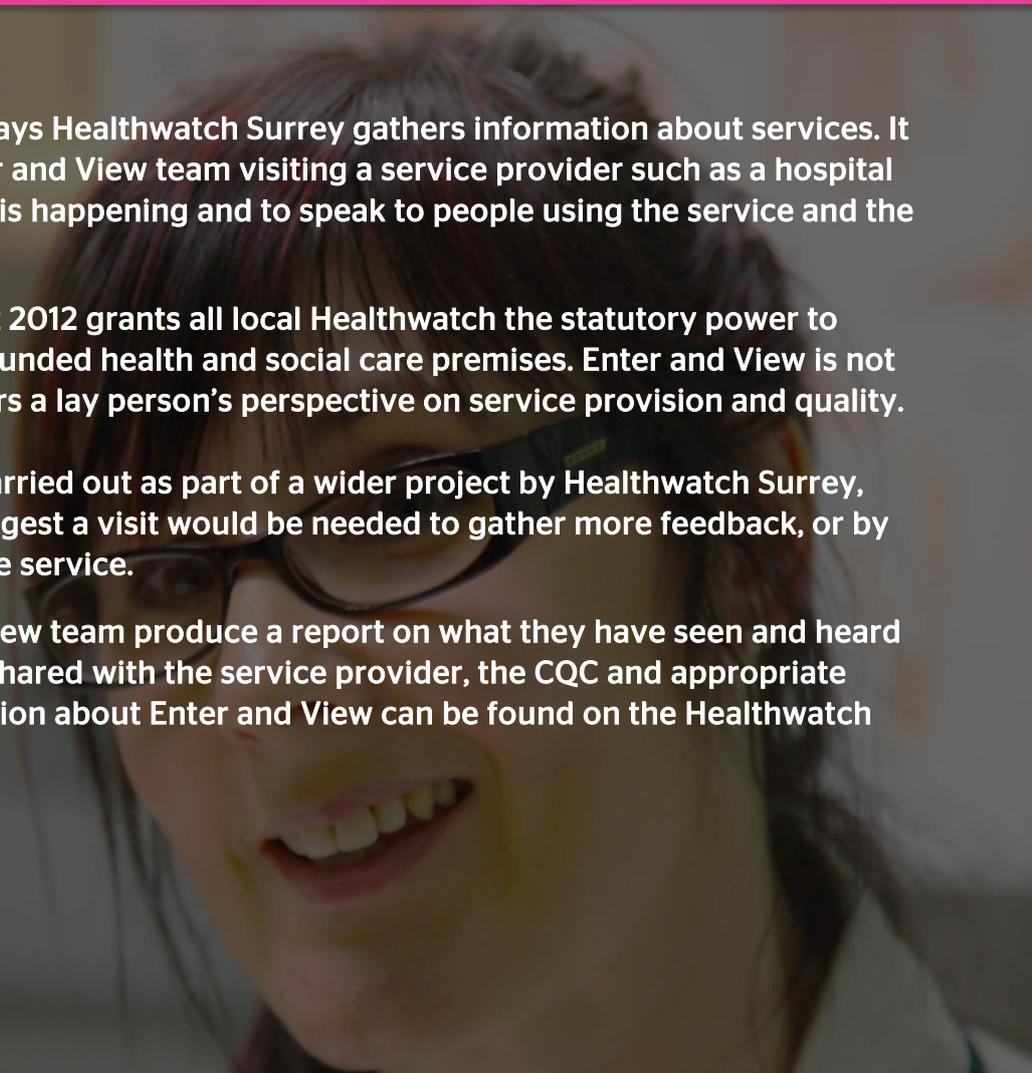
What is Enter and View?

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 (HWSy) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed, conversely, the CQC inspection report was on display.

We were informed prior to our visit that the Owner/Manager would be on holiday when we visited thus, the Deputy Manager - who informed us she had only been at the home for one month - was the person we spoke with. We were informed of the layout of the service we were then shown around after which the Healthwatch Surrey Authorised Representatives were given permission to speak with residents and staff. The Deputy Manager told us the home did not have an Activities Coordinator, but the home had two long term staff who lived on the premises. During the visit the Authorised Representatives spoke to one resident, two care staff and the Deputy Manager. The interview with the Manager took place in the office, with the other interviews taking place in the conservatory.

The home is a secure unit that is clean and well decorated with no unpleasant smells. The Deputy Manager said the home was presently housing 16 residents, with one of those residents in hospital on the day of our visit. La Luz has 15 rooms, with one room being a double. There are two levels with the ground floor having a dining room/lounge and a conservatory that houses a piano and a range of games and puzzles. The ground floor has a communal toilet, there are two communal bathrooms one on each level. There is a chair lift to enable residents to move between each level, La Luz has no lift.

Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of interaction between staff and residents.
- We saw evidence of one to one activity with staff and residents
- Management and Staff were friendly and approachable.
- Washroom, bathroom and toilet facilities were clean and accessible.

Results of visit

Person-centred approach

When speaking with the Deputy Manager about person-centred care, she told us: 'Activities are person-centred, we meet the individual needs of the resident, they will choose an activity that stimulates them, we try to provide activities that are suitable for each individual.' She continued: 'Staff know the residents and what their needs are because it is a family home...this covers their physical ability and how their mind works...this is person-centred care.'

When asked about person-centred care a care staff member told us it related to having your 'training up to date including dementia and challenging behaviour'. Another care staff member we spoke with did not fully understand the formal description of person-centred care but they did indicate to our Authorised Representative that they provided 'activities which they know are suited to the residents'.

The Deputy Manager told us that as part of their 'Care Management System' the home collects life history from residents when they enter the La Luz, this covers a resident's 'social history, likes, dislikes, past hobbies and career' meaning that life history is incorporated into the residents care plan. One of our Authorised Representatives noted that 'the care staff seem to be very knowledgeable about the residents'.

The Deputy Manager informed us that there are 'monthly reviews of the residents care plans', they said: 'We review all aspects, such as; cognition, communication skills, daily and social life, night care, social well-being, skin care, eye care, dietary needs, oral health, medication and mental health. We will change on review if we need to support the residents' needs, this is how activities link into care plans; this is person-centred care.'

The Deputy Manager then went on to tell us: 'Some families are involved with residents care, they come and take them out. The families will talk with us about what activities their relatives want to do, sometimes consent is needed from the families and the residents so families have to be involved in this respect.'

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 informed us that it is 'not just about entertaining them, we have to

make sure we stimulate and empower the residents. Because most residents have dementia we do activities to stimulate their minds, physically and emotionally’.

One of our Authorised Representatives asked a member of the care staff team what meaningful activities meant to them, they responded by speaking about four residents who they were involved in activities with. From this conversation, our Authorised Representative noted: ‘There are four gentlemen in the home and they seem not to be doing activities and like to be independent and stay in their rooms, but it is their choice.’

We enquired who is responsible for meaningful activity in the home, the Deputy Manager replied: ‘Even though the Manager/Owner is responsible for everything, each and every member of staff has a responsibility to be involved in activities with residents, all staff will get involved.’ Another care staff member told us that organizing meaningful activities is ‘part of everyone’s role’.

A care staff member we spoke with told us there is no Activities Coordinator, but ‘all the care staff are involved in activities’ and there are a range of activities such as ‘dancing, singing and listening to music’. Staff also mentioned to our Authorised Representatives that ‘the residents do go out into the garden and help with watering and one of the gentlemen does like collecting the fallen apples which are used to make apple crumble’. In the conservatory we noticed a range of activity resources on a table such as jigsaw puzzles, arts & crafts and board games that were piled on top of each, these looked dated and worn. One care staff member informed us that ‘seated dance is popular’ with residents.

One resident who is immobile spoke with us and said they liked to ‘read newspapers and watch TV’, they do not like to sit in the lounge, but prefer to sit in their own room. With this same resident we enquired if staff had asked what activities they would like to do, they replied: ‘Yes, but I’m not interested.’

We asked the Deputy Manager how the staff encourage residents to participate in activities when they are disinterested, she said: ‘They are in the most difficult stage of their life, activities stimulate them and reduce stress; this helps residents mentally and physically. This is why activities need to be encouraged.’ A care staff member told us if residents ‘do not join in they chat and encourage them, but they respect them if they say ‘No’.

The Deputy Manager continued: ‘If they want to withdraw from activities there has to be a reason, we don’t want residents to be isolated. If they want to stay in their room we will talk to the resident. We would explain the activity to the resident. If they still want to stay in their room we will ask what they want to do in their room – read a newspaper or watch TV with a staff member, we promote their choice, we would not force a resident to do an activity.’

How are activities differentiated to meet individual needs?

When we asked the Deputy Manager how activities are differentiated to meet individual needs, she replied: ‘Staff will sit with a resident and explain the activity and what it is, if they still say no we ask them what they want to do, we try to get the residents involved as much as we can so they are happy and stimulated.’ We were also informed by the Deputy Manager that ‘meaningful activities are influenced through care plans and a resident’s life history’, this ensures that activities are differentiated so that the individual needs of the residents are met.

One of our Authorised Representatives observed that the home is 'able to meet the needs of people with sensory problems'. We were informed there are two residents at the La Luz who speak Portuguese and the staff are able to speak the language. For residents who have hearing issues, the staff will 'use sign language rather than pictures...' thereby meeting the individual needs of those residents.

Involvement with local community?

Regarding residents and the home being involved in the local community, the Deputy Manager told us the La Luz has links with 'the local church and volunteers from the local community who know the home. Every volunteer is DBS checked.' The home also has a hairdresser who visits along with a chiropodist. According to the Deputy Manager, the home also does museum visits once a month.

One resident we spoke to said they were immobile so did not go out. When we spoke with care staff regarding links with the local community we were informed that an 'outsider comes in once a month to do 'chair dance and singing and once a month the church visits'.

Involvement and opinions of family and carers:

In relation to family involvement, the Deputy Manager told us: 'Some families are involved with residents' care, they come and take them out. The families will talk with us about what activities their relatives want to do. Sometimes consent is needed from the families and the residents, so families have to be involved in this respect.'

Activities Training:

The Deputy Manager informed us: 'All staff have dementia training so they know how people's minds work so they can do a range of activities that suit the individual needs of the residents.' We were also told that staff do mandatory training such as 'Health & Safety, Safeguarding, the Care Certificate, Fire Training, Medication'.

Barriers to Meaningful Activities:

For the Deputy Manager, the biggest barrier to meaningful activities is 'human resources and staffing capacity'. She said: 'Although we have good staff, sometimes there are time restrictions but we work around this.' The Deputy Manager did not advance any further reasons that could be restrictive to carrying out meaningful activities.

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:

Thank you for the report. I would like to make one comment regarding the availability of a 'quiet area' where conversations may be held in some degree of privacy. An area, which is used as a dining area at meal times, is located between the dining room and access to rooms C and D where relatives, friends and Residents may have a conversation. This area is offered to all who wish to have a quiet conversation. The conservatory is used also in the summer months as, apart from recreational purposes, it is rarely used. A small office is available for mote private meetings and the Resident's own rooms are used by their relatives subject to permission obtained from the Residents where possible.

Kind regards

Angel Soto
Manager
La Luz