

Details of visit

Service Provider:

Signature Moorlands Lodge Care Home

Service Address:

Portsmouth Road, Hindhead, Surrey, GU26 6TJ

Date and Time:

13 September 2016, 9.45am - 12pm

Authorised

Representatives:

Alan Walsh, Jill Bowman & Gareth Jones

Contact details:

Healthwatch Surrey, The Annexe, Lockwood
Centre, Westfield Road, Guildford, GU1 1RR
0303 303 0023

Acknowledgements

Healthwatch Surrey (HWS) 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.

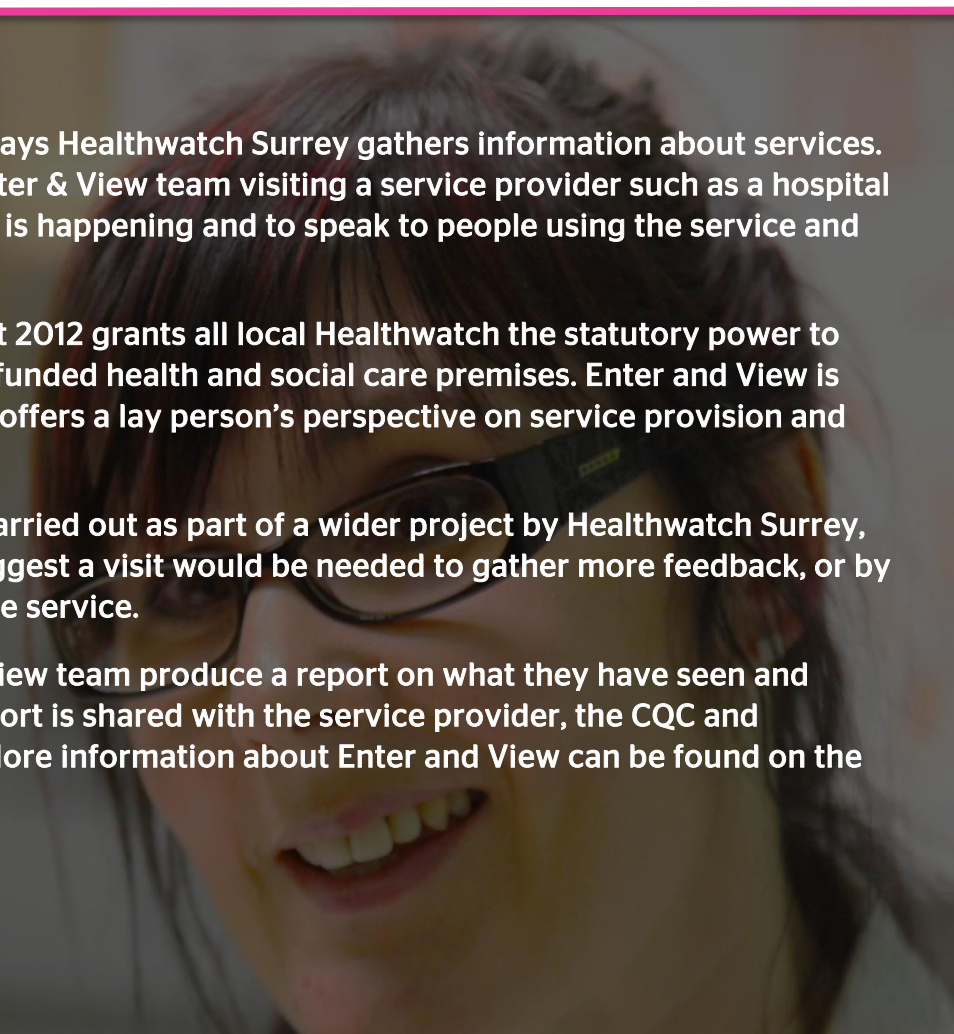
What is Enter and View?

Enter and View is one of the ways Healthwatch Surrey gathers information about services. It involves members of our Enter & 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 would be visiting.

On arrival, in the entrance hall of the building, the Healthwatch Surrey notification letter was not displayed, however, the Care Quality Commission (CQC) Inspection Report Rating was displayed. We spoke to the Registered Manager of the service who advised us as to the layout of the service, showed us around and gave Healthwatch permission to approach residents and staff.

During the visit the authorised representatives spoke to two residents, two care staff, the Manager and the Activity Coordinator. The interview with the Manager took place in the office, with the other interviews taking place in the lounge. Healthwatch Surrey representatives were able to interview any resident but many were not available due to being busy in a group session or going about their daily business. When passing in the corridor, residents were polite, alert and responsive when spoken to by Enter and View representatives.

Part of the visit was observational. We were able to access all the communal areas, including the entrance, main resident reception, office, dining room, library, spa suite and hair dressing salon. The Manager showed us into two unoccupied rooms that were spacious, clean and had a walk-in shower.

Summary of findings:

- The residents and their environment looked clean and tidy. Some residents had varying degrees of dementia, but were mobile, with the help of frames, walking sticks and wheelchairs and supported by staff.
- We saw evidence of good interaction between staff and residents and all were complimentary about the service and service-provider.
- We saw evidence of a variety of social activities, such as hairdressing, handicrafts, group singing and a poetry group. Group activities are structured within a weekly programme that includes: Giant Scrabble, Mental Aerobics, Gentle Exercise, Tai Chi, Pamper Nails, Poetry, Gentlemen's Club and a Ladies Group, Singing 4 Fun and bus trips to Holy Communion events at Farnham Maltings and Haslemere Theatre.

Results of visit

Person-centred approach:

The Manager stated that a Person Centred Approach was: "Understanding an individuals, individuality and the home delivers care in line with that so that people are given choices. Staff are encouraged to listen to residents and be aware of their needs, so that individual support can be provided when necessary."

We were told that when a new resident comes to the home, assessments are done and a care plan is put in place that fits the needs of that particular individual - resident's needs are continually re-evaluated and assessed. It was emphasised that all residents are treated as individuals in their own right and are valued members of the community within which they live. Resident preferences are respected and recorded within their care plans, this includes likes and dislikes. Life stories are used in formulating a picture of the residents' life and various sources are used to achieve this, including: a clinical assessment, talking with and involving families, and the Activity Coordinators team talking with each resident. We were informed that staff understand the importance of getting to know the residents and are able to interpret a residents' body language if their communication skills are limited. Once a resident is settled into the home and is familiar with staff and their surroundings, the Manager informed us that family members can, and do, become volunteers.

The layout of the home is geared towards meeting the resident's needs. At the time of the visit, the home looked to be well decorated and clean throughout, free of obstructions and with no unpleasant smells. It was designed as a home, with two parts, the main part housing 77 and Livingstone - a home for higher level dementia that is securely locked - housing 20. The Home has an entrance reception, with the managers' office adjacent. It leads to the main communal areas, the dining room/restaurant, breakfast area, a library, a lounge and toilet. There is also a private dining room that is used by families if required. There are varied pictures on walls throughout that depict scenes from the 1950's & 60's, along with film stars such as: Cary Grant, Sean Connery, Marilyn Monroe, Michael Caine, Fred Astaire & Ginger Rogers being displayed in the activity room. Not forgetting, a giant (communal) scrabble

board for which the activities team organise scrabble challenges that - according to staff - can be very competitive.

All communal areas are carpeted. Although the lounge carpet was stained with blackcurrant drink, the Manager said this was due to be replaced by the end of this year. There is a patio at the rear of the home which the Manager said was to be re-laid this year.

On the upper floor there is a pool table which the Manager said was mainly used by family members when they visit. There is also a hair dressing salon and a spa suite/bathroom. Bedroom doors were personalised if requested by the resident with a decorated box that is placed on the wall next to their room door indicating there is a link to personalised care.

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

The Manager stated that meaningful activity meant: 'Something of value to the person, something they enjoy doing that they embrace.' The Manager informed us that the Activity Coordinator was the lead regarding activities. We were told that the time allocated to the Activities Coordinator for activities is 106 hours per week, with 4 individuals involved, allowing organized activities to take place 7 days a week. The Manager said that all staff were responsible for its delivery, that it is 'part of everyone's role.' Everyone is expected to participate, families, residents and staff.' We were informed about monthly Residents Forums taking place.

When asked if a resident did not want to do an activity what would happen, we were informed the resident's mood would be gauged, they would be left for 5 or 10 minutes, after which a member of staff would return and try to encourage them to join in. If the resident still refused, the Manager said: 'They would not be forced to join in if they did not want to, that would be their choice.'

The Activity Coordinator said that meaningful activity was what 'the residents enjoy and what they get out of it, they need to be stimulated, everyone should be involved in activities.' The Activity Coordinator informed us that 'care staff don't deliver activities', but care staff do 'sit with residents doing jigsaws' and other activities: Nurses, Care workers, Housekeeper team, the Chef - everyone is involved.' We were told that new staff are allocated a 20 minute time slot with the Activity Coordinator as part of their induction.

We spoke to two residents; the first resident had lived in the home for two years and said they liked to do tapestry, cross stich and gentle exercise. This lady said that staff help you to get involved with activities, reminding you by knocking on the residents' door and there are no restrictions on going outside.

Another resident said they like reading, going out for walks and listening to classical music. She stated that she was: 'encouraged to join in' activities and 'enjoyed what is offered.' This resident further stated that an activities 'programme is issued every week, which is useful. Sometimes people come and ask me to join in'. The resident informed us that she had been at Moorlands Lodge for 18 months and would like more classical music concerts to attend. She added her memory was not very good, but when asked about what activity she most enjoyed, she told us about a trip to the coast and how much she had enjoyed 'walking by the sea'.

How are activities differentiated to meet individual needs?

A resident's care plan is originally created by the clinical team, but the resident's life history, working life, likes & dislikes and preferences are inputted into their care plan. Staff are aware of the residents' life history and members of the activities team have access to this document. We were informed by the Manager that activities can be specifically designed around a resident's care plan. We were told that resident's individual needs were met by focusing on their needs, their individuality and meeting the requirement of those needs, whatever impairment they may have. The Activity Coordinator said residents with dementia were involved in activities that are 'tailored to their needs.' The home also has monthly activity forum meetings for all residents to attend if they so wish.

Involvement with local community:

Moorlands Lodge Care Home has links with the local community and is involved in providing residents with activities that reflect this. We were informed by the Manager and the Activity Coordinator that the home is connected to the local church and the local vicar visits every fortnight. The home has links with Farnham Maltings and they have taken residents to Haslemere Theatre and the local Harvest Festival. The home has two buses for taking residents on trips.

Involvement and opinions of family and carers:

The Manager informed us that interaction with resident's families is encouraged and welcomed 'because they contribute positively to an individuals' life.' The home has family days at least three times a year and family members are invited to be involved in formulating activities.

Activities training:

When asked what formal training they had undergone for their role, the Activities Coordinator said that she was a creative person and had organised activities for Sunrise Senior Living and organised for the Brownies and Guides.

Barriers to meaningful activities:

The Manager stated that the 'volume of residents compared to bus capacity' can be a problem at times. Sometimes there are limits to the 'mix' regarding disabilities and wheelchair users being on the bus. There were also restrictions in the local community on wheelchair users regarding wheelchair access at some venues.

The Manager told us there were no internal barriers that would prevent meaningful activities taking place at Moorlands Lodge. When asked, the Activities Coordinator indicated there were no barriers.

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:

Thanks to both you and your team for the feedback about our service. I will share with my team and the residents once the final report is issued.