

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Sheerwater House Nursing Home

Sheerwater Rd Woodham, Addlestone KT15 3QL

22 September 2016, 1.45pm - 4.15pm

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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.

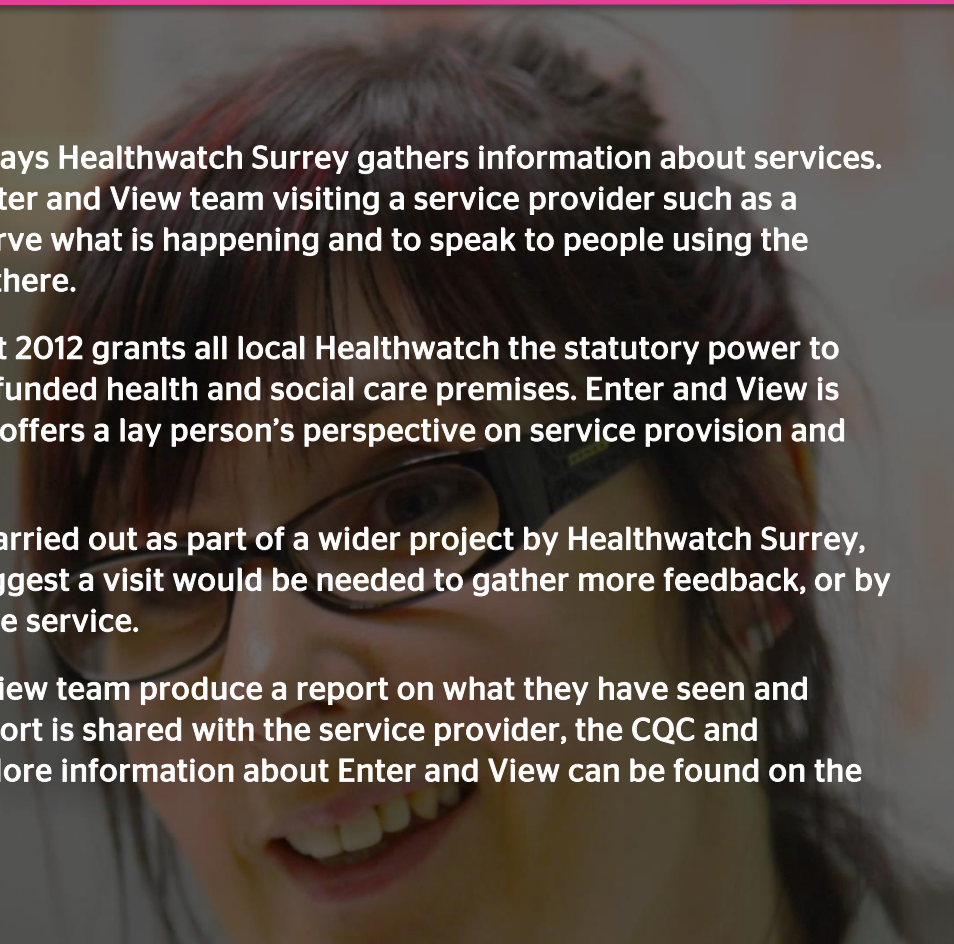
What is Enter and View?

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 (HWS) would be visiting. On arrival, in the reception the Healthwatch Surrey notification letter was laid next to the signing in book in the foyer, the homes' CQC Registration Certificate was displayed on the wall. There was a notice board that had Surrey Safeguarding, Health & Safety Law and the homes Fire Procedure displayed, along with the Sheerwater Health Care Quality Compliance Systems, no activities were displayed, but we were informed that: 'All events are accessible on the homes closed Facebook group for relatives...' with the home having a 'full and diverse calendar of events'.

In the Managers absence, the owner of the service told us the Manager had an appointment that they could not cancel. He also informed us the home had no Activities Coordinator after which he advised us as to the layout of the property, showed us around and gave Healthwatch Surrey permission to approach residents and staff.

During the visit the authorised representatives spoke to a Senior Carer, two care staff, one resident and one relative. The interview with the Senior Carer and one care staff member took place outside on the patio, with the other interviews taking place in the lounge.

The home is a secure unit, it was decorated and clean, with no unpleasant smells, the owner said the home had 17 rooms that were all occupied with a total of 17 residents', there were three care staff on duty. On the upper floor we were shown a residents room that had photographs from

their past, this was difficult for our authorised representative wheelchair user to negotiate. The residents' room doors had their names on them.

Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of interaction between staff and residents.
- Staff were friendly and approachable.
- All rooms that were observed were decorated and clean.
- Washroom and toilet facilities were clean.
- Disabled access for wheelchair users is less than satisfactory

Results of visit

Person-centred approach

The property is not person centred for motorised wheelchair users or residents with walking frames. One Authorised Representative who has a motorised wheelchair was unable to access the patio due to there being a raised step from the lounge to that area. Although we did not see it, we were informed by the Manager after our visit that: 'There is a ramp immediately adjacent to the patio doors, available to access the patio when required.' The lift was also restrictive to motorised wheelchair users, leaving no room for manoeuvre when our Authorised Representative used it to access the upper floor.

In the absence of the Manager, we spoke to a Senior Carer who told us for them, the person centred approach was acknowledging that 'it's got to mean something to the residents... each individual is different' their 'needs have to be met'. She added: 'It's not just about being part of a group it's about treating people as individuals, with dignity and respect.' A care staff member said: 'Person centred care is asking the residents what they want to do and focusing on their needs and wishes.'

The senior carer also informed us that activities are regularly evaluated and reviewed at staff and residents' meetings that are held 'every two weeks...', where issues are brought up. 'It's discussed and we take the appropriate action.'

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

The Senior Carer we spoke to felt that meaningful activity has to 'mean something to the residents'. A care staff member believed that: 'Meaningful activity boosts residents' self-esteem, it stops them being isolated, makes them feel happy and cared for.' A member of the care staff told us that meaningful activity was 'doing what the residents want, not what's convenient'

The Senior Carer said that 'Managers and Seniors are responsible for meaningful activities at the home, there is no Activities Coordinator. When asked whose role it was to organise meaningful activity at Sheerwater, a care worker told us: 'All of us - All of the staff - The home

manager coordinates and asks staff to deliver the activities.’ Another care worker when asked who was responsible for organising activities said: ‘I’m not sure.’

In relation to a resident needing additional support to do activities, a member of the care staff told us: ‘It’s in the care plan.’ This member of staff who is relatively new said that she is ‘involved in all aspects of care and has got to know the small number of residents quickly.’

With one care worker we enquired how they encourage residents with dementia to participate in meaningful activities. They replied: ‘First of all, I wouldn’t push them into what they don’t want to do. I would offer them a cup of tea and go back in five minutes. They have a right they have a voice and choice. They may have a valid reason. If it’s a music activity, they may have a headache and not want noise, it’s about getting to know the residents.’

A different care staff member when asked about residents said they also ‘encourage them to take part and get involved in the physio and exercise sessions’. They continued by telling us they encouraged ‘residents to look after themselves’ by helping them to ‘brush their own hair’.

One resident informed us that staff help residents get involved with activities when they said: ‘If I need help I get it quickly.’ Although this resident then said: ‘Staff don’t have the time to sit and play card games I would like to play’.

A relative of one resident told us there is ‘help to include her’ mother in activities. This relative continued: ‘Some residents help in the garden, but Mum is not interested.’ In relation to staff knowing a residents preferred daily routine, this relative also told us the staff are ‘aware of everything - her medical needs as well’. A resident told us: ‘I like to get up early and get myself up. I pick my breakfast, they bring me tea or coffee...they get me the Daily Express.’

How are activities differentiated to meet individual needs?

When we asked a care staff member how activities differentiated to meet individual needs of residents through person centred care and how it is built into meaningful activities, they told us they: ‘Refer back to the residents care plan and do what they want to do if it’s past related or a new activity - if they want to do it - make them feel like a person. They may live with dementia, but they’re still an individual.’ In this regard, the Senior Carer told us: ‘Every Friday we have a lady that does exercise class - we try to encourage them - if they say ‘No’, a member of staff will support them and help them through the activity.’

The Senior Carer told us that the purpose of encouraging meaningful activities is to make residents ‘live a valued life. Make them feel valuable. Find something that meets the individuals’ special needs’. Regarding residents’ individual needs and differentiating activities, she added that the staff ‘go through care plans, look at past history, do activities around their likes and dislikes to meet their needs.’

Involvement with local community?

The Senior Carer told us that Sheerwater had a ‘hairdresser, chiropodist, district nurse and a manicurist’ who attended the home. She told us the home had ‘one company car that staff are insured to drive’. A care staff member said that residents can ‘go out in the garden, the coffee shops, walk along the canal, to go shopping. We support them in these activities.’

We were informed that Sheerwater has a partnership with the local brownies, regular visits from the local Vicar and parishioners, access to the local Imram and Rabi, therapeutic visits from the PAT dog. Other events include, national holidays, sporting events, religious holidays, Royal occasions that are celebrated with Residents, relatives, staff and the local community.

The relative we spoke to told us their Mother had: 'Easy access' and 'wanders in and out' of the home' this relative told us she 'likes to take her out to the hairdressers, this is something 'she has always done'. The resident we spoke to told us: 'I sit on the terrace outside when it's sunny, I don't think we've been on trips, my son takes me out.'

Involvement and opinions of family and carers:

A care worker told us that the involvement of families occurs as the 'next of kin and extended family' are involved in formulating care plans. They reiterated this when they said they get to know what residents want through 'communication, by spending time to get to know the residents'. 'Care plans, assessments and life histories' are used with the help of relatives 'in creating activities that are meaningful and person centred'. The senior Carer told us: 'Families are involved in care plans and life histories which influence the activities of a resident'. We also learnt the home has a secure Facebook site which has photos of recent visits, residents birthdays and news of what is happening which relatives can access when they are given a code. One of our Authorised Representatives was shown the latest photos which showed residents taking part in a walk for dementia day - some were in wheelchairs - we were informed that some residents participated in this event with their relatives.

Activities Training:

When asked what formal training staff had undergone for an activities role, the Senior Carer said: 'None with meaningful activity.' 'All staff have individual learnings, it's an ongoing process - NVQ's at different levels to suit each member of staff - some staff are doing dementia training.'

Barriers to Meaningful Activities:

The Senior carer told us that they only barrier they could see related to the 'residents' personal health if they are unwell' which meant they would be unable to do an activity.

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:

- All relatives had received notification regarding the visit from Health Watch Surrey, however this was done verbally by the manager as the home had only been given one week's notice (This was discussed with the Health Watch Surrey Manager).
- Daily Activities are displayed within the home for the residents to access.
- All events are accessible on the homes closed Facebook group for relatives.
- The home has a full and diverse calendar of events.
- There is a ramp immediately adjacent to the patio doors, available to access the patio when required.
- The Authorised Representative was using a motorised wheelchair, the home is not designed for this type of vehicle. The lift is appropriate for the needs of our residents. None of our residents past or present have required the use of such a vehicle therefore it is not a reason to say the home is not person centred.
- All staff participate with 'activities'.
- Disabled access - The home accommodates and meets the needs of all the residents who have chosen to live here. It does accommodate the use of wheelchairs and frames that are associated with the residents' needs. All of which have been assessed by the community or hospital OT.
- Activity Coordinator - The home will not be employing an Activities Coordinator. We do not adopt an approach that would 'institutionalise' the residents. All life tasks are activities and as such are individually tailored to each resident in a personal centred manner.
- Staff at the home have different skill sets and as such are able to provide different activities. Dementia training is part of the homes induction programme and is ongoing, within this Dementia training the delivery of 'activities' is covered, as is how to meet the individual's needs in a personal centred way. Training is bespoke and when new needs arise arrangements are made by the manager for the staff to build on their existing skill set.
- An activities diary is not appropriate for our home and as previously stated activities are displayed on the dining room notice board.