

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Smallbrook Care Home

Suffolk Close, Horley, Surrey, RH6 7DU

13th September 2016, 9:45am- 12:30pm

Alan Walsh, Janice Turner & Milly Bizimana

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.

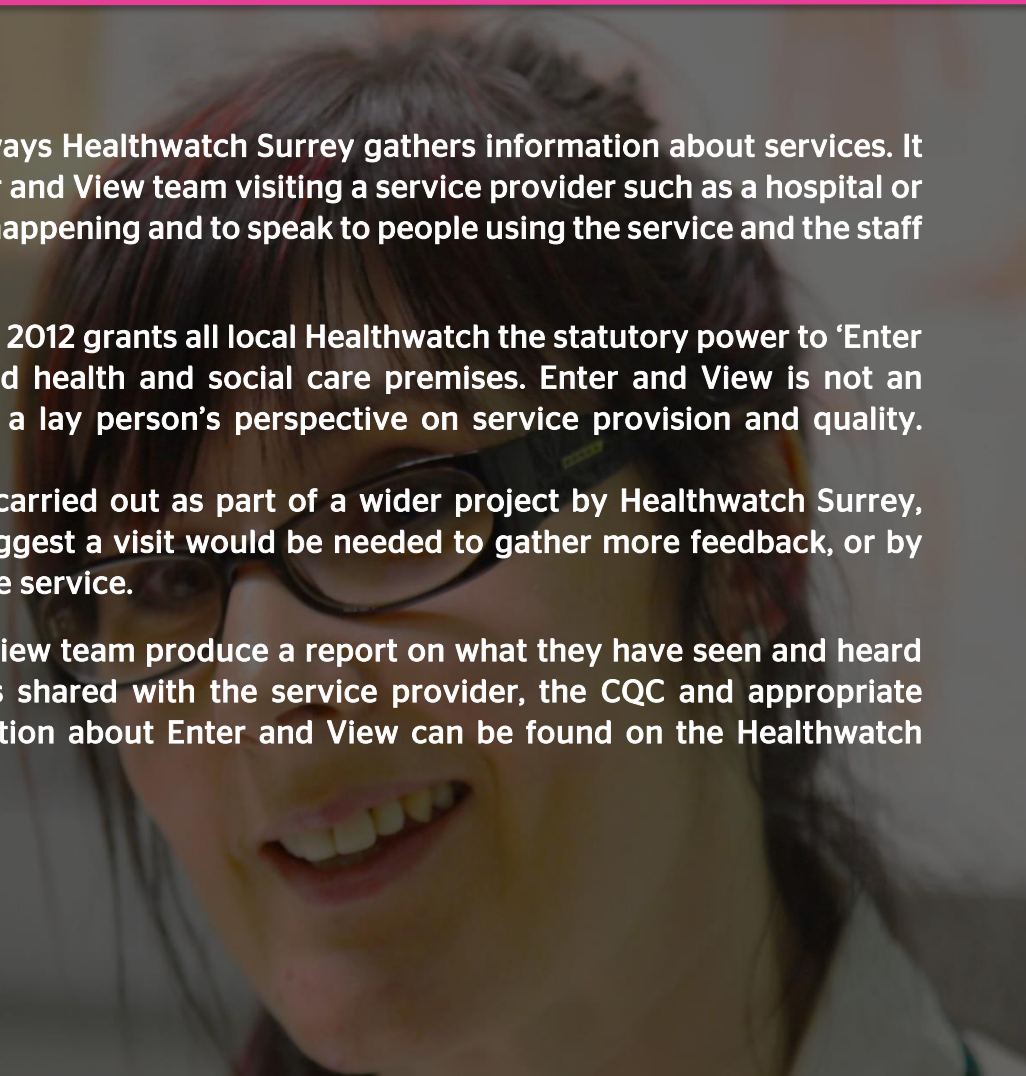
What is Enter and View?

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 (HWS) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed - the home's CQC Registration Certificate was on view. There was a Smallbrook Activities Photo Album on the desk in the reception area showing photographs of residents doing recent activities such as: Dancing, Cooking, Pet Therapy, Art, Life Skills and Outings.

We spoke to the Manager of the service who informed us of 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 one resident, a Senior Care Worker and the Manager. The interview with the Manager took place in the office, with the other interviews taking place in the lounge and dining area.

The home is well decorated and clean throughout and it is free of obstructions. The Manager said the home was presently housing 30 residents, two of whom were in respite care. There are two levels with resident rooms having ID boxes with glass fronts outside their rooms showing items relating to their life story. Smallbrook has a day room that is used for activities which also has a computer with online access, a TV and a bookshelf filled with books. There is a Bistro area where residents can entertain their visitors, a hairdressing Salon, a quiet lounge with a table tennis table.

Outside there is a patio with a large wooden gazebo, with tables that have glass tops under which there are resident paintings that can be viewed whilst sitting in the patio.

On the upper floor there are nine rooms, with two residents presently occupying a room each, this unit is for residents aged 65 or under with early onset dementia. On this floor, the two residents have access to a dining room, a reading room with computer and TV lounge. The home has a wash room that houses three washers, three driers and one sluice room there is also a medication room that only Seniors and Management have the code for.

Summary of findings:

- The residents and their environment looked clean and tidy. Staff were engaging with residents and were attentive to their needs whilst being supportive.
- We saw evidence of interaction between staff and residents, some who were complimentary about the service and staff.
- Management and Staff were friendly and approachable.
- We saw staff being responsive to a resident's needs.
- Washroom and toilet facilities were clean and accessible.
- There are good accessible disabled facilities for residents and visitors.

Results of visit

Person-centred approach:

The Smallbrook website states that part of their philosophy is: 'To support and maintain a person-centred care environment and promote self-esteem, celebrate the individual and provide an environment that is stimulating and fresh.' When speaking with the Manager about person centred care, she explained: 'It's about meeting individual needs, and desires and doing what we can to facilitate that.' The Manager further informed us that the home uses Life Histories in the form of 'This is Me' which highlights 'what's important to the person, their likes, dislikes, what their past career was and their past hobbies...' which gives a bigger picture about the person. She further mentioned that a person's activities could be 'equally devised through doing their care plan...' and their life history links into this.

A Senior staff member told us that a person centred approach is 'anything centred around the client's care plan and what it states'. They further told us they ensured care is person centred and built in to meaningful activities through the 'use of care plans...' saying that 'residents views are listened to... the home is run as their home not as a home.' She added that person centred care starts at the beginning of the day 'what they want to wear, their breakfast choice, it is centred round that person'. We observed evidence of the individualised, flexible approach to the availability and range of breakfast choices, the resident we spoke with also confirmed this.

The Manager told us that activities are regularly reviewed on a quarterly basis - this is done through staff supervision with the 'Lifestyle Coordinators'. The Manager said: 'We discuss what's gone well and what they're planning to do.' We were told that the residents' families also have

the opportunity to give feedback by using two 2-hour slots that are made available each week where they can meet with the Manager and Deputy Manager.' The Manager also told us the home was 'involving the family all the time, not many people have capacity and family members know residents better than we do'.

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

When speaking with the Manager about what her understanding was of the term meaningful activities she said: 'Treating dementia is really important; it's what is important to the persons' needs.' She told us that the purpose of encouraging residents to do meaningful activities was: 'To improve their quality of life.' She also informed us that it was about 'feeling valued...' and it would 'enhance their self-esteem'. The home encourages meaningful activities to make the residents 'feel better about themselves.'

The Senior staff member told us they understood meaningful activities to mean: 'Different resources to suit different residents' needs...activities are on a one to one basis as well...' meaning that staff will take time to work with an individual one to one when needed, She added that meaningful activities 'enhance a residents' day, are meaningful to them'

When asked who is responsible for meaningful activities in the home the Manager replied: 'All of us. We have an Activities Coordinator, we had two, one left. We are recruiting at the moment, we like to have an Activities Coordinator in every day.' The Senior staff member we spoke with said the Activities Coordinator is responsible, but all staff play a role. They told our Authorised Representatives there are 'lots of resources, linked to individual needs...' such as 'knitting, puzzles, games - where staff join in - singing and exercise. Staff and family members also help on the regular weekly outings to places such as local parks'.

When asked what things they liked to do, the resident we spoke with informed us: 'What comes up. I recently went to the park by coach, the staff are very caring and helpful.' This resident was in the process of writing a letter and told us that 'staff would be willing to help him with it'.

When the Manager was asked how activities link into care plans, the Manager told us: 'Activity staff meet with individuals when they come in...' to Smallbrook. Their likes and dislikes are documented in the care plan. 'That information is then used to formulate person centred activities.' The Senior staff member informed us that the home uses care plans and 'use staff members for individual activities' with residents.

The Manager was asked how the home encourages residents who do not want to engage in activities to participate, she gave an example of a resident who was finding it difficult to engage, but liked helping in the dining room, according to the Manager, for the resident, this activity was becoming 'a bit hit and miss'. She continued: 'I've added that resident to the catering rota with her consent, this has given the resident more structure...' with this activity and she enjoys being involved. The Senior staff member told us that it is 'their choice if they don't want to be involved, but we will try persuasion.' This staff member also told us that they do encourage residents to use the outdoor space, she said: 'Some go outside and we try to encourage them, maybe doing lunch outside and a bit of gardening'.

The resident who spoke with us said they 'loved spending time in the garden.' Whilst we were at the home we witnessed a resident being helped by a staff member to move outside into the

garden. The Senior added: 'We help the Activities Coordinator on group outings...' we have taken a minibus to 'The Priory, the park, coffee mornings and church'.

How are activities differentiated to meet individual needs?

The Manager stated: 'We do a selection of activities. We have a sensory room to help people calm down if they are getting agitated with dementia. We do activities that are suitable to their needs.' She continued saying 'activities are devised from the residents and family meetings that take place and the aforementioned 2 hour slots that occur twice weekly for families. The Manager also informed us that activities are linked to individual care plans through the 'This is Me' Life History this ensures that activities meet individual needs and are person centred.

When speaking with the Senior staff member, they told us that staff played a big part in helping with activities that meet individual needs of the residents', she gave several specific examples of this such as knitting, puzzles and games. She added: 'We use care plans.' That staff members are used for individual activities that aim to meet the needs of the individual.

This staff member also told us the owner was very receptive to meeting staffing needs and that when temporary staff were required, they used a pool of the same staff from a particular agency as that way the staff knew the home and the residents.

The resident that we spoke to told us that staff do help them get 'involved in activities'. They told us they had 'singing yesterday but nobody told us it was going to happen'. This person said they 'would like to have a little more freedom'.

Involvement with local community?

According to the Manager, Smallbrook has been involved with links with the local church - St Andrews - where residents go to the Dementia Café and Crawley Baptist Church. A hairdresser, chiropodist visit regularly. Residents have also been out Ten Pin Bowling, to the Garden Centre and Lavender Fields. The Manager also informed us the home were arranging a church service with the local vicar who will come in to the home to do a service.

Involvement and opinions of family and carers:

The Manager informed us that families are involved 'Loads' and that 'family members help with activities by attending the resident and family meetings as well as the twice weekly slots that are made available to them. The Manager continued by saying: 'We send emails to residents' families informing them of activities weekly. We make sure the activities are 'person centred' by working with the families and the Activity Coordinator using the residents' 'This is Me' file.

Activities Training:

When asked what formal training staff had undergone to support meaningful activities and person centred care, she replied: 'all staff do the Care Certificate, a small unit on Mental Health, E Learning of seven dementia modules, Advanced Dementia Training (two Day Course), all staff will do this course within six months, this includes person centred care, staff also do Challenging Behaviour and Breakaway Techniques, this helps with activities.

Barriers to Meaningful Activities:

For the Manager, a potential barrier is 'staffing', for example, the manager said: 'To go swimming you need one to one, we are not funded to do one to one. People not joining in is also a problem though activity staff and care staff will do a one to one with a resident to encourage them' to join in. However, the 'biggest barrier is someone's health and if anxious they may not be able to access the community safely. The second barrier is the weather, as we are unable to take residents out to a park - for example - if it is raining'.

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:

- We did not have a CQC Report to display, having only been inspected on 19/09/2016. We only received the draft report on 17/10/16 and this was our first inspection.
- Barriers to meaningful Activities: I amended my answer to the biggest barrier is someone's health and if anxious may not be able to access the community safely. The second barrier is the weather, as unable to take residents out to a park for example if it is raining.
- New residents are introduced and inducted into the existing residents' groups, by introducing them to other residents, encouraging them to sit and talk to other residents and at meal times in the Dining Room, which is very sociable. We repeat this as often as is necessary, dependent on individual needs. Lifestyle co-ordinators will meet with new residents within the first week to check on activities they like. They will also ensure new residents are aware of any group activities and encourage them to join in.