

# Enter and View Report

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Sunrise Operations Bagshot II Limited

14-16 London Road, Bagshot, GU19 5HN

18 October 2016, 9.30am - 12.30pm

Alan Walsh, Jason Vaughn, Jade Parkes & Matthew Parris

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.

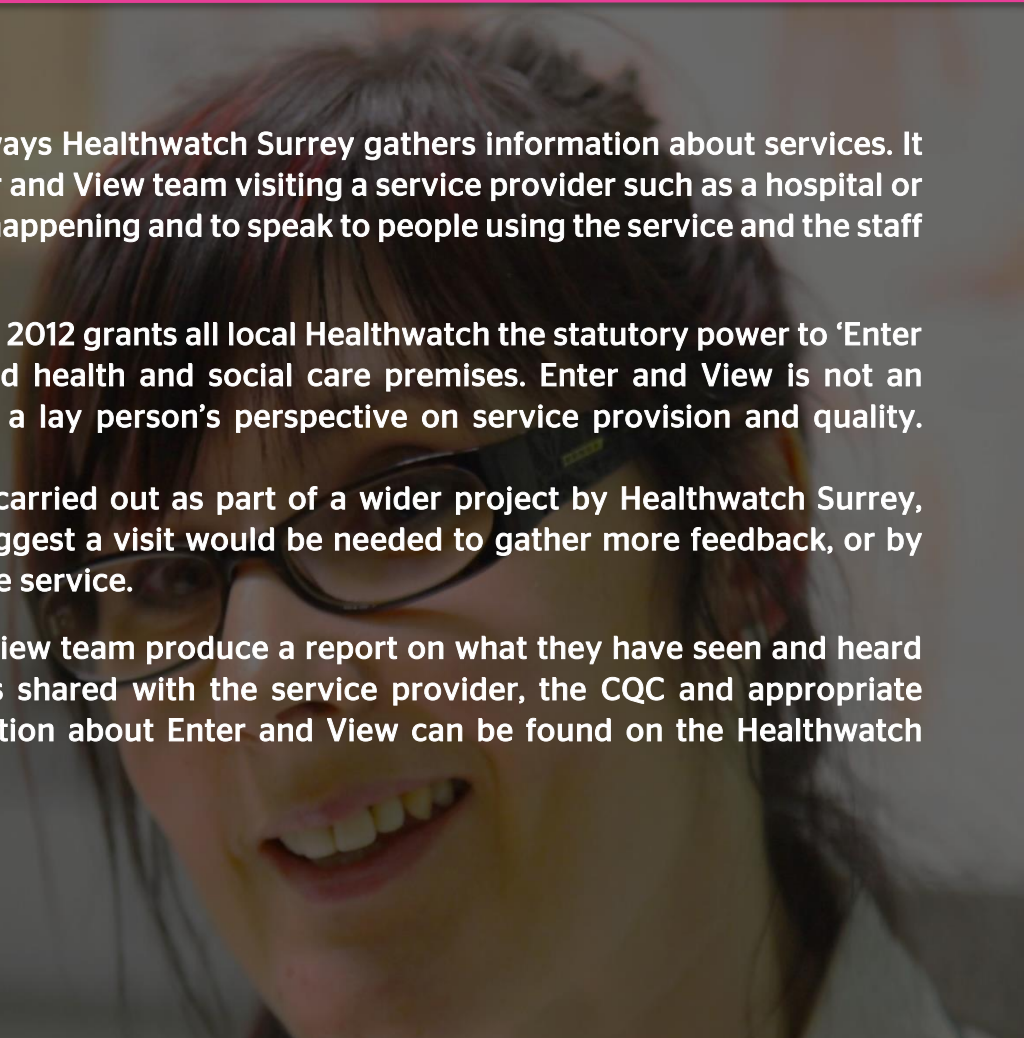
## What is Enter and View?

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 would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed neither was the CQC inspection report.

We were introduced to the Manager of the home who invited us - with his deputy - to a private room for a chat where it was explained by Healthwatch representatives what the modus operandi would be for the visit. During the visit the Authorised Representatives spoke to two residents, one senior member of the care staff team and the Manager. The interview with the Manager took place in the quiet room, with the other interviews taking place in the activities room and the lounge.

The home was clean and well decorated with no unpleasant smells. In the reception area there was a sign indicating who the Duty Manager was at that time. There was also a display board showing that week's activities which included 'Art Club, Flowers 4 U, Cup Cake Social and Bingo', there is also a Complaints Notice and a First Aid Kit. To the right of the reception area is a coffee lounge, next to which is a room where residents and relatives can meet in private. We were shown the restaurant which had the menu displayed. This was also available in braille, as were the signs to rooms.

The home has two floors which the Manager said were 'neighbourhoods not units'. These are the called the 'Assisted Living and Reminiscence Neighbourhoods'. We were informed that the ground

floor is 'Assisted' and the upper floor is 'Reminiscence'. On the Reminiscence neighbourhood there is small tree in the entrance, the walls are adorned with paintings done by residents.

There is an activities room with provision for playing darts, chess, dressing up, reading, watching TV and skyping on the computer. Beside the residents' room doors there are memory boxes with pictures from their past and objects that are relevant to the residents' lives. There is a lounge in which there is a piano. Adjacent to this room is a quiet room. We were also shown a spa bath, dining room, a TV lounge and a patio.

There are also 'Memory Areas' one being set out like an office in the 1950's with a typewriter from that era with another area showing wedding memorabilia such as a wedding dress and man's suit from the same era. There is also a baby's cot with a doll in it, this is also from the 1950's period. We were told that these items and displays were designed to trigger the residents' memories. There were also memory jogging photographs and artwork along with picture cards. There was a dart board in the first floor sitting room, and a framed picture of old style Crayola crayons near the art area. We were informed these were designed to jog the resident's memory from childhood and adolescence.

The Manager told us there are currently 96 residents at the home. On the day we visited we were informed there were 12 care staff on duty in the Assisted Living Neighbourhood with one nurse and nine care staff in the 'Reminiscence Neighbourhood' with one nurse.

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## Summary of findings:

- The residents and their environment were clean and tidy.
- We saw evidence of interaction between staff and residents.
- We saw evidence of one to one activity with staff and residents.
- We saw evidence of numerous activities taking place with the Activities and Care Staff.
- Management and staff were friendly, approachable and communicative.
- Washroom, bathroom and toilet facilities were clean and accessible.

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## Results of visit

### Person-centred approach:

When speaking with the Manager about what he understood person-centred care and meaningful activity to be, he replied: 'They are one and the same thing, the person who is delivering care needs to engage and stimulate. Meaningful activity and person-centred care are intrinsically linked.' He explained that both are aimed at 'meeting individual needs and their aspirations, their goals, that's person-centred'. The home uses the residents 'Individual Service Plan' that 'details everything' and is aimed at meeting the resident's 'wants, needs and aspirations'.

When we spoke with the Activities Coordinator, they told us that you have to 'know about their background then start to have a conversation'. They continued: 'As an individual...' person-centred care is about residents' 'personal thoughts' their likes and dislikes, what they 'wear', what they like to drink, what they like to do.

A senior member of the care staff team who we spoke with told us that person-centred care relates to the 'person being important.' They said: 'This is a home, we use personal care plans to get to know people. When the wishes and preferences (of a resident) changes, we change the activities.' They informed us they had been at the home for a few years and said: 'You get to know people, but care plans are used as the record of what people like...' they 'tell you someone's background.'

When we asked the Manager about life histories he told us the home collects a 'detailed life history'. He informed us that they do this in two ways. The first is 'factual and is completed by the family'. The second is 'completed with the resident' and looks at 'how the resident has lived, facts (about the resident) are important'. The Manager also told us that activities are regularly reviewed and 'all activities have session plans' and each activity session is 'structured and geared towards aims and objectives...the sessions are personalised'.

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

When we asked the Activities Coordinator what their understanding of the term 'meaningful activity' is, they said 'it's what somebody enjoys doing... if they enjoy it we would encourage and show examples...we aspire here to make sure people are seen as individuals'. According to one of our Authorised Representatives, when they asked the senior staff member about the term 'meaningful activity' they were 'unable to understand the word meaningful', however, they did add that they are involved with residents on a 'day to day' basis doing activities such as: 'reading newspapers with them, reading poems, having conversations, dancing and going outside'.

The Manager told us that 'everyone' is responsible for meaningful activity in the home, 'from the housekeeper, to the carers, the management team and family members. As a group we all have input into a resident's life'. He also added that the 'Activities Coordinator does one to one activities' with residents. The senior member of the care staff team we spoke with told us the Activities Coordinator is responsible for making the plans, but for 'basic activities every one of us' is responsible.

When asked if the wider staff team are also responsible for implementing activities the Activities Coordinator replied: 'Absolutely, it is seen as part of everyone's role. Staff will sit with people to do bingo, other staff will stay to help out. Wherever possible people come together to do things. The Management Team are as involved with residents.'

The Activities Coordinator also told us they produce two calendars, 'one for Reminiscence and one for Assisted Living' where they liaise with residents and talk about what they want to do. They get feedback every month about the official activities. We were also informed there is a document called 'Living With Purpose' that is attached to the resident's care plan.

When asked how activities link into individual care plans, the Manager told us there is a 'Residents' Activity Forum Meeting' every month. He continued: 'This feeds into the residents' council meeting held on the second Tuesday of every month. This feeds into a monthly

Individual Service Plan (ISP) review which feeds into a six monthly review with family members who are given a copy of the ISP identifying the needs and aspirations of the resident.'

The Manager also informed us that there are 'separate meetings' for residents in the Reminiscence Neighbourhood, he said: 'These are designed to meet the needs of those residents which are different from the Assisted Living Neighbourhood. We look at each resident's specific needs and shape activities towards their individual needs.'

We asked the senior care staff member how they encourage residents to take part in meaningful activity, she replied: 'If someone does not want to, you cannot tell them to do it.' She told us they 'give big smiles and encouragement' but if a resident has a need that 'will prevent involvement' they are not 'pushed into it'.

The Activities Coordinator informed us they encourage people to engage by doing one to one's with the residents. She told us: 'I will go and visit. There are a few people who choose not to come. I will still go and knock and remind them daily of activities.'

In the activities room two of our Authorised Representatives observed an activity being undertaken with five residents, one relative and the Activities Manager involved. Our Representatives witnessed a 'good talk' about Christmas between the Activities Manager and the group. In another room there was a dart board, chess table, a hat stand with an array of hats on it for dressing up, books, a TV and a computer on which residents can Skype their relatives. While the Healthwatch Surrey team were there they witnessed an arts & craft activity with residents and staff, a game of skittles being played and were shown papier mache models that residents had made.

A resident who we spoke with told us that staff do ask them what activities they would like to do, they said: 'I was asked today and often someone asks me what I would like to do. This resident told us the staff 'take us out on trips...' to 'parks and buildings'. Another resident told us: 'I can't go into the transport or on aeroplanes anymore. I only leave to go to appointments I choose not to go out as I can't manage.'

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

When we asked the Manager how activities are differentiated to meet individual needs, he explained that the Individual Service Plan and Life History are used as the 'base start line'. He told us there is an 'activity meeting on a monthly basis, this facilitates the activities calendar. If they (residents) don't want to do it, it's their choice, we offer an alternative activity and one to one quality time with a resident'.

We asked the senior member of the care staff team how the different interests of residents were considered when activities were being devised and they told us that 'every social (event) is themed'. They said that you have 'got to find out if something needs to be tactile'.

For people with eyesight issues the home uses 'bingo cards that are bigger than A3 so people are included, some people have had a stroke which affects dexterity' implying that a person's needs have to be met through differentiating activities that relate to a resident's current situation.

One resident we spoke with told us they are 'reminded of activities' by staff, they said the Activities Coordinator 'is very good and helpful, she has so much on I don't know how she does it'. This same resident also told us that staff are aware of their daily routine and their preferences, they said: 'I get on (with activities) and they will assist when I need them to. I am partially disabled so I sometimes need a bit of help'.

### **Involvement with local community?**

The Manager told us Sunrise Operations are involved with the local community by having links with 'External Business Development'. They work with schools and colleges having discussion groups which helped to do 'life stories and life skills', this involved 14-16yr olds who are in the Duke of Edinburgh scheme, according to the Manager this engages people in 'inter-generational working'. He also informed us the home had links with 'local church groups, a hairdresser, podiatrist and the local General Practitioner'.

The Activities Coordinator told us the home engaged in the local community through activities such as 'the Christmas fair...' and the marketing department send out promotional material such as 'Would You Like to come?' to families. The home also has links with the 'Brownies, local choirs and volunteers'. She added: 'Some volunteers come and have chats. A lady from the church will come and visit two ladies. One resident rarely comes out of their room but loves watching TV.' The senior member of the care staff team who spoke with us said there are 'bus trips three times a week...' to 'Windsor' where residents have 'ice cream and feed the ducks'. She also told us that residents go into the garden where 'we go with them and support them'.

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

In relation to family involvement, the Manager told us that families and relatives are 'invited to come to reviews. Families attend meetings and all heads of department have an open door policy. Seven days a week a Duty Manager is available for families'.

### **Activities Training:**

The Manager informed us that staff have a 'plethora of training' and the home was in the process of 'launching 'Live With Purpose' and this was being cascaded out to all team members'. He said that all staff undergo mandatory training which includes 'twelve online courses'. The home has 'teaching room based training' which includes 'Moving and Handling, practical training...' in which there is person-centred role playing'. The Manager said that this approach is designed for the staff 'to walk in the shoes of the resident, to experience how they feel'.

The Activities Coordinator informed us they 'used to be a Registered Manager' and had done 'National Activity Providers Association (NAPA) Training'. They have also done 'dementia, First Aid and food handling courses...' and 'used to volunteer in schools...'.

They have also done a course in 'pottery' and a Diploma in art. She added: 'I love my job, I love to see people do things they think they couldn't do'.

## **Barriers to Meaningful Activities:**

We asked the Manager what barriers there are to carrying out meaningful activities with residents. He replied: 'Barriers are only barriers that people put up, if a driver goes sick, we offer an alternative. If there is no driver for the minibus and we do not have a replacement we cannot do the activity that is the only barrier. We would try get another driver, but if that's not possible we would do another activity, only unforeseen circumstances would stop an activity.'

When we asked the Activities Coordinator about barriers and resources they informed us they had ample resources. Along with themselves there are 'two members of staff on the activities team, along with the 'wider staff team'. She added: 'We have a good budget, a super printer, a computer and can call on other people and associations to help...' We can also 'call in dementia specialists, they can often see things in a different light, we are striving to achieve the best.'

The Manager replied with an emphatic 'No!' when we asked if there was anything outside the control of the service that could be a barrier or affect how the home could provide meaningful activity to residents.

*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:**

I thank you for your time on the day and the comments within this report.

Should you have any questions regarding the factual accuracy please do not hesitate to let me know.

Kindest regards

Leigh