

# Enter and View Report

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Alvington House Care Home

59 Wray Park Road, Reigate, Surrey, RH2 0EQ

4 October 2016, 2pm - 4pm

Alan Walsh, Gareth Jones & 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.

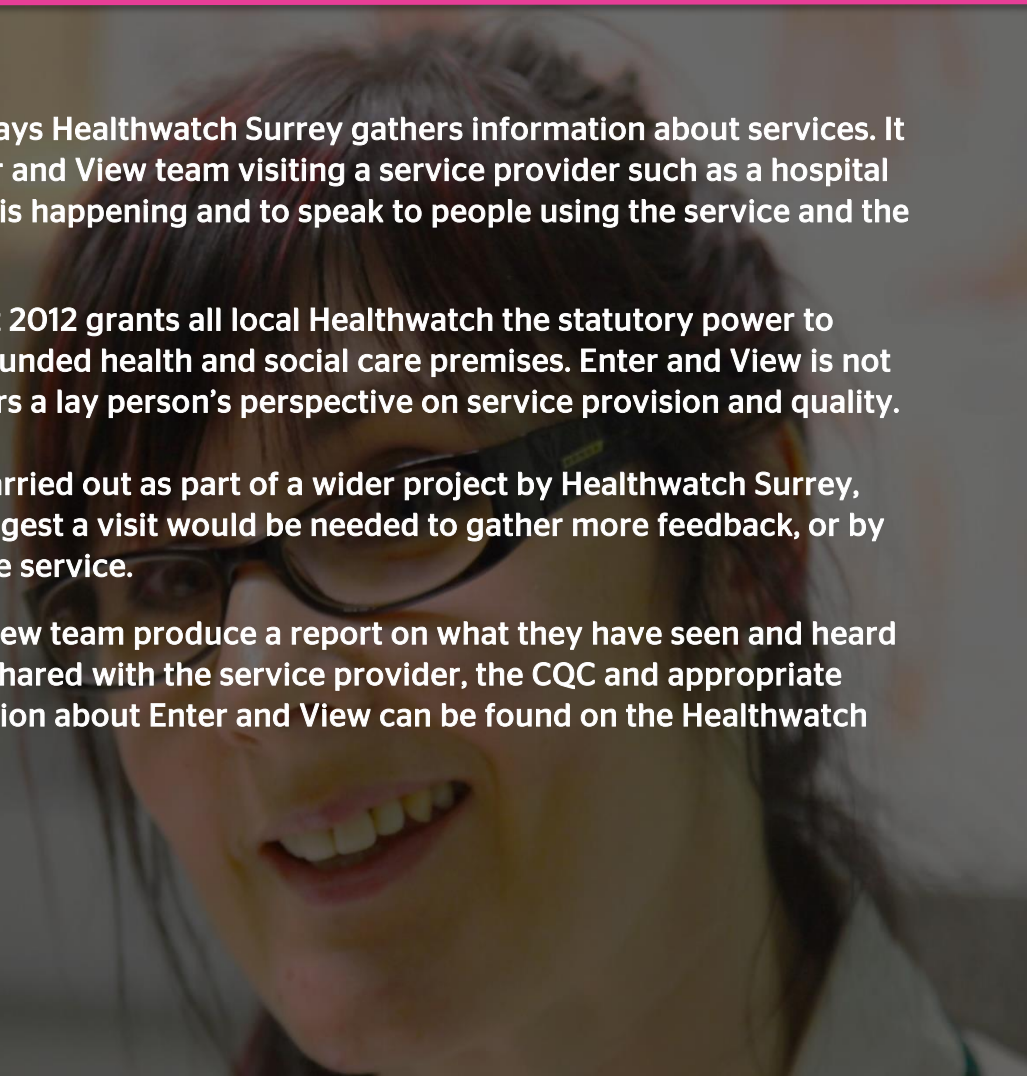
## What is Enter and View?

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.

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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 (HWS) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was displayed as was the CQC Inspection Report.

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, two care staff and the Manager. The interview with the Manager took place in the office, with the other interviews taking place in the dining room and the residents' room, with a member of staff present.

The home is well decorated and clean, it is free of obstructions. The Manager said the home was presently housing 12 residents, 10 women and 2 men, but Alvington has capacity for 25. There are three levels with resident rooms and a basement that is used for storage, there is a chair lift that is used for access to the upper levels and the home has no lift. There is a dining room that in which there is a piano - the Manager told us that a pianist comes in to entertain residents at Alvington every fortnight. We were shown a large lounge that had a TV in it, the Manager informed us this was only used on occasions when residents watched special events together, as all the residents have a TV in their rooms. There is also a blackboard in the lounge that had that days' menu chalked on it. There was also a CD player with a stack of CD's and a Scrabble Board on the table. We were told all rooms had toilet and washing facilities, the home has three bathrooms there is no wet room facility.

The lounge also had a conservatory incorporated which had access to the garden via an accessible path this was also the entrance for wheelchair users who could not manage the steps at the main entrance. The outside garden area is very large and spacious with a patio seating with steps and a path that lead down to a large lawn.

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## Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of interaction between staff and residents.
- Management and Staff were friendly and approachable.
- We saw staff working on resident files in the dining area.
- 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 person centred care, she told us it's 'what residents want, what they like to do'. She also said that person centred care is: 'Treating people with dignity, compassion and respect.' A care staff member told us the home uses life stories and the manager updates these. They continued: 'The Manager organises the assessment and Life Story, she will then update it with care staff input.'

The Manager concurred with this when she told us: 'We've got a format that's called 'This Is Me', this document outlines who the resident is, what they like to be called, what their hobbies, the routine they like to follow and the things that may worry or upset them. It's a personal overview of the resident and makes their care plan more person centred.'

A member of the Care Staff told us the home does use life stories and this is how they know what residents like to do: 'We have access to care plans, the Manager updates interests...' with information 'from care workers'.

The manager went on to tell us that activities are regularly reviewed: 'Once a month with our audits. When asked about how the home ensures the care given is person centred.'

### 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 and what the purpose is of encouraging them, she informed us the home is half full due to the CQC Report which had rated the service 'Inadequate', this had detrimental effect on the home with resident numbers reducing rapidly. This resulted in the home only having twelve residents, this made it much more difficult, if not impossible, to offer a large variety of activities, or employ an Activities Coordinator.

It is worth noting that a long term resident told our Authorised Representatives, when the home had more residents, there was a different mix and outside activities had been easier to organise for residents.

The Manager told us that meaningful activities are 'something that involves the resident, that stimulates and motivates, that maintains their well-being and their interests...it indirectly improves their health, physically, mentally and emotionally...' as well as 'triggering memories'. We asked a care staff member about this but they said 'three full-time staff had recently left' giving an indication that, even though activities were undertaken, it was difficult to create a structured activity schedule with a low staffing capacity. This staff member did tell us that Senior Care Staff are involved in activities and 'at weekends such as bingo and going out...' and on 'Monday and Wednesday at 2pm in the afternoon...' there is a music activity. Our Authorised Representatives were made aware that even though three staff had left 'one of the care staff took the lead for organising activities and they organised Bingo' and other activities. One of the staff members we interviewed also did manicures for the ladies this was endorsed by the manager when we were being taken a tour of the premises.

We asked the Manager who is responsible for meaningful activities in the home, she replied: 'We do it together - staff have a good rapport with the residents. All staff are responsible, staff know the residents, they know their likes and dislikes.' A care staff member that we spoke with told us that 'recently the Coordinator has left, they used to do two days...' activities are 'now shared by carers...' the home is 'seeking to recruit'. This staff member also told us that 'we need to ask residents more, but staff levels are limited.'

After speaking with a member of the care staff, one of the Authorised Representatives noted: 'Care staff appear to know the residents, some have anxiety and don't like to go out as they have arranged trips out, then on the day the residents have decided they didn't want to go out.' We asked the Manager what happens if residents do not want to engage, she replied: 'It's about choice. We ask why they don't want to do it. We encourage through communication, we explain the activity, we wouldn't force anyone.'

The staff member we spoke with said that the home will try different things to engage residents, they told us that an 'activity will be organised for a 100yr old resident and the Mayor of Reigate will attend'. When asked about outdoor activity, this care staff member told us that before any outside activity is done, 'residents need to be asked' what they want to do. The resident who spoke with us told us that they 'did enjoy a trip out last week...' they also 'enjoy singers coming into the home'. The manager told us: 'We have a resident who goes out to church. Another goes into the community shopping, she has capacity and a singer in once a month.' A care staff member we spoke with informed us that 'residents are not keen on 'expeditions' this applies to current residents...' although 'previous groups enjoyed outings to the theatre'.

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

The Manager informed us that to differentiate activities so that they meet individual needs the home 'look at the care plan and look at the activities on offer...' this is done by 'communicating with residents, so you understand their wants and desires'.

We were also informed that the 'person centred approach influences meaningful activities through the use of care plans' and this enables activities to be differentiated so that they meet the individual needs of the residents.

The Manager told us that care plans play a part in influencing activities, she said: 'We send activities survey to the residents and their families yearly, we get the surveys back, evaluate them and act accordingly.' This is done to ensure that the home is delivering activities to each resident that are appropriate to their needs.

The resident we spoke to told us that that staff do tell residents about events that are forthcoming. This resident did tell us that they 'would like to go out more, but need someone to go with, so they remain in their room. They said their 'family visit fairly regularly...' and the sometimes 'go out for dinner and lunch'.

### **Involvement with local community:**

Regarding residents and the home being involved in the local community, the Manager said: 'We use two local taxi firms for outside trips.' The manager also informed us that a 'hairdresser a chiropodist and the local vicar visit Alvington regularly'. She said: the local vicar comes in monthly for communion.' Our Authorised Representatives were informed that an activity person comes in twice a week for singing music and exercise and that the residents are engaged in this activity with singing and foot tapping to music.

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

In this respect, the Manager told us that the family is asked what their relative liked to do in the past. She said: 'We invite family members to join in we involve the family in the care plan.' She continued: 'We talk to families so that we, and they, are aware of what is happening with the resident and what the residents' plans are, we focus on the residents individual needs and keep it person centred.'

### **Activities Training:**

The Manager told us that a 'outside provider is used for staff training on the Four Principles of Person Centred Care.' These are 1: Affording people dignity, compassion and respect, 2: Offering coordinated care, support or treatment, 3: Offering personalised care, support or treatment, 4: Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life. The Manager continued saying it is about 'treating people with dignity, compassion and respect.'

### **Barriers to Meaningful Activities:**

For the Manager, the biggest barrier to meaningful activities risk assessments, she told us: 'Risk Assessments can be a barrier, but it shouldn't stop a resident doing an activity if possible.' ~~When asked further, the Manager did not see their being any further barriers in this sense.'~~

*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.

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**Service provider response:**

We have taken on board feedback from the report and are aiming to incorporate more regular activities within the home to cater to the needs of our residents.