

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Brownscombe House Nursing & Residential Home

Hindhead Road, Haslemere, GU27 3PL

28th October 2016, 2pm- 4:15pm

Alan Walsh, Jill Bowman & Angus Paton

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.

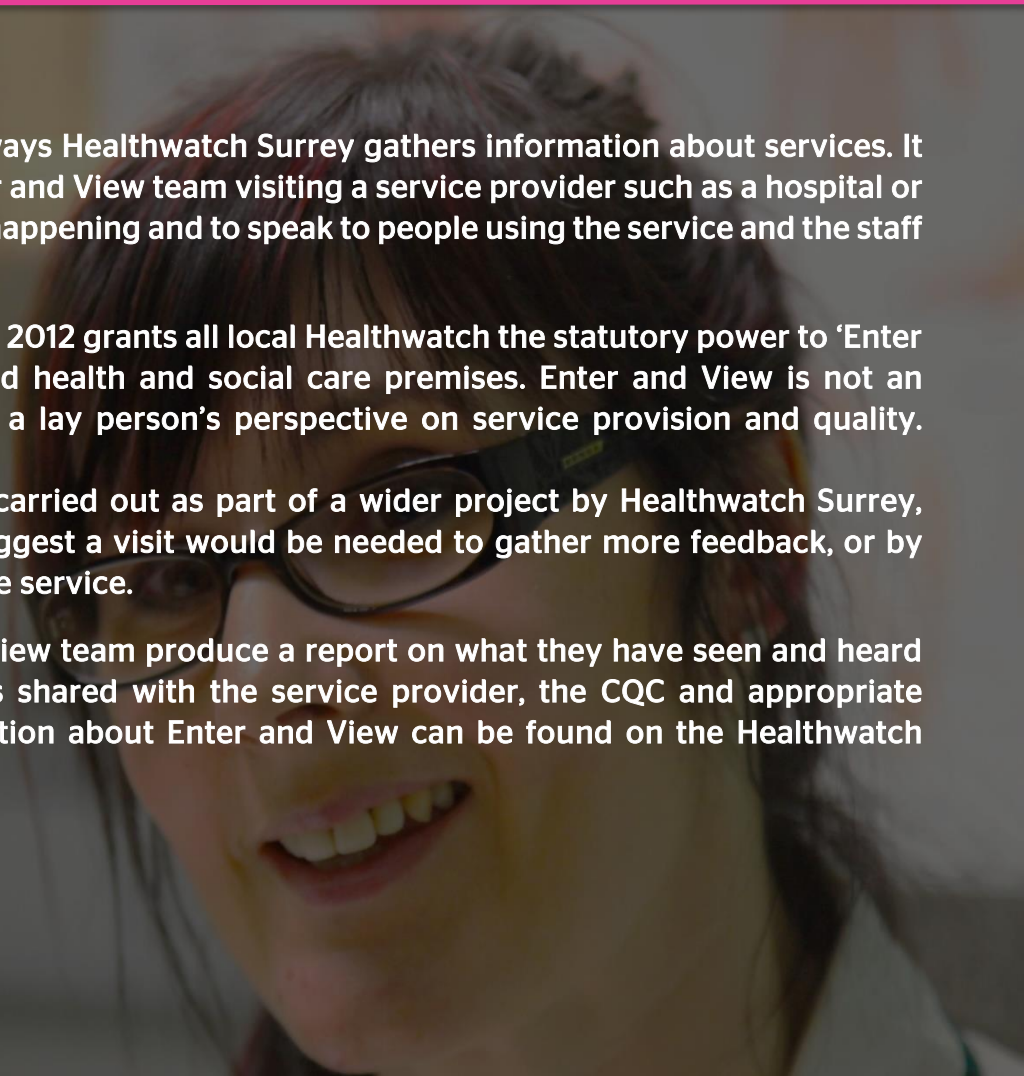
What is Enter and View?

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 foyer the Healthwatch Surrey notification letter was not on display, the CQC Inspection Rating was displayed. There is a Staff photo display board and a sign showing 'Protected Mealtimes'. We spoke to the Manager of the service who advised us as to the layout of the home and showed us around, we were also given permission to approach residents and staff. We spoke with two residents, three care staff members, the Activities Coordinator and the Manager. The interview with the Manager took place in the office, with the other interviews taking place in the lounge.

The home is well decorated and clean throughout and it is free of obstructions. We were informed by the Manager that the home has two floors. On the ground floor is the foyer/reception area, a clinical room, sluice room, laundry, ironing room and access to the lift. We were taken upstairs into a secure unit and shown the lounge/conservatory, an activities room, dining area, kitchen, the Managers office and the garden. In the entrance to this unit there is a display board showing Relatives Meeting and Residents Meeting timetables and a customer feedback sign.

On entering the lounge area, we observed a care staff member tending to a residents needs helping the resident to wipe their mouth. There was an activities board on the wall displaying a full range of daily activities. We entered the activities room where we saw the following games; bingo, scrabble, jenga, call-to-mind, nought & crosses, along with arts & crafts, darts, knitting and skittles.

There were also bookshelves with an array of books upon them. The garden is spacious and houses a table, chairs and benches for residents.

We were shown past the resident rooms that had a photograph of the occupant and their name on the door. We were shown into an empty residents room which was spacious, clean, well decorated and had a bed with an air mattress on it.

The Manager informed us that Brownscombe has 32 rooms (3 are double) and currently houses 26 residents. At the time of our visit were informed there were five care staff and one Senior member of staff on duty.

Summary of findings:

- The residents and their environment looked clean and tidy
- We saw evidence of interaction between staff and residents, some who were complimentary about the service and staff.
- We saw a care worker supporting a resident with their personal needs
- Management and Staff were friendly and approachable.
- Washroom and toilet facilities were clean and accessible.
- There are good accessible disabled facilities for residents and visitors.

Results of visit

Person-centred approach:

When we asked the Manager what she understood to person-centred care to be, she told us it is 'treating the person as an individual, every single person is different, you get to know likes and dislikes through their life story'. 'We get feedback from staff and families which informs us of what the resident likes and dislikes, but mainly get it from the resident.' We asked the manager if the home collects life history from resident, she replied: 'Yes we do. When a potential resident comes to Brownscombe we meet with their family and ask about their relatives past, all aspects of it. We take that information and put it in their care plan. We do one to one with the residents, we ask them what their likes and dislikes are, what hobbies they did in the past, what job they did.'

A care staff member who spoke with us said person-centred care is working with a 'person who needs help, who I'm trying to keep safe and secure and who trusts me'. They said they 'give them everything they need and consider them my family'. In this regard, another care worker we spoke with said: 'Carers have to understand what residents need. Each one is different, we can help them the best way we can.' The Activity Coordinator told us that person-centred care was knowing 'their life story, find out interests, everyone is different'.

We asked the manager if activities are regularly reviewed, she replied: 'Activities are reviewed monthly or when necessary with the Activities Coordinator and families. Reviews and evaluation is constant and ongoing. We send quality questionnaires to families, friends and visiting professionals so we can get feedback. We also do care feedback with residents all this feedback influences future activities.'

We spoke with a resident who was sitting with relatives and enquired if anyone at Brownscombe had asked them what activities they liked to do, they told us they had been asked about their 'life history'. This residents relatives said they 'reminisced about' their past, 'where they had lived' and talked about the war'.

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 told us they were 'catering to what the resident really likes, it's not one size fits all. A meaningful activity will empower a resident and raise their self-esteem'.

A care staff member told us their understanding of meaningful activities is to 'encourage (residents) to use their brains, make them more confident to bring in their own ideas'. For another care staff member meaningful activities 'help you to forget problems, helps residents to feel better, they feel at home'.

We asked the Manager who is responsible for meaningful activities at Brownscombe, she replied: 'All of us, even myself, I join in, carers, nurses and management. The Activities Coordinator is the facilitator but we all play a part.' A care staff member told us the person responsible is the 'Activity Coordinator, every day (they) do as much as (they) can even doing personal care...' the Activity Coordinator 'uses radio and TV to keep people up to date so they can feel they are in a real community'.

Another carer told us the Activity Coordinator is responsible for meaningful activities 'every week day...' but 'at weekends we do it'. This staff member informed us they 'book outings for those who can go'. This staff member added they 'book the coach through an agency'. They continued saying that while the Activities Coordinator is on annual leave we do games and bowls. We are 'doing it from our hearts'. The Activities Coordinator spoke with us about what their role entails, they told us it 'involves planning activities and organising external entertainment'.

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so, the Manager replied: 'We adjust activities to what the individual needs of the residents are. If they say 'No' and don't want to do it, we leave them for a while then go back, explain the activity, give them a choice of what they would prefer instead, we would not force them to do any activity.'

The care staff member we spoke to informed us they encourage residents to participate in activities by offering 'to go outside, leave it five minutes and then ask again'. They continued saying they would 'keep trying if (the resident had) full mental capacity. They would 'give other options, make tea. We can't force them, they can make a choice'.

Another carer told us if a resident did not want to engage they would 'try to find out why they want to stay in (their) room, try to find out what they would like to do.' They continued telling our Authorised Representative they would see 'what kind of activity they (the resident) like to

get suggestions. But, if they don't want to join in they have the right to say no, in case you get them upset'. In this respect, the Activities Coordinator told us: 'You cannot force residents to join in.' She went on to say that she 'takes time to discover their interests, then maybe they respond to occasional chats'.

The manager explained that the purpose of encouraging meaningful activity is 'so the residents have a good quality of life, to promote well-being, to promote mobility and stimulation'. According to the manager this helps residents to maintain skills or improve them...' such as 'walking, dexterity, movement. Activities also help improve mental and emotional well-being so they feel valued, their life has meaning it improves quality of life'.

We asked care staff members how they support residents who use outdoor space, the first staff member told us if the 'weather is good we try to get everyone outside (in the) fresh air'. They told us the residents play 'ball games and sit under the pergola and have tea. Sometimes we get deer in the garden and rabbits'.

The resident who spoke with us said they 'can get in and out and is encouraged to do so'. When we asked if there are activities this resident would like to do that they are not currently doing, they said: 'I would like TV (to watch) Sky Sports' which presently this resident does not have access to.'

How are activities differentiated to meet individual needs?

We asked the Manager how activities are differentiated to meet individual needs, she told us in the care plan 'we know their likes and dislikes, we then set activities for the resident that matches what's in the care plan. This is how we make sure activities link into individual care plans that are person-centred'. She said the purpose of encouraging meaningful activities that meet residents' individual needs was to 'empower them and give them a better life. If we can stimulate people psychologically, emotionally and physically it will make them feel better about themselves which will make them happy'.

A care staff member we spoke with said she knows what individual residents like to do because she takes time to 'read care plans' so she can 'gain more knowledge as she gets to know them'. She also told us that sometimes when you 'see faces... you can tell they are not happy'. She told us that staff 'share information on how to respond' to residents when they are unhappy saying this is 'team work'. She continued by telling us that staff use 'life histories...' that she does one to one's' with residents from which she 'learns a lot'.

The Activities Coordinator gave examples of working with residents who have hearing and sight impairment saying that for people with sight issues they use different 'coloured equipment' and when working with people who have hearing issues they sit near them and 'do things to suit' the residents' needs. When asked how they engage effectively with residents with dementia, the Activities Coordinator told us they use 'sensory stimulus, hand touch, coloured stimulus, music and smells'.

Involvement with local community?

According to the manager, Brownscombe has 'links with the local church, St Stephens - the vicar comes in to do communion. At Christmas we have children from St Ives School come in to sing carols. This summer we took a group of ten residents to the seaside at Portsmouth, they really enjoyed eating fish and chips with their families. We go to local pubs and garden

centres. We have a visiting hairdresser every fortnight, 'Pet as Therapy' once a week, a chiropodist every six weeks and local GPs visit regularly.'

A care staff member told us 'music people come in' to the home and a 'lady with simple games' also comes in. There are 'church services every two weeks and a hairdresser comes' in to the home. Another care staff member told us the home has 'trips out once a month at least'. They continued telling us there are trips to the local market, to 'Portsmouth, Liphook...' and the 'Royal Oak pub for lunch to eat together'. This staff member also told us the 'church community comes in once a fortnight'. The Activities Coordinator told us that every week a volunteer with a dog comes into the home and a 'couple of schools come in at Christmas'.

Involvement and opinions of family and carers:

We asked the Manager what involvement families have in the home, she replied: 'They are involved in formulating the care plan, they give us the information that we need to get a wider picture of who the resident is. We have family meetings every two or three months, these are minuted. We have meetings because families represent their relatives and we welcome feedback and suggestions so that we can deliver person-centred care and activities for the residents.'

Activities Training:

When asked what formal training staff had undergone to support meaningful activities and person centred care, the Manager said the 'Activity Coordinator has activity training, meeting every month with other Activity Coordinator's across the homes'. She told us that staff have 'Activity as therapy Training' which is part of Dementia Awareness Training'. All staff do the 'Care Certificate, NVQ's, dignity Training'...' and all the required 'mandatory training.

The Activities Coordinator told us they had done 'Dementia Training'. Our Authorised Representative asked 'if there was any training planned?' The Activities Coordinator replied: 'None, but she responds to information that comes in about future courses.'

Barriers to Meaningful Activities:

According to the Manager, there are no barriers to Brownscombe delivering meaningful activities, when we asked: Are there any barriers?' She replied: 'None.' Then went on to say: 'We have no financial issues, the owners are very supportive. When I ask for a trip out, even if it's very expensive, they say 'Go ahead'.' She continued saying there are 'no staff restrictions, before we do an activity we plan how many staff are needed to help conduct and deliver the activity. Families are very supportive and join in as well'.

We asked if there are any barriers outside the control of the service that could put restrictions on activities taking place, the Manager replied: 'It depends on the residents' health that could be restrictive. Also, if the activity does not cater for a resident's disability, if an activity is not wheelchair friendly - such as in a coffee shop - we would go somewhere else, but we try our best to prevent this by doing a risk assessment which may stop the activity taking place.

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:

No response was received from this service provider.