

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Glebe House Care Home

The Broadway, Staines TW18 1SB

27th October 2016, 9:30am- 12pm

Alan Walsh, Jason Vaughan & Lauren ter Kuile

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.

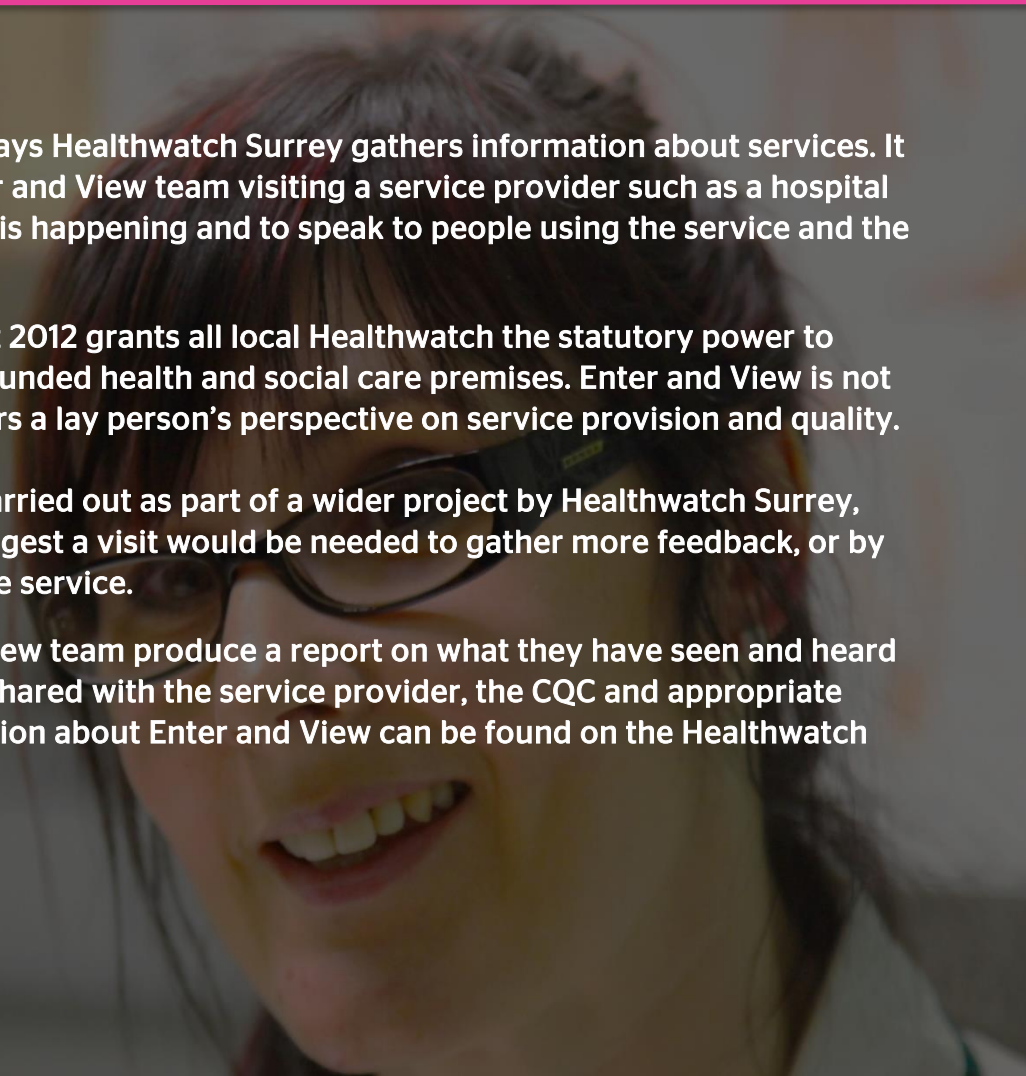
What is Enter and View?

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 and inspection rating were on view. There was also a Health & Safety poster and Fire Assembly information on the wall. We were greeted by the General Registered Nurse 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 a General Registered Nurse (GRN). The interview with the General Registered Nurse took place in the office, with the other interviews taking place in the lounge and dining area.

The home was homely and clean throughout and appeared to be free of obstructions. The GRN told us the home has two floors. The home has a lift for access to each level and gates at the bottom and top of each set of stairs to prevent residents from falling. There are 23 rooms which currently house 23 residents one of whom was in hospital on the day of our visit. Of the 23 residents 2 are residential, with 21 being nursing. All but three of the rooms are ensuite, there are two communal bathrooms, one on each floor, with a 'Wet Room' walk in shower on the ground floor. On the ground floor there is a lounge, a dining room - in which there was a CD player.

The ground floor, including dining area and lounge had been decorated in a Halloween theme – there is a conservatory which leads to the garden. The garden is spacious and has two parasols, designated smoking areas and benches. The Managers office is situated in an outer building that is in the garden.

We were informed that staff accommodation is also available in a building at the rear of the garden which has a fridge, microwave and shower facilities. We were also told by the GRN that residents are involved in planting vegetables and flowers in the garden.

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.
- Management and Staff were friendly and approachable.
- We witnessed an Arts & Crafts Activity that was Halloween themed taking place
- 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:

When speaking with the GRN she said that person centred care is 'caring for the individual and meeting their special, individual needs, every resident has different needs. We get information on the resident from their care plan'. A member of the care staff told us that person centred care 'is trying your best to meet the needs of the individual'.

When we asked if the home collects life histories from residents and their families, the GRN replied: 'Yes we do. Some families contribute by writing a relatives life history or a summary of it. This helps us to understand the resident , this shows us what an individual likes to do so when we put their life history in the care plan this will show us what activities they like to do'.

The GRN told us: 'We update the care plan on a monthly basis we address any changes relating to the residents'. She added: 'Activities are regularly reviewed through having 'monthly staff meetings'. She continued by saying: 'The Manager asks the Activities Coordinator to put on the agenda any issues relating to activities these are addressed in the staff meeting'.

A resident we spoke with told us that staff will help them to get involved with activities. When we asked them they replied: 'Yes... they are always willing to help'.

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

When speaking with the GRN about what her understanding was of the term meaningful activities she said: 'We always try to keep them (the residents) occupied. We try to give them options so they don't get bored by keeping the residents engaged to stimulate them and maintain their motor skills'.

Regarding who was responsible for meaningful activities at Glebe House, we spoke with the GRN who told us the 'Activities Coordinator deals with the rota and coordinating, most staff deliver activities'. A member of the care staff informed us that 'all staff play a part, but at different times'. Another staff member said it was 'everyone's responsibility, but we have an Activities Coordinator'.

We asked a member of the care staff team how they build meaningful activities into their daily work schedule, they replied: 'We do it through having a routine we have activities every day for the residents'. When asked this same question, another care staff member told us: 'Some residents are unable to walk; we have to bring them down'. Our Authorised Representative recorded that 'some residents who are bed-ridden and are not able to come down so staff go and sit with them, read and play music and any games they can'. A staff member also told us meaningful activity is used to keep residents 'engaged'. They continued saying: 'We ask what their choices are and ask about their history, three residents are allocated to each member of staff'. A care worker told one of our Authorised representatives that 'being allocated residents allowed them to develop better relationships and be more responsive to their needs'.

We asked the GRN 'What is the purpose of encouraging meaningful activities with residents?' She replied: 'To keep them engaged, to stimulate them. For me it's better to see residents bright and alert, smiling rather than just sitting bored'. The GRN was then asked how the home encourages residents who do not want to engage in activities to join in, she said: 'We do one to ones; explain the activity and show them the activity. You have to assess, you can push, but if they don't want to, it's their choice'.

A care staff member told us that to encourage residents to engage they will 'ask them if they want to take part, if not we sit and talk to them...starting the activity often encourages others who don't initially want to take part they will take more interest'. Regarding this, another care staff member said: 'We try to encourage them by explaining the activity'. Concurring with the GRN she continued: 'We will do one to one, if they say 'No' it's their choice I will go back and try later'.

We asked two care staff members how they support residents who use outdoor space, the first staff member said: 'When residents go into the garden we support them whether they sit or do gardening. When residents go out with their family staff do not go unless family need help, then staff will go'. The other care staff member informed us there is 'easy access to the garden'. The 'shop is very close by' and residents are 'escorted' there when they choose to go out.

The resident who spoke with us said they go 'walking in the garden a lot when the weather is fine, I can go out on my own if I want to'. We asked if residents are allowed to help with the running of the home they told us 'we are not allowed in the kitchen, I used to help in the garden but can't do it much anymore, staff are always here to help'.

How are activities differentiated to meet individual needs?

We asked the GRN how activities are differentiated to meet individual needs, she replied: 'In the care plan we have recorded the residents' likes and dislikes, interests and hobbies. We look at the care plan and we shape activities around the individual'. In this respect, a care staff member said: 'I know the residents and what they like to do we look at their life story in the care plan, we get to know the residents when working with them'.

The GRN added: 'We do many activities with the residents' these include painting, handicrafts, games and flower planting in the garden. Some residents can't go out because of their physical disability, it will tell us why in their care plan, so we will do an activity that meets the needs of that resident, an activity that is appropriate, this could include doing a one to one with the resident, reading to them or talking'.

When speaking with a care staff member, they told us they were involved in activities 'on a daily basis' doing 'bingo, quizzes, dancing and puzzles'. This, they said, was done to 'keep people engaged'. We noted that the house was decorated for Halloween, and we were told that the home is hosting a Halloween party for residents. They went on to say that the 'house is decorated for special occasions and we always celebrate resident birthdays. While the Healthwatch Team were in attendance we witnessed an activity being done where residents were doing an arts and crafts exercise led by an external activities facilitator, residents were making Halloween themed decorations for the home. The resident we spoke to told us that arts and crafts were always on Thursdays at 11am.

Involvement with local community?

According to the GRN, Glebe House has links with the local church and the 'local Priest visits to speak with residents and do Holy Communion'. She further told us that a 'hairdresser visits once a week, a chiropodist visits every six weeks and children come in from Laleham Church. We were informed by the GRN there had been no communal trips outside since 2011 because 'these are not suitable due to residents capacity and physical needs it's not suitable to go on trips for medical reasons'.

A care staff member we spoke with informed us that a 'hairdresser, manicurist and chiropodist' visit the home on a regular basis to deliver personal care in their relevant areas of speciality. They told us Glebe House does not have a bus, they 'used to but can no longer use (a bus) due to needs of residents. They went on to say the home has 'trips every 3 to 4 months...' where they take residents 'to the river and have snacks'.

Involvement and opinions of family and carers:

The GRN stated: 'We are always engaging with the families. Some families do activities with residents, some families do not want to engage with us or contribute but we try to encourage them to be involved. We are always open for families to visit, we are open 24 hours'. A care staff member who spoke with us said: Families come in for special occasions...' and when a resident wants to go out their 'family will take them out'. The resident that we spoke to told us that a friend from her church regularly visits and had recently brought her flowers.

Activities Training:

When asked what formal training staff had undergone to support meaningful activities and person centred care, she explained there is 'no special training for activities'. She continued saying: 'The Manager provides books, CDs and DVDs for the staff to learn from'.

There is also 'online Dementia Training, NVQ Training at all levels and Medication Training. She told us that Surrey Rest Homes as a 'company have an internal trainer for 'Infection Control, Moving and Handling, Food Hygiene and End of Life Care'.

Barriers to Meaningful Activities:

For the GRN, the main barrier is the 'stages of dementia' and 'people losing their skills...' which can cause a 'lack of communication so residents cannot engage'. Our Authorised representative asked the GRN did say that there was nothing outside of the control of the service that affects residents doing an activity, she said: 'There is nothing'.

We asked if a risk assessment could be a potential barrier, especially if it highlighted particular areas that would prevent a resident from doing an activity that they wanted to do, the GRN replied: 'If a family want to take a resident out, that's their risk. Family have to sign a declaration so the home is covered. Families have to be aware of the risks of doing an activity outside with a relative'.

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:

Thank you for your e-mail.

I do apologise for not replying sooner, but I was on annual leave and nobody had access to my e-mail!

It is all right to publish the report, as I trust that it's accurate!

Kind regards,

Marilena Pasca