

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Keswick Care Home

Eastwick Park Avenue, Great Bookham, Leatherhead,
KT23 3ND

5th October 2016, 1:45pm- 4pm

Alan Walsh, Gareth Jones & Janice Turner

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.

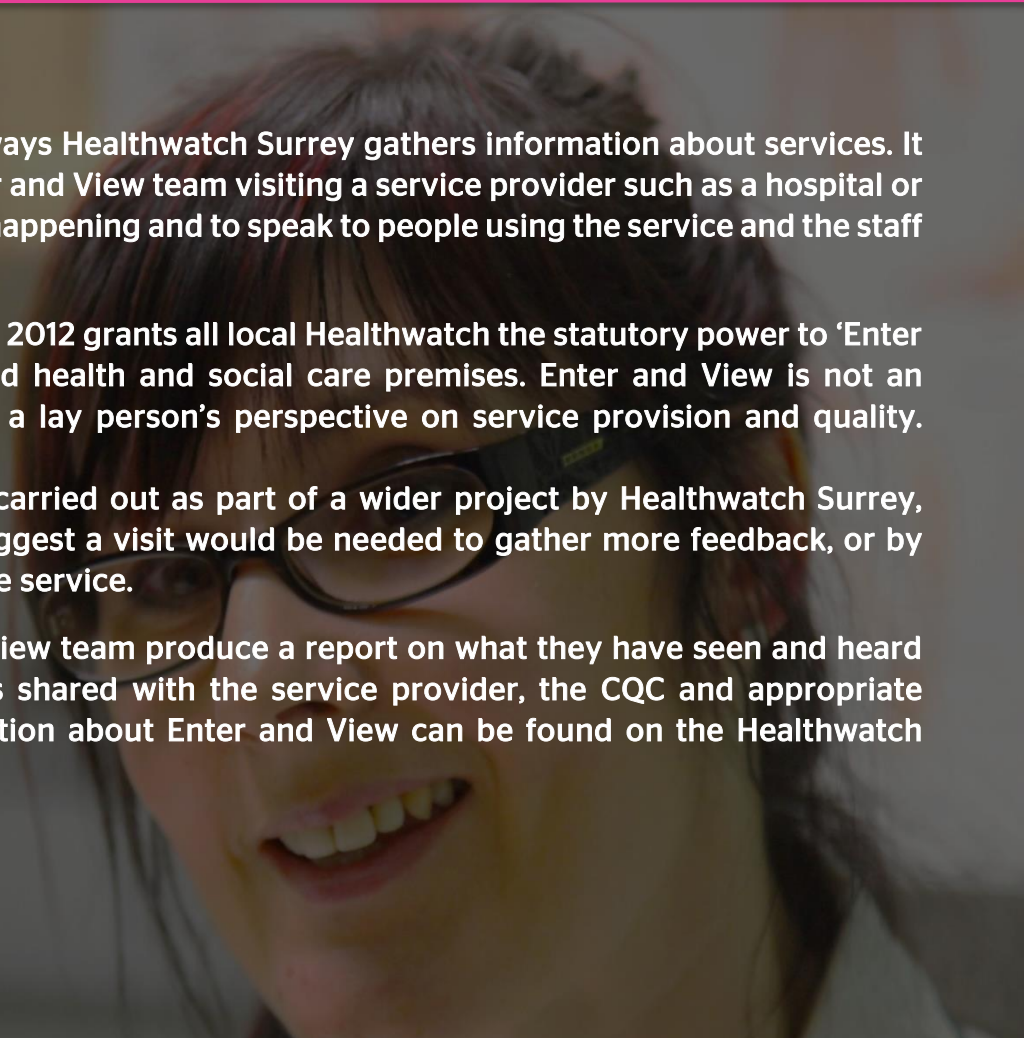
What is Enter and View?

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 displayed as was the CQC Registration Certificate. There is a 'Meet the Team' display board with photographs of staff and their job role. In the main reception area there is a stall where residents can buy sweets and toiletries.

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, 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 Manager told us they were 'updating the environment' of the home which was clean, free of obstructions, with evidence that the home is currently undergoing a decorating refurbishment. The Manager said the home was presently housing 48 residents with one person being in respite care. There are seven units all named after flowers: Bluebell, Daffodil, Carnation, Rose, Primrose, Lavender and Aster these are spread over two levels - there is a Team Leader assigned to each level. There are notice boards in each unit that display the signs: Keeping Customers safe, We Welcome Your

Feedback, Choking Prevention Policy, You Said, We Did and a Dementia Communication Board. All the units have a combined lounge and dining area except Aster which has separate dining room and lounge areas.

Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of good interaction between staff and residents.
- Management and Staff were friendly and approachable.
- We saw staff helping a resident with a jigsaw puzzle.
- We saw staff reading through resident files/care plans
- Washroom, bathroom and toilet facilities were clean and accessible.

Results of visit

Person-centred approach:

When speaking with the Manager about person centred care, she told us: 'It is care tailored to meet the needs of the individual.' She continued: 'We need to meet the individual needs of our residents'.

Regarding gathering a resident's Life History, the Manager said: 'We collect information from the family and residents. We give blank copies of 'My Life Story' to families who take them home and fill them in then hand them back to us. We tailor our activities care plan around 'My Life Story'. We also have a 'Reminiscence pack with memorabilia to suit their past history, such as the war and the seaside such as Pontins and Butlins.'

We asked how and when the care plan and activities are evaluated and reviewed, the Manager told us: 'Every week we have a Head of Department meeting when we discuss what's gone well in the home, we look at activities, catering, moving and handling, all meetings are minuted, we will change something that's not working, we also take ideas from family meetings.'

The Activities Coordinator we spoke with informed us that they ensure allowances are made for the different interests of the residents when planning activities through having 'personal knowledge' about the residents. There was a direct link through the care plan, the 'This Is Me' document and the 'Reminiscence Package' that gives a fuller picture of the residents individual needs.

The Manager said: 'We hold monthly workshops and supervisions around all aspects of care, these include activities, diets, personal care and motivational discussion, this designed to meet individual needs of our residents and is geared towards providing person centred care and meaningful activities.'

A staff member we spoke to said staff joined in the day centre activities when possible but most of the interaction was with residents doing 1-1 in the communal areas. They felt that

games and word puzzles were very helpful in 'keeping their minds bright' and told us it was important to be aware of the residents' background and she clearly knew about such things as their previous employment, where they had lived, giving several examples.

This staff member added that they thought it was important to talk to residents about their earlier lives and that such conversations and communications with residents were important. They were also aware and gave examples of specific support individuals needed to be able to join in activities.

The resident who spoke with our Authorised representatives told us that they help them get involved with activities, such as 'drawing, looking at books together and taking me in my wheelchair to the Day Centre'.

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

When asked what the term meaningful activities meant to them, the Manager told us it is 'what is meaningful to that person'. We asked the Activities Coordinator the same question and they told us that you 'need to understand each patient'. The Activities Coordinator had a discussion with our Authorised representatives in which they discussed a resident who they 'discovered was a good pianist, so they encouraged...' that resident to play.

When we asked what is the purpose of meaningful activities the Manager told us the home wanted to help residents 'fulfil their lives'. 'I want them to try new things, new likes and dislikes. I want people in a residential home to not be restricted. They deserve the same opportunities as everybody else.'

We also asked the Manager who is responsible for meaningful activities in the home, she replied: 'Everybody who works here, housekeepers, catering staff, Activities Coordinators of which there are three, Keyworkers, Team Leaders and Management, all play a part in activities. In this sense the Activities Coordinator we spoke with told us that staff 'tend to need encouragement, but time is a constraint. Would like more input, but most activities are in the Day Centre while Care Staff are in the lounge and will interact with residents then.' It was acknowledge that staff interaction with residents in their daily routine, whether in the lounge or in a structured activity in the Day Centre is recognised as being involved in activities and that such activity is person centred and meaningful with it being on a one-to-one basis. The Authorised Representatives observed such activities in the dining room/lounge areas where some residents seemed content to stay and interact with staff and other residents around them.

We asked the Manager how residents are encouraged to participate in activities they do not want to do, she replied: 'Even those residents who stay in their room are given one to one time. Some residents prefer smaller group activity. You have to respect their choice sometimes residents want their own space.' The Activities Coordinator told us that when residents do not want to engage they use 'persuasion' to try get people involved, but ultimately it is the residents' choice.

We enquired if residents use outdoor space at the home, the resident we spoke with said there is 'easy access to the garden...' they continued saying the home 'uses a minibus, we went to the coast recently, had a meal out and went on the pier.' This resident also told us that a hairdresser comes into the home, they go to church and they also have services in the home and their family visits them in the evenings.

How are activities differentiated to meet individual needs?

The Manager told us that activities are differentiated to meet individual needs through the activities linking in to individual care plans. She informed us the home does this through using life stories. She expanded on this by telling us about the pre-admission assessment that is undertaken with the resident and their family when the home has a 'conversation with the resident about their likes and dislikes, what comes out of that is how we gauge activities that meet the individuals' needs'.

The Activities Coordinator we spoke with said they used 'personal knowledge' of the resident to allow for different interests when designing activities. They told us that they differentiate activities to suit the individual by looking at their care plan and assessing what their needs are. They gave us an example of a resident being blind and how they had assessed their needs and what was possible for that resident, after which they resident had become involved in singing activities.

The resident who spoke to us informed us they like to 'sit outside and watch children playing in the playground. If it is raining they watch TV in their room or go into the Day Centre.' For entertainment, this resident said: 'People come in singing, dancing, people teach, eg sewing.' This resident told us they are 'quite happy here...' there are 'no faults with the carers'.

Further expanding on meeting individual needs, the Manager said: 'It's about communication you can get very good results through talking and explaining to the resident what the activity is, we aim to meet their individual needs.'

Involvement with local community?

The Manager told us that Keswick has links with the Women's Institute who come into the home weekly to do the 'knitting Club'. There are also links with the local church who come into Kewsick to do Communion. 'A pianist visits the home every fortnight, the hairdresser attends twice weekly, the chiropodist visits every week and the local nursery and schools come in and play music, as well as the Scouts and cubs.'

The Activities Coordinator concurred with this telling us that the home engages in the local community through having 'extensive visitors' these include 'several churches, the Women's Institute and a Visiting Dog.' They went on to inform us that there is a scheme called 'Parcels For The Community' that the home is involved in, this consists of 'blankets for the elderly...' and 'toys being sent abroad last year'. Residents also attend 'MacMillan's Coffee Mornings and have also recently been involved in preparing food boxes for the local community. The Manager told us 'the more people do, the better their lives are'.

Involvement and opinions of family and carers:

The Manager told us: 'We have good relationships with family members they're involved as much as possible.' She further added: 'Families are involved here in the development of the care plans and activities calendar.' She told us there was one resident who 'does Wine Club on Monday evening and the Women's Institute lunch on Wednesday and Flower Club on the first Friday of every month.

The family have arranged a taxi (Dial-a-Ride) to pick resident up and bring her home for all three activities, the family are directly involved. Other residents have family involvement with

taking them out.' The Manager also said: 'We have good relationships with family members - they're involved - we try to involve them as much as possible.'

Activities Training:

The Manager told us that Anchor have an online training programme that includes: 'Equality and Diversity, Safeguarding, Data Protection, Infection Control and Moving and Handling.' We were also informed there is also classroom based training for staff who all have to do the Care Certificate.

The Activities Coordinator we spoke with told us they had not undertaken any formal training for their role, but they had undergone all the necessary training made available by the home. They did say that guidance had been given by Anchor and they went to visit Activities Coordinators in other Anchor homes who meet quarterly with a 'Service Delivery Consultant' from Anchor.

Barriers to Meaningful Activities:

When we enquired about the potential barriers to activities the manager stated: 'We do risk assessments and have a structured agenda for that day and a back-up plan.' She added: 'We try to reduce the risk of unforeseen circumstances outside of the home preventing activity taking place.' She continued: 'As long as people are safe and they have capacity, there is no restriction. We would do everything in our power with family involvement to make an activity happen we try to fulfil resident's wishes.' The Activities Coordinator we asked this question to told us they 'would like to take people out more'. There was no further expansion on this.

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 the service provider.