

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Malmesbury House Care Home

18 Beauchamp Road, East Molesey, KT8 OPA

14 September 2016, 1.45pm - 4.15pm

Alan Walsh, Janice Turner and Jane Owens

Healthwatch Surrey, The Annexe, Lockwood

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.

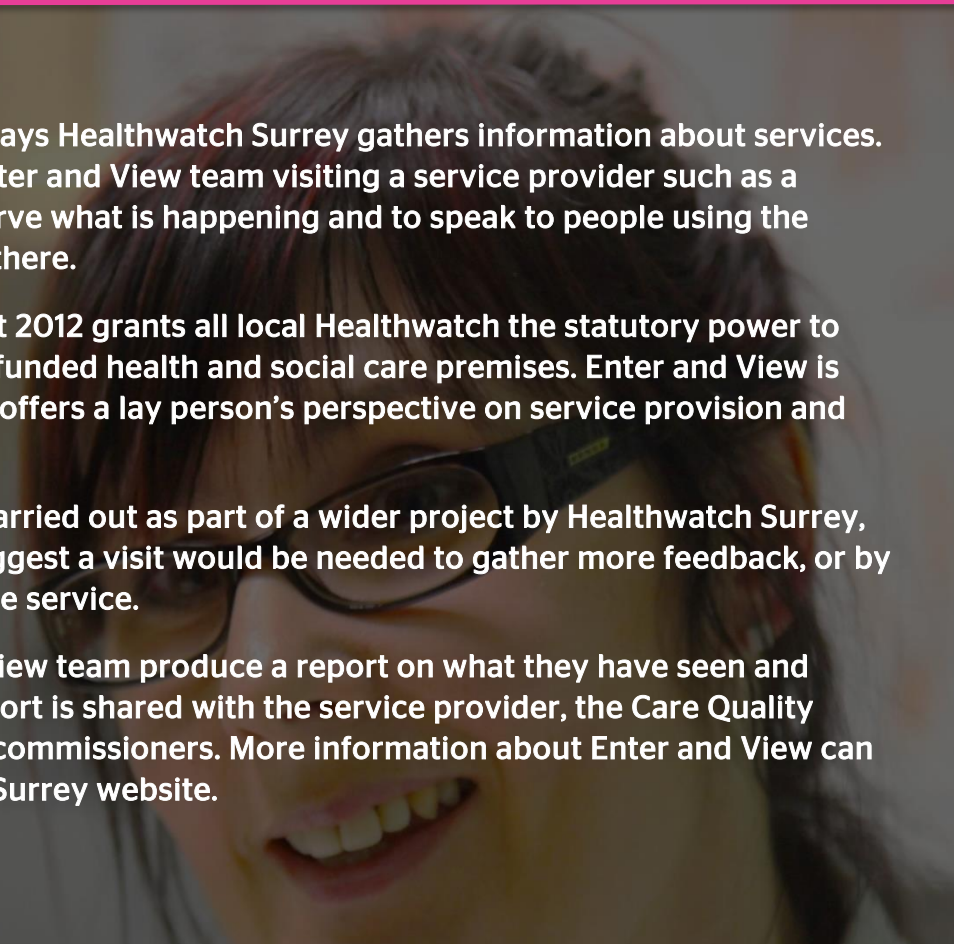
## What is Enter and View?

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 Care Quality Commission and appropriate commissioners. More information about Enter and View can be found on the Healthwatch Surrey website.



## Purpose of the visit

- The aim of the visit is 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
- Observe residents and relatives engaging with the staff and their surroundings
- 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 entrance hall of the building, the Healthwatch Surrey notification letter was not displayed although the manager informed us it had been received. The homes' Care Quality Commission (CQC) Inspection Report Rating was displayed. We spoke to the Service Manager who informed us about the layout of the home, showed us around and gave Healthwatch permission to speak with residents and staff.

During the visit the authorised representatives spoke to one resident, two care staff and the Manager. The home did not have an Activity Coordinator. The interview with the Manager took place in the dining room with all three Enter and View Authorised representatives present. The interviews with one resident and one member of the care staff also took place in the dining room and another interview with an (agency) care staff member took place in the conservatory. Healthwatch Surrey had access to interview any residents we chose to but many were not available due to being busy in a group activity.

Part of the visit was observational. We were able to access all the communal areas, including the entrance, main reception, office, dining room, lounge, conservatory, back garden and the upper floor. We were informed there were 19 beds and the home had 13 occupants at the time of our visit. There was a laundry room with one washer and one dryer, the Manager told us that

residents 'helped with the washing.' There was a kitchen area where the fridge was labelled (Colour Coded) in relation to food.

## Summary of findings:

- On entering the property there was a pungent smell of urine, with the environment looking shabby and poorly maintained.
- Some of the residents had varying degrees of dementia, some looked unkempt and dishevelled.
- There was a Holy Communion service taking place with people singing on our visit as well as a game of skittles being played, but some residents were disengaged.

## Results of Visit

When asked, the Manager said that a 'Person Centred Approach' is: 'Stimulation, Interests, Hobbies, keep them engaged, every individual has a choice, not same activity.' A member of the care staff who was from an agency believed that person centred care was: 'To make a person feel loved and cared for, so they are not abandoned.'

In relation to ensuring person centred care is built into meaningful activities, a member of the care staff said: 'I talk to residents and help them to do what they want, I explain to residents what we are doing.' Another staff member told us: 'I ask the manager for ideas or take ideas to her.'

The manager told us that a life history is taken from residents when they come to the home: 'We ask the resident about their past with help from their families. We use photo albums, one to one talk about their past and what they used to do. If they can't communicate, we talk to their family.' In relation to activities being reviewed, the Manager informed us that this is done '...on a monthly basis. A new arrival may trigger a new activity.' Regarding person centred care that relate to meaningful activities, and what resident's preferences were, a care staff member told us that '...at a residents meeting I would ask them.'

When observing the home, it was clear the environment was not person centred and did not fully meet the needs of the residents in that capacity. The home smelt of urine, the dining area looked dated and drab, the carpet in the corridor running from the conservatory to the main house was threadbare in places, which presented a trip hazard - it was also contaminated with faeces. On all floors framed pictures that hung on the walls were slanted and not secured properly. Other carpets throughout the property were also threadbare and stained. In another ground floor corridor, an electric cable had been pulled away from the wall, thereby exposing live wires that were covered with sellotape (the manager blamed this on a 'problematic' resident who was being moved).

The garden area had a steel wheelchair ramp that was rickety and appeared to be unsafe - one of the HWS Representatives who uses a walking stick felt unsafe when using the ramp. In the garden there were weeds growing through the cracks between the paving stones. It was a very warm day on our visit and when entering the conservatory it was stiflingly hot, with no air conditioning. The toilet on the ground floor was dirty and the curtains were drawn in the dining area to block out the heat of the sun, this made the room very dark. In a ground floor

bathroom the wall mirror was decaying around the edges opening a potential hazard for bacteria to gather.

On the top floor of the property there was a glass panelled door through which you could see boxes filled with files piled on top of one another, the whole area was filled like this and presented a potential fire hazard. The décor was drab and in general the environment was unclean, shabby and hazardous.

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

The Manager informed us that she was responsible for meaningful activity in the home and had to make resources available, but she was: 'Busy in the home, there was no deputy...' and she did not have '...much time to do the rest.' She added, 'I am looking for an Activity Coordinator.' We were informed that the home was under capacity regarding staffing and they were unable to meet the needs of the residents. The manager did say that the purpose of encouraging meaningful activities was: 'To prevent isolation, stimulate and feel they have a purpose.' She said that the home encouraged residents to engage by talking to them. When we enquired who was responsible for organising meaningful activities, two members of the care staff team (separately) informed us it was the Manager.

A care staff member told us that 'staff do activities in the afternoons.' These include: 'Singalong, music, watching TV, reading papers' and sometimes having a 'movie afternoon'. This staff member also said they sometimes got involved in activities with residents by playing 'skittles, cards and talking'. We were also told that every a Friday a 'lady' comes into Malmesbury House to do activities for 90 minutes, these include exercise, a quiz and/or bingo, but only one of these is offered when she visits. We asked a resident if any staff had asked them the type of activities they would like to do, the resident replied that they had 'told staff, but nothing happened.' This resident added they would like to learn a new language.

The local vicar comes in once a month to do a Holy Communion and Hymn Singing Session. While we were visiting, such a session was taking place, with staff and residents participating and one resident being coaxed by a member of staff, who was holding the residents hands, whispering into her ear and guiding her into the dining area where the Healthwatch Surrey representatives were situated to sing a hymn. The church service was the most meaningful activity that we observed. The vicar in particular engaged well with the residents attending - he helped them to understand when he was next coming by saying that the leaves would be falling from the trees. Some staff were present at the service and helped residents to participate. We also saw some evidence of interaction between an (agency) care staff member and a resident who was helping the resident hold the hymn sheet.

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

Malmesbury House has some residents who live with dementia. When asked how the home differentiated activities to meet their individual needs, the Manager responded by saying: 'We talk to them, it's about choice and preferences... we don't force it.' A care staff member said: 'Talk to them, make resident feel at home, ask what she likes and what she used to do, encourage her in that way.' Another staff member replied that some respite residents are 'hard of hearing...this is allowed for.' It was further stated that: 'Another example would be playing a board game, so give additional support when she takes part. In the afternoon, there are enough staff to do that.'

## **Involvement with local community?**

A care staff member said that the residents: 'Never go outside into the local community...' but they would '...walk with them to the garden.' When asked about outdoor activities for residents, the Manager replied that they 'use taxis for transport and a hairdresser comes in weekly...' and we have '...contact with the local vicar who is Church of England.'

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

The manager informed us that interaction with residents' families takes place when the home is gathering information on a new resident's life. She also informed us that if a resident cannot communicate we '...talk to the family'. Regarding further involvement of families the Manager stated: 'Families take residents out...we have resident meetings once a month.'

## **Activities Training:**

When asked what formal training staff had undergone for their role relating to activities, the Manager said: 'None'. The Manager informed us that with there being no Activity Coordinator, she oversaw all aspects of activities and that no staff had been trained in this area.

## **Barriers to Meaningful Activities:**

We were informed that there had been no outside activities in 2016. The Manager stated that the main problems creating barriers to carrying out meaningful activities are staffing and finance, she advised that the home 'had problems getting staff for activities...' that '...staff had limited time...' because the home was '...down on capacity. She stipulated that lack of finances contributed to problems in this area.

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*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:**

Thank you for your report following your Healthwatch Surrey Enter and View visit on 14 September 2016 at Malmesbury House and the areas of concern you observed , I will submit my Providers Action Plan to you on Monday 3rd October 2016 stating what action the providers have taken to rectify the standards of the environment and our future plans. Mrs

Choudhary the registered home manager will also send you a report relating to the action she has taken relating to staff issues and documentation.

We are hoping to appoint a deputy manager by the end of October to support areas of the residents care and management of staff. We take all concerns noted in your report very seriously and agree with your findings and would like to reassure you that we will rectify these issues as soon as possible. We are also keeping CQC notified with weekly updates.

Please kindly confirm you have received this acknowledgement from myself.

Many thanks

Regards

Miss Zein Gajraj  
Providers Representative.