

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Princess Christian Residential and Nursing Care Home

Stafford Lake, Knaphill, Woking

13th September 2016, 2pm- 4:15pm

Alan Walsh, Jill Bowman & Jason Vaughan

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.

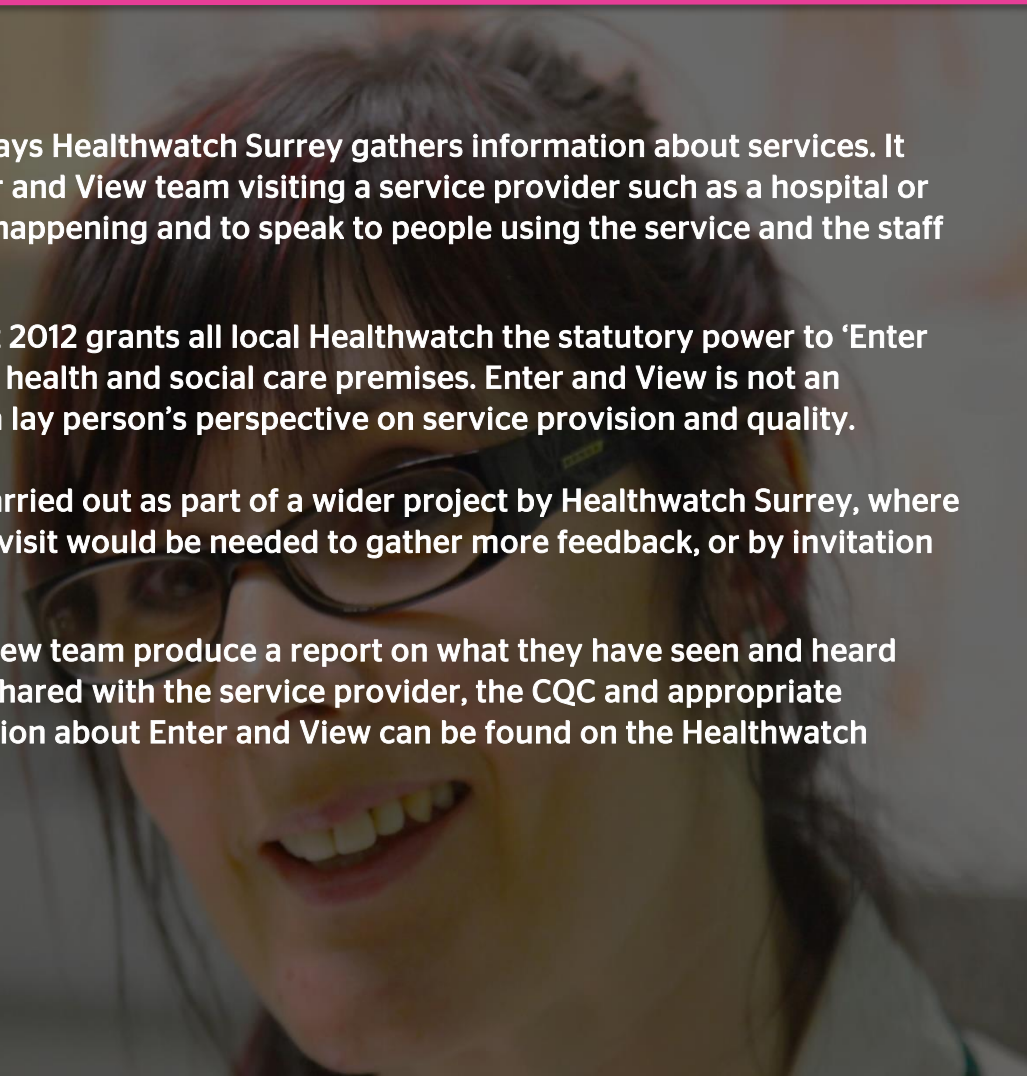
What is Enter and View?

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 would be visiting.

On arrival, in the entrance hall of the building, the Healthwatch Surrey notification letter was not displayed. The CQC Inspection Report Rating was displayed. There was a activities notice with pictures displayed in the dementia and nursing units and a sign headed 'Our Motto', it read: 'For us each person is recognised as an individual with a unique set of experiences and values.'

We spoke to the Deputy Manager of the service who advised us as to 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 a resident, a relative, three care staff, the Manager, the Deputy Manager and a member of the activities team. The interview with the Manager took place in the office, with the other interviews taking place in the lounge and the dining area.

The Deputy Manager said the home is split into 3 units: 'Bisley is a dementia unit that has 30 residents', Pirbright and Knaphill are nursing units that have 27 and 33 residents respectively.' We were able to access all the communal areas, including the entrance, main resident reception,

office, dining room and the hair dressing area. Bisley had two lounges that were coloured green & purple and a conservatory that was blue, the dining hall was pink.

Summary of findings:

- In the main, the residents and their environment looked clean and tidy. The residents in the dementia unit were engaging with staff - the staff seemed attentive to their needs and were supportive. In the nursing units, the residents were less active and were sat in the lounge not engaged with fellow residents or staff.
- In the dementia unit we observed evidence of interaction between staff and residents, less so in the nursing units.
- We saw evidence of a number of social activities on a weekly rota that were posted on the wall of each unit, these included: arts and crafts, music and tambourines, puzzles and quizzes, flower arranging, bowling, skittles, Song For Life, church, a cathedral concert, bingo, an exotic zoo visit and a cooking club.

Results of visit

Person-centred approach:

We spoke to the Manager who said that a person-centred approach is: 'Putting the person at the heart of your work' and 'tailoring activities towards a person and their needs.' He stated that this makes people 'feel valued, comfortable, giving them a sense of joy. We design activities for the person - that is person-centred.'

The Deputy Manager said that she 'oversaw' every aspect of activities, that activities are person-centred because it affects the 'wholeness of a person' and contributes 'towards making their lives meaningful.'

The Deputy Manager stressed it is essential that staff listen to residents and be aware of their needs, so that individual support can be provided when necessary. One member of the care staff said that to them, person-centred care was: 'to treat everyone as an individual and give each person choice.' However, when this staff member was asked how person-centred care was built into meaningful activities in their daily work schedule they had difficulty understanding and were unable to answer.

Another member of the care staff said that each person is different they have their own 'likes and preferences, like getting up early. We collect history from family and offer choices according to their old life.' A member of the activities team stated that person-centred care was based around the residents needs/wants.' We were told by the Manager that: 'Families play a vital role with the use of photographs, to provide patient centred care families are essential.'

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

The Manager informed us that when a new resident comes to the home, there are meetings with family, relatives and the resident to collect their life history. It was further stated that: 'We look at

the care plan and incorporate activities into the care plan based on information taken from the residents' life history. If we get new information on a life history, we update it.'

The Manager felt that the purpose of encouraging meaningful activities with residents was: 'to give them a 'time of joy', give them value and 'enhance their quality of life.' We were told that 'everybody has a personal responsibility to be involved' in activities.'

In the main, the staff we spoke to seemed to concur with the managers thinking on this, one of the care staff reiterated this by saying the responsibility of being involved with meaningful activities was 'everybody's'. Another member of the care staff stated that 'everyone' should be involved: 'Residents, families and staff in all departments, this would ensure person-centred care.' Another member of the care staff said: 'We use life stories. We have a Key Worker system. The Key Worker will work with an individual to gauge their likes and dislikes then incorporate that into their care plan.' One member of staff did say that residents 'do not have a personalised activity programme, the activities are generic.'

A member of the care staff told us that when care plans are being formulated, residents and family members are invited to participate, as a result, activities are incorporated into the care plan which is signed by the resident and relatives, staff are made aware of this and work hard to include activities in their daily work schedule.

When asked if a resident did not want to do an activity what would happen, we were informed by the manager that normal practice is: 'To return after a few minutes if people don't want to participate.' Another member of the care staff said: 'We go about this by carrying on, usually when they see the fun, they want to join in, but don't have to.'

We spoke to a resident and the relative of another resident. The relative said their family member liked cleaning, tidying and sweeping...' these were activities that she had enjoyed doing when she was younger. The relative continued saying they chose Princess Christian because they 'liked it, because of the attitude of the staff.' The resident said that no one had really asked her what activities she would like to do while she had been at the home - she was interested in puzzles, but some of the pieces were missing - she also liked crocheting and painting, but were concerned that there was no library service.

How are activities differentiated to meet individual needs?

When a residents Care Plan is devised, along with their medical history, the residents life history, their working life, their likes & dislikes and preferences are included in their Care Plan, which - according to the Deputy Manager - staff are made aware of.

When asked about doing activities with dementia residents that meet their needs and how they effectively engage with them, one care staff member said: 'We try different things for different people.' A member of the activities team said: 'I would approach them and ease into a conversation with them.'

Another care staff member offered something more tangible by saying they would 'sit with the resident one to one, look at the residents' life history and use anything that could trigger their memory and encourage the resident to discuss this. They added: 'If they are not interested, I would prompt them with a cup of tea. If they are agitated, I would leave them to calm down then return to them.'

Involvement with local community:

According to the Manager, Princess Christian Care Home employs a Community Relations Worker 'who creates links in the community. They build relationships in the community and attract more volunteers.' A care staff member said; 'Every Thursday residents go on a bus trip to different places with family members who are volunteers. The home also receives support from the local community Mental Health Team.'

A member of the activities team advanced that links were established with 'The Vine Centre, Knaphill, Brooklands Museum, the London Bus Museum and that singers come into the home where they have a Macmillan Tea Party evening. Another member of staff informed us that there are bus trips once a week organised by the Activity Coordinator, the staff go with the residents when they go outside.

A resident told us that it was easy for them to get outside, but because of their hip problem, it was harder to get back in. The resident added they did 'go out in the mini bus to the day centre' and they enjoyed it. This same resident also commented that the activities were in the morning, as were most of the residents' treatments, so she felt she missed out.

Involvement and opinions of family and carers:

The manager informed us that interaction with resident's families is encouraged as 'families play a vital role' in a residents' life, they are 'essential' in helping to deliver person-centred care.' A care staff member told us that on admission the team would 'meet with the family to get information from them about the resident and their past, the family's involvement and opinions are welcomed.

Activities Training:

When asked what formal training they had undergone for their role, a member of the activities team said they had done Manual Handling and Fire Training. We were informed by the Manager that the Activities Coordinator and three members of the activity team were on activity training in Berkshire whilst we were visiting. The Manager further stated that all staff undergo the following training: Dementia Care mapping, Activities training and person-centred care activity training, although when prompted for further information, this was not expanded upon.

Barriers to Meaningful Activities:

For the Manager 'staff attitude' is a major barrier to carrying out meaningful activities. He said if staff 'attitude is not right, we cannot deliver patient centred care.' He also indicated that the trust of relatives is important, 'if you don't have trust of the relatives, you cannot do activities. A member of the activities team stated that: 'Residents not wanting to join in' with the activities was a big barrier.

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:

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.