

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Surrey Heights

Brook Road, Godalming, GU8 5UA

28th October 2016, 9:45am - 12pm

Alan Walsh, Jill Bowman & Jane Owens

Healthwatch Surrey, The Annexe, Lockwood Day

Centre, Westfield Road, Guildford, GU1 1RR

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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.

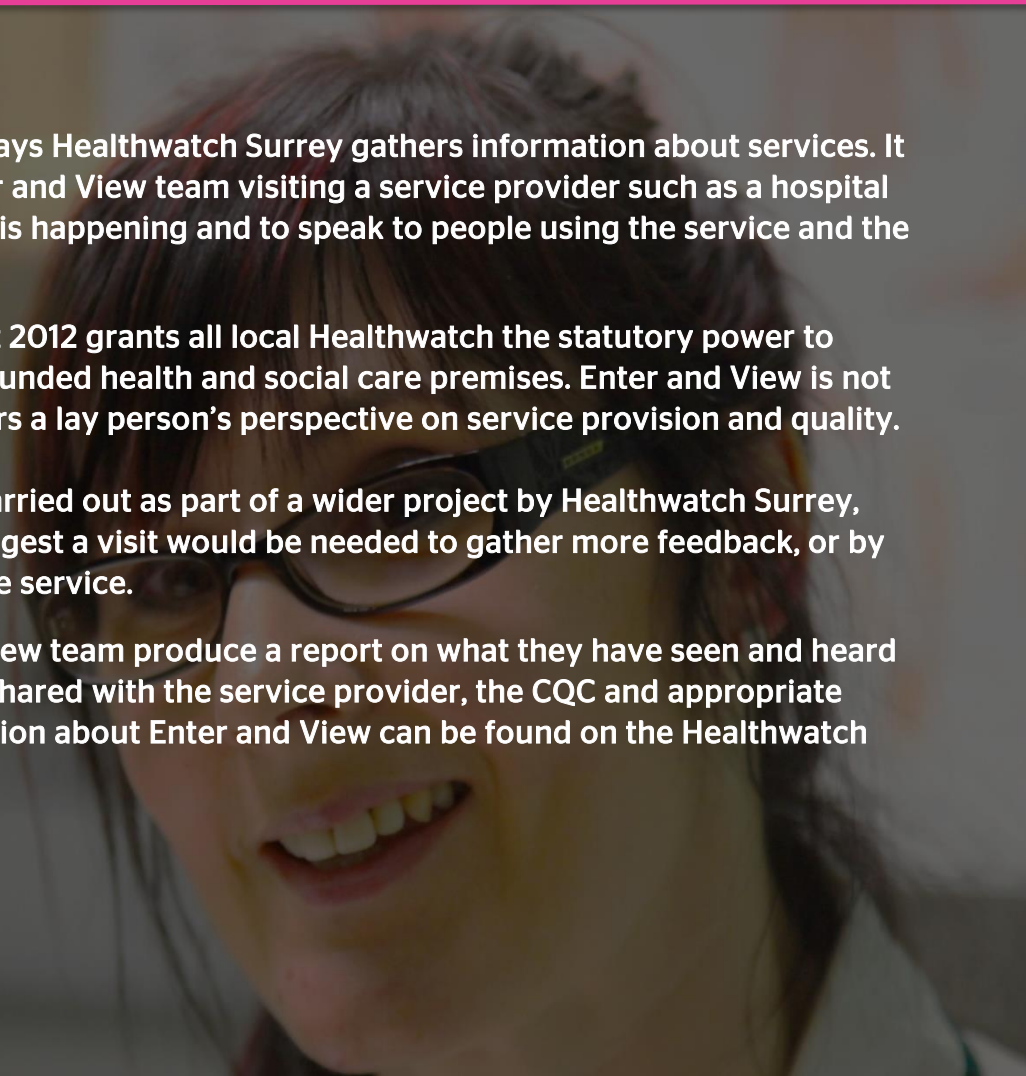
What is Enter and View?

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.
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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 (HWS) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed neither was the CQC Inspection Rating, we were advised by the Manager it is under review to be actioned. There was a staff photo display Board showing the names of the staff and their job title. There was also a notice board displaying a Smile Notice Policy, Resident Survey Results, 'Culture of Compassionate Care', Complaint Policy" and 'Service User Charter of Rights . 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 three care staff members and the Manager. The discussion with the Manager took place in the office the other discussions with staff took place in the library/meeting room.

The home is well decorated and clean throughout and it is free of obstructions. We were informed by the Manager that the home has five levels, with the kitchen and laundry being on the floor below ground. On the ground floor we were shown the medical room, the sluice room and the main bathroom. We were taken on a corridor past resident rooms and down a set of steps that led to the library which housed a large bookcase and TV. We were told the library is also used as a sitting room, meeting room, staff training room, TV room and a cinema room.

We spoke with the Manager about access for disabled residents to the library and enquired how residents with wheelchairs access the library, the Manager replied: 'They don't.' We asked if anything could be done about this and the Manager informed us she had asked the owners about addressing the issue and there are plans afoot to do so.

The Healthwatch team were then shown residents room. On the wall there was a 'This is Me' residents file, along with an activities and menu folder, a sensor mat clock list which alerts staff of resident's activities by triggering a fall monitor when the resident steps onto the floor mat sensor pad. The name of the residents Key Care Worker was also on the wall. Outside the room, attached to the wall was the residents 'Memory Box' with a photograph of the resident on the door.

We then visited the lounge - which had a kitchenette area for making drinks - where there was an activities board attached to the wall showing a full range of activities for that week. Also attached to the wall there was information regarding 'Reporting Abuse' and Surrey Heights 'Complaints Procedure'. The Manager informed us: 'These boards are located on every floor in the house, for all residents and their families to be aware and the information to be easy accessible.'

We were shown a hairdressing room that we were informed is used weekly and witnessed residents - with two staff - doing an Arts & Crafts activity. We went into the dining room which was overlooking the garden. There was a menu displayed on each table in the dining room that was 'dementia friendly' showing pictures of food that was available.

The garden was extensive and had a number of resident-related activities attached to it. There is an area where golf can be played in the summer. There are individual plant pots on which there are names of residents who tend them. There are rabbit hutches with a number of rabbits in them and we were informed that some residents tend the rabbits. There is also an allotment with two greenhouses and an outside vegetable patch. We were told by the Manager that residents do tend these regularly. We were also informed the home is looking to purchase some hens. Whilst in the garden our Authorised Representatives observed two residents were out on the patio having a cigarette, with the Manager also smoking whilst the discussion with our Authorised Representative was taking place.

We were shown into the dining room where there was a menu displayed on each table that was dementia friendly showing pictures of food that was available. On the wall, there was also an additional board with food displayed on cards, and allergy information.

On the upper floor of Surrey Heights there are residents' rooms and a communal bathroom. The Manager told us the home currently has 26 residents and 27 rooms. At the time of our visit we were informed there were four care staff and one Senior staff member on duty and the Activity Coordinator was off sick at the time of our visit.

Summary of findings:

- Some residents looked unkempt, but their environment looked clean and tidy
- We saw evidence of interaction between staff and residents
- Management and staff were friendly and approachable.
- We witnessed an Arts & Crafts Activity taking place
- We saw staff being responsive to a resident's needs.

- Washroom and toilet facilities were clean and accessible.
- To some extent, there are good accessible disabled facilities for residents and visitors except for access to the Library/meeting room and to some parts of the garden - both areas are under review by the Owner.

Results of visit

Person-centred approach:

When speaking with the Manager she told us that person-centred care is meeting 'the needs and aspirations of the resident, for residents to feel accomplished'. A member of the care staff team said person centred care is: 'All about the person, they are in the middle and we around' them. They said we 'talk to them, get to know them and see what's right for them'.

They continued by saying the residents 'come to (the) quiet area on a one to one...' and discuss 'what they want to talk about'. Another care staff member told us that person-centred care 'has to be personal...' you have to ask 'what they want'.

Regarding life histories, the manager stated: 'All residents have life a history in place, we sit with residents and do a one to one to find out about their past.' A care staff member informed us that Surrey Heights uses 'life stories' saying, 'it's an ongoing process to build them up. If they have family it's easier...' as the staff can 'grab the information as it's given'. Another member of the care staff told us that the home has 'Life Story special folders in the office, if we need to see (them) we ask the Manager/Senior staff (to) get information from the care plan'.

In relation to linking activities into individual care plans, we asked the Manager how care is person-centred, she told us the home has 'got their life history...' and the 'daily routine of the resident'. She explained that the 'life history is formulated by the resident and family. We take the information, their life history guides the residents' activities this is person-centred. We take personal information from the resident, we get feedback from family, this guides us to find the right activity for them, but if resident does not like activity we get feedback from resident and review the activity'. She added: 'Everything in the house is person-centred, nothing is generalised.'

The Manager emphasised that activities are regularly reviewed 'daily and weekly through getting feedback, direct observation and questioning. All staff, the Activities Coordinator, relatives and most importantly the residents are included in this process'.

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 said: 'We look at residents and have good communication with them, we are always involving the resident. We discuss with them what they like or want to do meaningful activity is about what the resident wants to do.'

A care staff member who spoke with us said that for activities to be meaningful, you have to do them 'all day, keep doing something with the residents'. Another staff member said you have to

'ensure' that activities 'mean something to them...don't just put a piece of paper in front of them with a pen and come back in half an hour and say well done.'

Another member of the care team who spoke with us told us that meaningful activity is when you 'do something with them (residents) that makes them happy. You do it individual - one to one - people don't always be the same'.

We asked the Manager who is responsible for meaningful activities at Surrey Heights, she replied: Basically the Activity Coordinator, myself and the staff - everybody. Why? If the Activities Coordinator is not here staff need to know what the residents want to do. All staff have activities with residents as part of their job, they must get to know the residents and help meet their needs, this is important.'

In relation to this, a care staff member informed us that the 'Activities Officer' is responsible for activities. Another member of the care team when asked who is responsible for activities replied: All of us, every staff member.'

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 encourage them, we ask the resident, we have to be observant, we speak with the family, we look at life history, we ask the resident what else would you like to do.' We asked what would happen if the resident was persistent about not engaging, the Manager said they would 'go back in five minutes'.

A care staff member gave us an example of a resident who 'doesn't like music' but we encourage her 'to do another activity...' and 'ask her, would you like to see the rabbits to feed them.' Another care staff member said they 'try to encourage, but give choice' to the residents. We were further informed residents do 'drawing, painting, singing, listening to music, dance and hide & seek' this staff member said they 'try to make them (residents) happy'.

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'.

A care staff member told us they were involved in activities with residents, they said: 'I start in the morning when I go into their room to wash/shower them if they agree...' they then pick their 'choice of clothes, then walk for exercise' they then have a choice of breakfast.

We asked care staff members how they support residents who use outdoor space, the first staff member told us they 'use outside space all the time in the summer, but it is limited in the winter, especially if it's a gardening activity'. Another staff member told us that 'memory cards are used in the garden to encourage them (the residents) out'. She continued saying that staff 'try to encourage people out into the garden...' to do 'flowers, potting up and help with the garden'.

How are activities differentiated to meet individual needs?

We asked the Manager how activities are differentiated to meet individual needs, she replied: 'We know each resident personally we work with each person as an individual. There are

residents who can't walk or have sensory impairment, we look at their situation and care plan and look at what they can do or can't do, activities are specific to that person.'

A care staff member told there 'one resident who is almost blind...' you stay 'close to her, touch her, let her know you are there, explain everything...' to her. There is another resident who has 'hearing issues' you 'speak slowly, in a slightly higher voice and keep repeating...' what you are saying. Another member of the care staff team told us: 'I know their wishes.' She gave an example of a particular resident saying this resident 'likes to do a lot of activities all day; dancing with staff to the music, gardening...' when 'she gets excited we know she is happy and well'.

This staff member also concurred with their colleague when they told us that there is a resident who is 'hard of hearing' and when communicating with them she talks in a 'higher pitched voice...' and uses 'body language'.

Involvement with local community?

According to the manager, Surrey Heights has links with local churches and 'three local vicars come into the home of various denominations'. The home also has a link with 'King Edward School, children come every Thursday to do one to one and group activities with residents...' they also do 'school choirs'. She further told us that 'residents had a trip to Godalming in April'.

A care staff member told us: 'Outside people come in to help with music and movement and carpet bowls they help us set up and encourage residents to take part.' This staff member also told us that a woman comes into the home and sings, along with a 'gentleman' who 'plays piano'.

Another member of staff told our Authorised Representatives that in the 'summer we use the garden all the time...' and feed 'bread to the birds'. They informed us that 'people come in' like the 'church' and a 'special lady comes for one of the residents'. Another colleague informed us that the 'church comes in two times a month'. They added: 'Volunteers - like a friend - come in to see one of the residents for one to ones'.

We spoke with another staff member who told our Authorised Representatives that the 'church comes in in every two weeks...' and the home is 'trying to link in with schools and the Salvation Army for Christmas'. They continued telling us: 'Most ladies have their hair done at least every two weeks'. They also informed us that residents like to go out into the garden to tend the 'rabbits and grow their own vegetables'.

Involvement and opinions of family and carers:

The Manager told us: 'We get the family involved, we exchange information with family regarding what the resident does or doesn't want to do.' She continued: 'Every day we exchange information, we have good communication with families, reviewing, updating care plans and activities by being observant. We gather feedback from the Activities Coordinator, external activity providers and families.' The Manager expanded on this by telling us: 'We give the family a 'Life History' form, the family fill in this form, this is shared with staff and put into the care plan.' A member of the care staff told us a 'family is involved as much as they want to be or can do.' We were also informed that a relatives meeting was scheduled to take place on Sunday to celebrate Halloween.

Activities Training:

When asked what formal training staff had undergone to support meaningful activities and person-centred care, she said that all staff do the: 'Care Certificate, End of life Care, Person-Centred Care, Infection Control, Dementia training, Challenging Behaviour, Food & Hygiene and Dementia Centred Nutritional Training.

Barriers to Meaningful Activities:

For the Manager, the main barrier is the home 'having no bus'. A staff member we spoke with told our Authorised Representatives there were plans to 'fundraise for a bus'. The Manager added that that the only other issue that could prevent meaningful activity taking place was the 'medical condition of a resident'. She went on to say that 'even then I would include the relevant professionals to make sure that a resident was not excluded or stopped from doing an activity'.

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:

The overall inspection report , and the way was worded, we feel it is not written in a 100% positive note, and we all expected it reflect truly the hard work done at Surrey Heights . There are lots of things that have been discussed when the representatives came to the home that are not mentioned in this report. All the positive things and brilliant feedbacks said during the inspection, towards the manager, and other staff were not shared/reflected in the report.

The views/experiences/feedback of residents and families have not been taken or requested, as they are the people which count most, the Feedback folder with all necessary evidences from plenty professionals accessing our service/ family /residents has not been taken in consideration/ shared either.

Thank you very much for reading our feedback, I hope this will not be taken wrong or in a negative note, but only in a way of us providing you with more information and explanation, and as we all worked so much and very dedicated and resources have been allocated to raise the quality of our service towards our residents and to ensure we provide them with many choices, and if something was misunderstood from any reasons, please do let me know, as I want to clarify any of your questions and concerns .

Thank you very much, and I am looking forward to hearing from you soon.

Kind regards, Monica Feraru.