

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

The Epsom Beaumont

20-22 Church Street, Epsom, KT17 4QB

17th October 2017, 2pm- 4pm

Alan Walsh, Jason Vaughan, Jane Owens & 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.

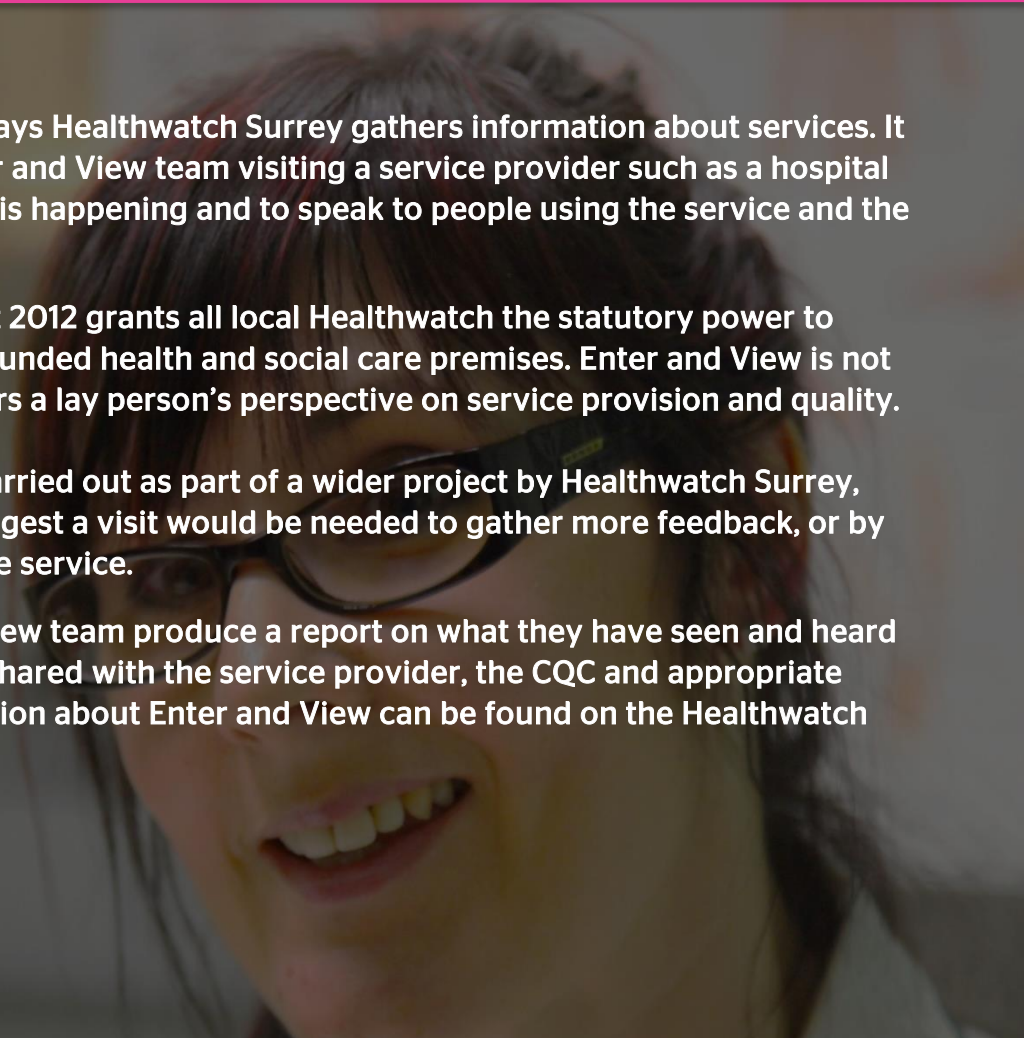
What is Enter and View?

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 (HWSy) would be visiting. On arrival, in the reception area the Healthwatch Surrey notification letter was not displayed neither was the CQC inspection report.

We were introduced to the Manager of the home who informed us that the Activities Coordinator would be leaving with some residents in the minibus to go out on an activity thus, it was agreed that we would speak with the Activities Coordinator first then tour the home with the Manager. After speaking with the Activities Coordinator, the Manager informed us of the layout of the building then showed us around, after which the Healthwatch Surrey Authorised Representatives were given permission to speak with residents and staff. During the visit the Authorised Representatives spoke to one resident, three care staff, the Activities Coordinator and the Manager.

The home is a secure unit that is currently undergoing a major refurbishment and repairs. The building work is in the 'old part' of the property which has a structural defect. We were informed by the Manager the repair work has affected eight rooms and the residents from those rooms were transferred temporarily to another Barchester Home.

In the main, it is clean and well decorated, but in one wet room we observed brown discolouration in the ceiling which looked unpleasant. While we were there, the Manager instructed a member of the maintenance staff to address the problem immediately.

The Manager said the home was a Nursing Home with Residential Dementia Unit. The Epsom Beaumont currently houses 48 residents, with the home having 47 rooms - one room is a double that houses two residents.

There are two levels with the ground floor having a reception area, coffee lounge, a dining room and a very large garden with barbecue facilities. We were shown around the garden where the Manager informed us that residents had been instrumental in planting flowers that had created a display. The flower beds were raised thus making them easily accessible for wheelchair users

We were shown a lounge that housed a 'library' in which there was also a keyboard. There is a private lounge where residents and families can meet. The Dementia Unit on the first floor has an area titled 'Memory Lane' designed to trigger and stimulate the minds of residents. In the dementia unit there is an open plan space that is used as a dining room/lounge/kitchen area so the residents are able to prepare and serve food 'like they did at home'.

Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of interaction between staff and residents.
- We saw evidence of one to one activity with staff and residents
- Management and Staff were friendly and approachable.
- Communal washroom, bathroom and toilet facilities were clean and accessible.

Results of visit

Person-centred approach

When speaking with the Manager about person-centred care, he said that prior to admission the home looks at whether it 'can meet the person's identified needs'. He further told us meaningful activities were person-centred and the purpose of encouraging residents to participate was for 'stimulation' and aimed at meeting a resident's individual needs, 'each resident's needs are different.' The Manager also explained that the home ensures that care and activities are person-centred by having a monthly residents' meeting.

The Activities Coordinator told us that using meaningful activities that are person-centred is about 'stimulating' the residents, empowering them by talking to them, using 'emotive memory' through reminiscing. A care staff member who we spoke with told us that the person-centred approach was 'treating everyone as an individual'. They added: 'You must get to know the resident.' Another member of the care team told us: 'Person-centred care....is to do the best for residents.'

The Manager went on to tell us that the home does collect life history information from residents when they come to the home through doing a 'pre-admission assessment' which helps formulate an 'advanced care plan', this includes 'body mapping, life history, their interests as a young person where we pick up their likes and dislikes'.

A member of the care staff team told us that the person-centred approach involved having a 'special time for everything, we ask after breakfast what they want to do, we ask what they want to do for the day, activities... then try and deliver what they would like to do'.

Another care staff member told us: 'We observe if they are happy and inform them (what the activity is), we look at their expression (to see) if they are interested in the activity to inform the care plan.' This same staff member told us that for 'new admissions we look into their life history and families to gain memories'.

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

The Manager told us that ultimately, he was responsible for the running of the home, and therefore responsible for activities, but people had their designated roles to fulfil in which they had their responsibility to be involved. The Activities Coordinator told us: 'I am responsible for activities, but all staff have a part to play'.

When speaking with the Manager about what their understanding was of the term meaningful activities, he stated: 'Any activity that's enhancing the life of the resident, it could be bingo, scrabble, painting or baking.' The Manager said it is about 'stimulating residents in different ways...' through 'care, social activity, nutrition and the home'.

The Activities Coordinator informed us that her role involved doing 'everything'. She said this included doing 'one to one's, to make sure they're safe and happy, make sure they're stimulated and their brains are alert'. She also explained that she was there to 'develop and coordinate activities', adding: 'I love the job!'

When asked how meaningful activities are incorporated into individual care plans, the Manager stated: 'In every care plan there is an activities section, when a resident comes into the home they see three people, the chef, Activities Coordinator and the Maintenance Man, in this way we find out their likes and dislikes regarding food, activities and they are made aware of safety aspects in the home'. The Manager said: 'All this links activities into a resident's individual care plan which is intended to meet their individual needs.'

When we enquired what the purpose of encouraging meaningful activity was, the Manager replied: 'Stimulation, meeting a resident's individual needs, each resident's needs are different.' He explained that meaningful activities 'build self-esteem and make them (residents) happy in the home'. We asked how the home encourages residents to engage when they are reluctant, the Manager said: 'If they say no that's fine, but we will talk to them later.' The Manager informed us that staff would 'engage them in a subject they like, your activities have to be meaningful...'

The Activities Coordinator told us they encourage residents who do not want to engage by using 'Memory Lane', we 'talk to the individual and integrate dementia (residents) into the main activity'. She informed us that to further encourage residents she does 'room visits' where she will ask the resident why they do not want to join in. She will then say to the resident: 'What are you interested in?' She told us that she visits people who have anxiety every day. A care staff member told one of our Authorised Representatives: 'You would give them choice, wouldn't force them to do (activity), but encourage them.' She added that as Activities Coordinator she had an 'attic full of crafts resources' to work with and a minibus.

When speaking with a member of the care staff team, one of our Authorised Representatives recorded that staff 'try to organise a trip once a week in the minibus if they would like to go to a special event like church...'

A resident who we spoke with told us that staff 'try to' help them get involved in activities when they want to do them, but when we asked this resident whether staff at the home asked them what activities they would like to do, they responded: 'No'. This resident said that they 'could help with the gardening' if they wanted to because they can go outside. They told us they could also 'walk around the town and go to the local pub', adding 'but I don't make a habit of it'. This resident also told us they would like to go to the 'seaside' and to have a 'more familiar atmosphere' they would like to be with their 'great grandchildren and spend Christmas with family'.

How are activities differentiated to meet individual needs?

When we asked the Manager how activities are differentiated to meet individual needs, he explained that activities are reviewed through the residents 'care plan profile review which is signed by the family and the nurse who has done it.' He also re-iterated there is a residents' meeting 'once a month' where residents have the opportunity to raise any issues, concerns or praise that they have about the home.

The Activities Coordinator informed us that residents have a personalised activity programme: 'We look at the advanced care plan and structure an individual resident's activity programme to meet their individual needs and aspirations.' She further added the home has 'Memory Lane' which is a trigger for stimulation. They also use 'All About Me' with every resident which focuses on 'each individual resident's life'.

Involvement with local community?

The Manager told us The Epsom Beaumont is involved with local community by having links with Surrey Council and having open days. The home has links with the local pantomime and local schools that sometimes come into the home and practice their plays. The local vicar attends every Thursday to deliver Holy Communion and the home has a hairdresser, a chiropodist and a physiotherapist who all visit, there are also links with three General Practitioners.

We asked the Activities Coordinator what involvement the home has in the local community regarding meaningful activities. She told us the home did regular minibus trips in and around the local community, there is a Macmillan Coffee Afternoon that residents attend and the home has an attachment to local schools.

One of our Authorised Representatives also recorded that 'one resident has a cat and needs to go shopping for cat food so a carer will take her on this trip'. Our Authorised Representative was also informed that residents 'go to church for Holy Communion each week and there is also an entertainer who comes in to the home to do singing and play music'.

Involvement and opinions of family and carers:

In relation to family involvement, the Manager told us: 'Wednesday night is bar night for residents and their families. You must involve the family at all times.' On the daily changeover he told us that the Activities Coordinator 'gives the Manager a list of activities for the day, week and month...' he then 'emails (the list) to the families'.

Activities Training:

The Manager informed us that all staff have a three week induction that include basic courses such as 'Health & Safety, Fire Training, Infection Control, Cardiopulmonary Resuscitation (CPR) and Choking Prevention, this is mandatory. After the three week induction, a new member of staff will shadow a Care Practitioner for two weeks, they will then be enrolled on a NVQ 1, 2 or 3. There is a three month probationary period which includes mentor support'.

The Activities Coordinator - works Monday to Friday 9am to 5pm - informed us that they have undergone all the mandatory training including Safeguarding, Health & Safety and Fire Training, along with shadowing at the home and learning about food safety, mental health and hygiene. The Activities Coordinator came 'straight to Beaumont' from university where she had completed a drama degree. Whilst at university she had been involved in theatre production and education for disabled children, of which she said: 'I believe gave me a good grounding for being an Activities Coordinator.'

Barriers to Meaningful Activities:

We asked the Manager what barriers there are to carrying out meaningful activities with residents, he replied: 'There are no barriers. We have well trained staff, an Activities Coordinator, we have a good team... if there is a barrier we would have to overcome it.' The Activities Coordinator concurred with this when asked about possible barriers, they replied there are 'none'.

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:

My sincere apologies for not contacting you earlier. I think it was a great report and my concerns are that one although you stated we were informed of the visit I cannot find anything

to verify that. Secondly, I feel we do have a back-up with our care staff should our activities coordinator not be available.

Once again thank you for an excellent report

Kind regards

Graham Allen
General Manager