

## Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Whiteley Village Nursing Home

Walton on Thames, Surrey, KT12 4EH

22<sup>nd</sup> September 2016, 9:30am- 12:15pm

Alan Walsh, Jill Bowman and Angus Paton

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.

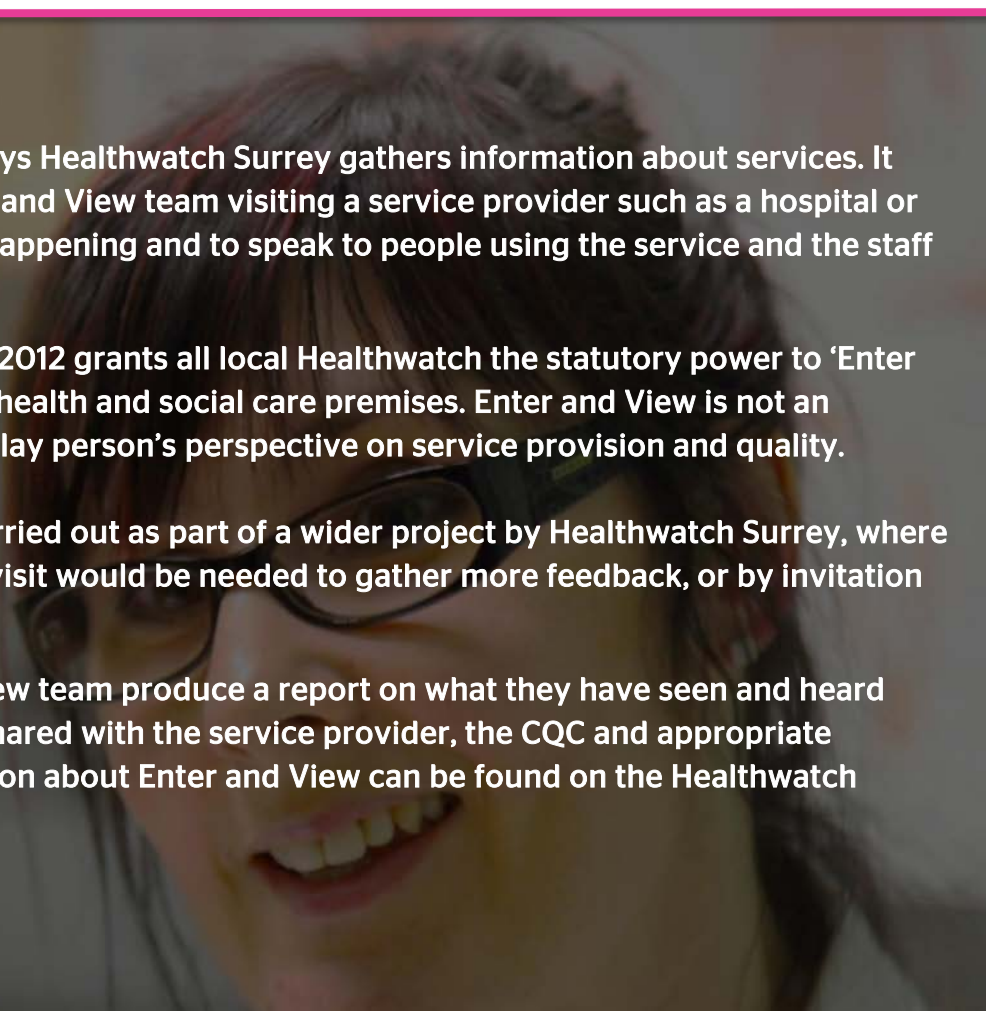
## What is Enter and View?

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.

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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 the Healthwatch Surrey notification letter was displayed - the homes' CQC Registration Certificate was also on view. There was a stand with birthday cards that people could buy, an Activities Rota on the notice board showing

Exercise Ball Games, a Quiz, Coffee Morning & Comedy Club, Arty with Marty, Sherry Morning, Scrabble with Martin, a Church Service, Sharon Visiting with Saffi the Dog, Ladies' Manicures, Dominoes & Card Games, Reminiscing with Martin, Bingo, Sing-A-Long-A-Martin and Afternoon Film, there was also a weekly food menu on display.

We spoke to the 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 the Manager, Activities Coordinator, two care staff and two residents. The interview with the Manager took place in the office, the interview with the Activities Coordinator and the residents' took place in the dining area where they were involved in an Art Session at the time.

The home is well decorated and clean throughout, it is free of obstructions. The Manager said the home had two floors, with the ground accommodating a mixture of nursing and residential tenants, the upper floor was purely nursing tenants.

The home has 76 rooms and was presently housing 65 residents. The resident rooms have the name of the resident occupying the room, with a photo of the tenant.

On the ground floor we were shown the dining room which was coloured pink and had seating for 25 people, we also saw colour coded bins that were labelled; Red for soiled material, White for sheets & towels, Green for non-infected and Blue for clinical waste put in Yellow bags. We were shown an outer area where people could sit, this area had decking, chairs, tables and mirrors on the wall.

On the upper floor we were shown a dining room with TV that holds 28 people. There was a notice board displaying the same activities calendar that was on the ground floor and a sign giving information about the Residents' Committee. It also displayed information on a mobile library and speech & language therapy. We were also shown a Sensory Room with lights, a water tower and mirror ball with music playing. We saw a special open shower unit, a hoist storage room and numerous stair barriers that prevented residents from falling downstairs and injuring themselves.

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## Summary of findings:

- The residents and their environment looked clean and tidy.
- We saw evidence of interaction between staff and residents.
- Staff were friendly and approachable.
- All rooms that were observed were pleasantly decorated and clean.
- Washroom and toilet facilities were clean and accessible.
- There are disabled access facilities for residents and visitors.
- Notice boards were clearly visible and up to date.

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## Results of visit

### Person-centred approach:

The interim Manager told us that a Person Centred Approach is aimed at 'Individualised Care, choice, dignity and respect - 'Including residents in discussions about their needs'. She informed us that Whiteley Village specialised in 'Palliative Care' and that activities for those residents receiving 'End of Life Care' were reviewed every three months, for other residents reviews took place every six months with family and relatives invited to attend.

In this regard, the Activities Coordinator said he 'adapted activities to what people can do.' A care staff member stated that person centred care is: 'What that person wants, when they want it, it is designed for them by them.' They added: 'Life histories in residents care plans are used regularly...activities can be adapted'. Another member of the care staff team told us: 'Everyone's different in their own way. It's about finding about the individual, meeting specific needs and making their care plan specific.'

A staff member said: 'People are informed every day about what's going on and are asked if they want to join in. A resident seemed to concur with this when we asked them if anyone at the home had asked them what activities they would like to do, they answered 'Yes', but did not fully understand the question. They did say: 'Everyone helps me we all get on well together.' Provision of meaningful activities and methods of reducing the risk of social isolation.

The Interim Manager told us that their understanding of meaningful activity is that it is 'geared towards the person you are doing it for'. She also said that 'everybody' was responsible for meaningful activity in the home. In relation to this, a care staff member stated: 'I wouldn't just say the Activity Coordinator - It's also care staff and management, they have to OK funds, everyone has a part to play. Another staff member told us the Activity Coordinator was responsible for organising activities, although she did say: 'Staff can guide him on who can do what.' The Activities Coordinator said 'meaningful activity is to adapt care around patients'. The Activity Coordinator informed us that he obtains the required resources needed so he can 'provide the activities related to the individual residents'.

We were further told by the Activities Coordinator that some residents are 'reluctant to leave their rooms'. He informed us that to encourage people to engage in activities, he 'routinely goes to see them - coordinates with carers to find out if they may be interested, or whether they are in suitable health.' He also told us that he may take small props with him, such as a 'small suitcase with copies of old programmes, posters and tickets'. He informed us that there are few dementia residents in Whiteley Village, but said that to engage effectively with residents who have dementia you 'let them lead the conversation' and use prompts. He said he 'may use fancy dress and little props' which he buys himself, he also plays music. The Activities Coordinator also informed us that he 'gets good support from the care staff. Carers support him by advising if a resident would like to take part in an activity or not.

A care staff member told us that meaningful activity is 'keeping the brain occupied'. 'If people don't want to engage we wouldn't make them, but we would definitely encourage them. I would pop back in 20 minutes to see the resident and explain what's going on.' Another member of staff said that to encourage a resident to engage they would 'go in once, tell them what's on, if they say 'No', leave them and go back five minutes later to see if they've changed their minds'.

We were told of a resident who was in the early stages of dementia and is reclusive. The resident has been at Whiteley Village five weeks and now comes out of their room for lunch 'and joins in with some activities'. The member of staff who told us this says the 'dining room activity has brought' this resident out of themselves.

When asked whether staff knew their preferred daily routine and preferences, one resident informed: 'Night staff do - yesterday and today I got left until 11am waiting to get dressed - so many people to look after.' The same resident said: 'Yesterday family and friends came to see me we sat out in the sun.'

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

The Interim Manager told us that choice has to be respected, 'you can't force' someone to engage, but the home tries by using 'talking books, radio, reading newspapers, having daily events and using TV programmes, the activities programme is 'person centred' and differentiated to meet

individual needs' she went on to say that when linking activities into individual care plans; 'Activities are really important, we plan for activities in every residents care plan, in which they have a Daily Living section.'

The Activities Coordinator told us he is familiar with the residents he works with and aims to meet the needs of the individual by identifying their needs. For those with deafness he is very patient when communicating with them, with blind residents he can put on a CD and finds 'that often a person can enjoy DVDs and TV, just listening to selected films such as Fawlty Towers'. A care staff member said: 'We look at care plans which include life histories, which gives you a deeper understanding of the resident - we can implement this into their activities programme'. This same member of staff also advanced that the home does not only look at care plans, they 'understand the residents. She continued saying they ask residents what their likes and dislikes are so they can 'meet their specific needs'.

The resident we spoke to said they liked 'Art, Painting, Quizzes, Flower Arranging and Dominoes and 'yesterday' had watched 'Fawlty Towers' on TV and 'sat out in the sun' They added: 'You can please yourself what you do and that's good.'

### **Involvement with local community?**

The Interim Manager, told us the home was involved in a project being undertaken at the University of Surrey called R.I.P.E - Research Intervention that Promotes Ethics in Care - this is a year-long project. To give a brief explanation of the project that concurred with the Managers thoughts, the University of Surrey website states:

'Recently there has been increasing acknowledgement of the need for good practice and ethical care for people in care homes. In this exciting research project, we aim to find out what kinds of ethics education work to promote good care for older people in care homes.'

We were also informed by the Interim manager that: 'Whiteley Village has links with Notre Dame School whose girls come into the home and sing every Wednesday. A 'manicurist' also comes into the home, as do the 'workers on the estate on the first Thursday of each month who get involved in the 'Mens Breakfast Fry Up, Whiteley Village is a community in itself'.

The Activities Coordinator told us about a range of outdoor activities that the residents can pursue. For example at Easter there are 'Barge Trips' where '6 or 7 residents can go at a time, that's all the minibus can hold'. The home has Christmas shopping at Brooklands Marks & Spencers, there are barbecues where residents can dine with their families and relatives. They have a 'Mad Hatters Tea Party and local volunteers come in from the village. The local vicar comes in monthly to give holy communion as well as 7 or 8 residents who go to church in the village. There is also a Christmas pantomime at the village hall every year.

A care staff team member told us that they 'take residents to church and to the post office'. They continued: 'Whiteley Village is a community in itself so we don't need to go outside it. This place is so big it caters for all the residents' needs.

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

In relation to family and friends playing a part in the planning of activities, the Interim Manager informed us there is an Initial Review with the resident's family within 48 hours of being accepted into the home. The Activities Coordinator also has 48 hours to see and speak with the resident. Two weeks after the Initial Review, a 'bigger' review takes place developing the care plan, from which activities are designed. The Interim Manager informed us they: 'Develop the Care Plan with the family and resident, then gear activities towards the residents' needs. The family play a very important role, they know what their Father or Mother has done in the past.'

## **Activities Training:**

When asked what formal training staff had undergone for an activities role, the Interim Manager stated: 'There is no formal training in activities for carers.' She added: 'Staff have undertaken Dementia, Dignity & Respect, Mental Capacity and Disease Specific Training.' Regarding activities, she added: 'Some staff have aptitude'.

When asked about formal training, the Activities Coordinator said they had 'worked with children', done Dementia Training - 'which was helpful' - and Mental Health Awareness.

## **Barriers to Meaningful Activities:**

When asked about barriers to meaningful activities, the Interim Manager informed us that 'lack of activity staff' was an issue, although the 'present staff are very good at supporting the Activity Coordinator. She told us that the home was 'recruiting another Activities Coordinator at the moment'.

For the Activities Coordinator, there are numerous barriers, such as a language problem: 'Catering or care staff may be foreign and not understand' what he is saying or his 'sense of humour'. He stated: 'There is no activity room', we have to use the dining room, but the caterers want to clear tables so they can prepare for meals. There is also a 'clash of events', for example, the hairdresser may want one of his audience when he is doing an activity. Another barrier for the Activities Coordinator is 'too few participants', there is 'difficulty in persuading reluctant residents' to join in with activities. He did say however, that 'on the good side, there is always a carer present at his sessions'.

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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:**

No response was received from the service provider.