



Enter and View Report

Anchorstone Nursing Home

March 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	8/10a Searle Road, Farnham, GU9 8LJ
Service Provider	Woodgate Healthcare
Date and Time	Tuesday 30 th January 2018, 10:00-14:00
Authorised Representatives	Natasha Ward, Gareth Jones, Jackie Parry
Contact	Healthwatch Surrey, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL Tel: 0303 303 0023

1.2 Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 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.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To find out to what extent mealtimes at the care homes visited are person-centred, ensuring dignity and respect
- To capture the views and experiences of residents and visitors in relation to mealtimes, accessing food and drink, and experiences of the home in general
- To observe residents and visitors engaging with staff and their surroundings
- To identify examples of good practice.

2.2 Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into person-centred care in Surrey care homes - focusing on supporting choice, dignity and adequate access to food and drink at mealtimes and throughout the day.



- ‘Amplifying the voice of care home residents’ is a Healthwatch Surrey priority for 2017/18.

2.3 Methodology

Visits were announced in advance and home managers received notification by post. Prior to the visit the home manager was contacted by telephone by the visit lead to discuss the visit further, and to ascertain the layout of the home and an estimate of how many residents would be able to give consent to participate.

Staff provided guidance to the visit team about who was appropriate to approach to interview. The purpose of the visit, the role of Healthwatch Surrey, and the way in which information would be used was explained to those spoken to in order that they could provide informed consent.

Information was gathered by using semi-structured interview questions and observation in combination. Separate question schedules were developed for residents, staff and visitors based on guidelines from the Social Care Institute of Excellence and comments from contacts working in Adult Social Care. Questions were open ended, designed to be administered flexibly and in a conversational style. Information was recorded using written notes which were collected in by the visit lead at the end of the visit. The visit team used a checklist to record and comment on observations around the home and over lunchtime.

The visit concluded with a team debrief where comments, compliments and concerns were highlighted. The home manager was given opportunity to comment on the draft report prior to finalisation.

3 Findings

3.1 Summary of findings

- Visitors complimented the ‘homely’ atmosphere of the home and were complimentary of staff for their hard-working and cheerful attitudes;
- Visitors expressed that they were satisfied with the choices available to their relatives and stated that individual needs and preferences were accounted for;
- We heard about ways in which the staff at the home flexibly and creatively accommodate residents’ complex needs;
- We observed caring, friendly and responsive interaction between staff and residents.



3.2 Results of visit

We were greeted by the manager on arrival and shown around the home. The manager explained that residents at the home had advanced dementia and a high level of need, so the home had contacted families to encourage them to speak to Healthwatch Surrey on residents' behalf. The Healthwatch Surrey visit notice and CQC certificate were clearly displayed.

The home had 28 residents at the time of the visit, with a maximum capacity of 40. We were able to speak to nine visitors and one resident during the visit.

Staff Comments

Flexible, person-centred care and support

The manager explained that the staff at the home are dedicated and caring and take time to get to know the residents well. The home encourages input from relatives in recording residents' preferences, particularly where residents are unable to communicate themselves; likes and dislikes are recorded, and the home uses the 'This is me' support tool to enable person-centred care.

In relation to mealtimes the manager gave an example of one resident who does not like to have sauce with their chicken and explained that the chef is aware of this and prepares a portion of that particular meal with the sauce kept separate.

This person-centred care extended to activities, with the manager explaining that an activities worker had learned to crochet so that this activity could be offered to one of the residents. We were also told that the home "treats any occasion as an excuse for a party"; the manager explained that due to the high level of need among the residents, outings are often difficult, so they try to do as much within the home as possible. Examples of this included saving up to have fish and chips, having garden parties in the summer with ice lollies and ice creams, and celebrating Christmas and birthdays. There was a clear emphasis on using the outside space as much as possible during good weather, with barbeques and outside activities planned.

Encouraging food and drink intake

The manager explained that they monitor residents' food and fluid intake with charts, offer tea and biscuits frequently, and ensure that there is a high level of support available from care staff at mealtimes as many of the residents need assistance with eating. We were also told that, as many residents require softer food, there is plenty of guidance offered to agency chefs when they are used to ensure that residents' dietary needs are met.



The manger explained that the kitchen also stocks ‘finger food’ for residents who walk around the home a lot; having finger food means that residents are able to eat whilst on the move and keep their energy levels up instead of having to sit down to a full meal.

Resident Comments

Due to the nature of the home, we were able to speak to one resident only, although we were able to speak to nine visitors who all expressed very positive sentiment.

Choice and involvement

Visitors expressed that their relatives had a choice of a hot or cold dish at mealtimes and that there were options available outside of the set menu too.

Visitors gave many examples of how their relative’s preferences were catered to by the home. One visitor explained that their relative preferred plain food, so when there were spicy options on the menu, staff made sure to offer an alternative. Another said that their relative was able to have a large breakfast, which had been their routine before coming into the home. One person noted that it might be beneficial for residents to have picture menus available in their rooms, as they may forget what choices are available.

We were also told that residents are offered food frequently throughout the day and that staff are “observant” with residents’ medical needs such as monitoring blood sugar for those who are diabetic. Visitors also noted that residents are able to choose where they have their meals, with some residents choosing to eat in their rooms: “My relative can choose to eat in the dining room, in the lounge or in the bedroom”.

We heard about regular meetings with the home where residents and visitors are invited to give their feedback, and one visitor told us “There are opportunities to feedback through the monthly meetings and the home encourages feedback at any time” and another stated “I feel like I can make suggestions, and they do listen as much as they can”. Visitors told us that they were kept informed and updated by the home.

Visitors also commented that they were always welcomed into the home, encouraged to attend special events/celebrations at the home, and expressed that “they made the Christmas meal special”.

During the visit a resident expressed that they had preferences regarding their care that had not been raised previously; the manager was very responsive to this, ensured that this preference was accommodated, and that comments and changes were communicated to the resident’s family.



Caring and homely atmosphere

Visitors described Anchorstone as feeling “homely” and commented on the positive and friendly attitude of the staff. One visitor commented “It’s good here, there is a buzzy atmosphere; where [resident] was before they were lonely” and said “The staff are so happy - they work hard but are always positive and so caring”. Others commented that the staff are “competent”, “attentive” and “mindful of people’s needs”.

We heard from a couple of visitors about the difference it made to know that their relatives were in a caring environment: “It gave me peace of mind” and “It means I don’t have to worry, I am confident that they are looking after [resident]”. One visitor, who’s relative had received end of life care at the home, explained that the home always put their relative first, but were also there to support the whole family.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining environment

We noted that the dining room was light, clean and there was enough space to accommodate those in wheelchairs. There was a basket of flowers on one of the tables and drinks (squash) were available, although the majority of residents were dependent on staff to access these due to their condition.

There were menus available with hot and cold options, however these may not have been accessible to many of the residents. There was a larger menu with pictures on a board in the kitchen area. Food was served from a hatch attached to the dining area which meant that residents could see and smell the food as it was being plated up. Authorised representatives noted that the food looked colourful and fresh.

Supporting mealtimes

There was one member of staff to two residents, ensuring that those who needed support with eating were supported without delay. Staff were attentive and responsive during the meal and were seen chatting, smiling and engaging with residents.

We heard one resident request assistance to get to the toilet and this was accommodated immediately by a member of care staff.

Some residents wore protective aprons and had plate guards to support them to eat independently. We noted that the mealtime felt well-paced and those who required support from care staff were given plenty of time to eat.



3.3 Recommendations

Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

- Individual picture menus could be produced to make choice more accessible to residents.

The findings of this report will be considered alongside the findings from the additional 19 homes included in this programme of visits; a full report of themes and findings will be produced spring 2018.

3.4 Service provider response

Thank you for your very positive report received today. I am very pleased that the Healthwatch Surrey Team recognised the care and warmth shown to both our residents and their relatives by our dedicated staff team. We pride ourselves on the rapport that we develop, not only with our residents but with their families and friends too.

Within the home, we support people with extremely high needs, which can be a daunting and challenging task and one which the staff team rise to, always placing each residents' individual, unique needs at the forefront of everything they do.

Encouraging our residents who present with such high needs, to eat and drink adequately is a huge task and takes enormous patience and commitment from all our staff, who rise to the challenge and cajole and pleasantly encourage our residents to do so.

Regarding individual picture menus, had you asked, I would have explained and shown you that we actually have them and used to laminate them and place them in plastic menu holders-on the table for the residents, but they were broken by residents and we were forever replacing them only for them to be broken again. We also tried using just the laminated photographs on the table, but they too got "destroyed" and we were constantly having to replace them.

Every day we ask individual residents what they would like to eat prior to mealtimes and the staff team know our individual residents likes and dislikes from the residents themselves if they are able to tell us, also their families and friends and the This Is Me Booklet so we never give anyone food or drink that they don't like. There is always choice of varying foods at all times.

We also have a "consistent" team of staff and no ad hoc agency staff on duty who wouldn't know the residents likes and dislikes and all new members of staff to the



team are mentored by more experienced staff, so they also are aware of residents' individual needs and likes and dislikes.

We genuinely try to give our residents the best care possible in all areas including when it comes to End of Life care for our residents and their families. I thank you again for recognising that.

Chris MacLeod, Registered Manager

