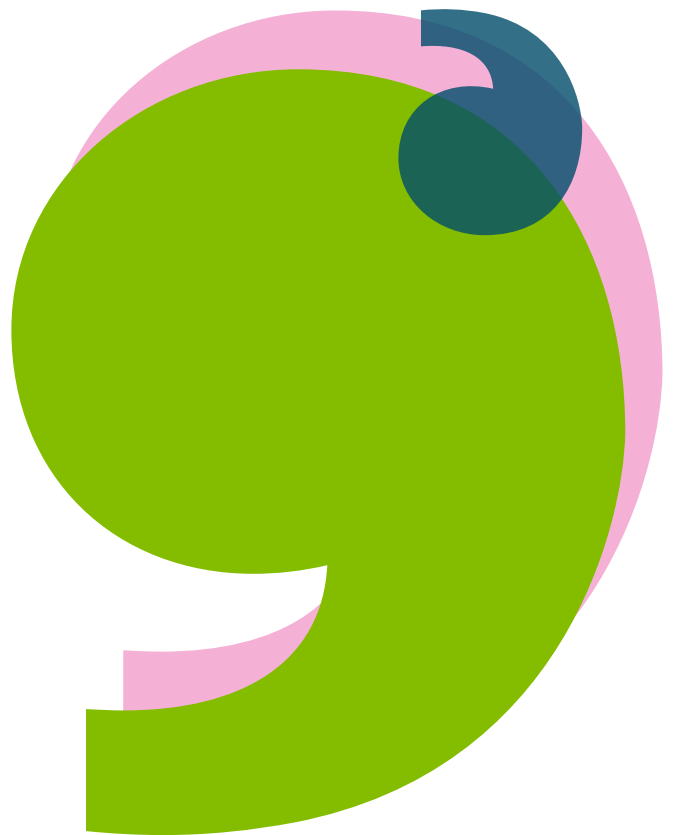




Enter and View Report

Ashbourne Court Care Home

April 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Ashbourne Cl, Ash, Aldershot GU12 6AG
Service Provider	Mrs & Mrs Raj Doorga
Date and Time	Friday 09 th March 2018, 11:20-14:00
Authorised Representatives	Natasha Ward, Angus Paton
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

- Residents and visitors told us that the staff are kind and make them feel welcome;
- Residents and visitors told us that staff at the home know their likes and dislikes and take time to get to know them;
- Visitors told us that they would like to be better informed about the care residents receive;
- Visitors told us that on occasion more could be done to support residents, particularly those who do not come to the dining room.



3.2 Results of visit

The home had 16 residents at the time of the visit. The senior staff showed representatives to the communal and dining areas of the home. The Healthwatch Surrey visit notice was clearly displayed as was the CQC notice. The manager informed us that the majority of residents at the home had moderate to advanced dementia so many would not be able to speak with us.

Staff Comments

Involving residents and encouraging feedback

Staff told us that residents are given two choices at mealtimes and make their choices in the mornings. Feedback is encouraged, and the manager gave an example of residents finding a beef casserole too chewy and this being replaced on the menu in response. In addition, the home conducts a yearly review of the menus with residents' involvement. The manager explained that "you get to know what people like, but we still always give people a choice". We were told that families/visitors are also encouraged to give their feedback on behalf of residents.

Encouraging food and drink intake

Staff told us that they serve food at mealtimes and are available to prompt and encourage residents who need support. The care staff try to support residents' independence - the manager explained that they try to avoid spoon feeding, rather they will place food on the fork for residents and guide their hands.

Staff also explained that there are drinks and snacks offered throughout the day, such as tea and biscuits, and highlighted that some activities also involve food. One example was the cake decorating activity in progress during the visit.

Resident and Visitor Comments

We were able to speak to three visitors and one resident.

Visitors told us that staff at the home are kind, and always recognise them and greet them warmly. One visitor said "The staff all seem nice, they offer us coffee and are friendly and polite". Visitors also told us that the staff know what residents' preferences are and that they are involved in discussions with the home about residents' changing needs, stating "They know the likes and dislikes and they chat to us about [resident]". We also spoke to a resident who explained that staff are friendly, know the residents well, and are nice people. The resident also stated "Food wise they are brilliant".

However, a couple of visitors did express that they would like more information and involvement. One said "It would be nice for them to ring when [resident] is not well".



One visitor told us that they were unsure whether residents were properly supported to eat in their rooms and said that on one occasion “I came in to see [resident] and they were still in bed and hadn’t eaten any breakfast - they should have checked if [resident] had eaten”.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

The dining area was set up with a long table and several single tables, which were laid with table cloths and cutlery, and there was quiet music playing in the background from the sitting room next door. Residents were supported to sit at the tables and choices of squash were offered. The choice on the menu was between fish and chips or white fish and mashed potato. Condiments were placed within easy reach and some residents had protective aprons over their clothes.

Responsive and supportive staff

Staff were seen to be making conversation with residents, asking how they were as they were guided into the dining room; however, as the chef was away on the day of the visit, staff seemed quite occupied serving food. Choices from the morning were served to residents, however show plates were not used, contrary to what we had been told by staff. Once all residents had been served, staff left the dining area, coming back to check on residents intermittently.

Staff asked residents if they were enjoying their meals, and quickly removed plates and cutlery when residents said that they had finished. A choice of desserts was offered: pavlova or lemon meringue. One resident who was on a gluten free diet was given a banana as a dessert; the resident asked staff why they had a banana when other residents had different desserts and the manager replaced the banana with a small cake.

Additional comments

The cake decorating activity was in progress in the sitting room during the visit; residents were sat in chairs around the edge of the room while one member of care staff visited residents with a fairy cake and a piping nozzle one by one. A visitor commented “I think they could do with a bit more activity, things to do when they’re more ‘with it’”.

We enquired about the resident who was in bed with bed guards up throughout the visit and during the mealtime; the manager explained that the resident was too unsteady on their feet and so the resident stayed in bed.





3.3 Recommendations

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

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

TBC

