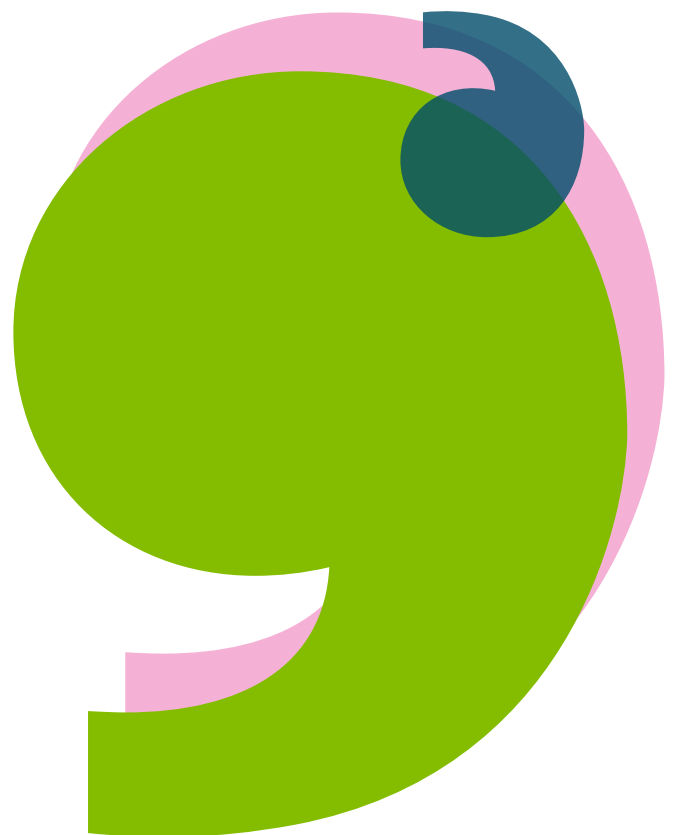




# Enter and View Report

**Bridge House Care Home**

March 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Farnham Road, Godalming, GU8 6DB
Service Provider	Maria Mallaband Care Group Ltd
Date and Time	Wednesday 24 <sup>th</sup> January 2018, 10:00-14:00
Authorised Representatives	Hannah Webb, Jackie Parry, Sam Botsford, Sarah Wood
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.

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# 3 Findings

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## 3.1 Summary of findings

- Mealtimes were positive, the food was nicely presented, and residents appeared to enjoy the social aspect of mealtimes;
- Responsiveness during mealtimes could be enhanced if staff were more present in the dining areas;
- Residents would benefit from more opportunities to give feedback, as we received mixed comments about flavour, portion size, availability of snacks and meal choices.



## 3.2 Results of visit

The home had 24 residents at the time of the visit. The manager was available to greet the team and show representatives to the communal areas of the home. The CQC rating was clearly displayed in the Reception area as was the Healthwatch Surrey visit notice.

### Staff Comments

#### Involving residents and encouraging feedback

Our representatives were greeted by the manager who told us that the chef is temporary while their permanent chef is on maternity leave. We were told that the menus are seasonal and have recently been reviewed, and that food is freshly prepared. The home also has monthly themed menus including 'Around the World' in addition to the standard menu. We were told that feedback on what residents would like on their menu is gathered individually by the kitchen assistant.

We were told that residents tend to have breakfast in their rooms although can come to the dining room, and most come to the dining room for lunch and supper. Residents can join the cooking afternoons once a month and make cakes/jam tarts. **Residents get involved in setting the tables, and some have a kettle or fridge in their room to prepare drinks and snacks.**

#### Person-centred considerations

We were told that all care plans are evaluated monthly, and that staff are familiar with residents' food preferences and their support needs. Residents are weighed monthly and records are kept relating to food/nutrition/hydration and individual preferences.

Menu choices (two main choices) are offered to residents in the morning, so staff can ensure that special requests can be accommodated. Portion size and individual preferences are adjusted for when the chef plates up the food, as each plate has a room number on it.

The manager told us that "pictorial menus are always on the table in case people forget what they ordered" but they were not available when we arrived as they were being updated.

#### Encouraging food and drink intake

There were hot and cold drinks available downstairs, there was a water machine in the lounge and a coffee machine in the reception area, and a snack basket in the communal area. Residents are offered hot and cold drinks with biscuits or cake, and we saw jugs of squash in residents' rooms within easy reach.



## Barriers to person-centred care

We noted that at lunchtime there were no staff present consistently throughout the mealtime, which could potentially deter feedback and also meant that residents had difficulty requesting assistance. Although we heard that residents were asked their preferences/food choices individually by the kitchen assistant, residents' meetings/other methods of feedback may help staff identify some common themes and comments (for example, residents expressed a desire for more fresh food and light bites). The manager explained that fresh food and lighter options were available, however it may be that residents would benefit from having this clarified.

### Resident Comments

We were able to speak to 8 residents and 1 family member.

## Person-centred care/choice

Residents and family members told us that staff were accommodating and flexible to residents' needs and gave us plenty of examples of different food options available. **Some residents told us that staff knew their preferences and that their dietary needs were accounted for and we were told that staff will always make the time to chat throughout the day.** One resident told us that they are able to make their own hot drinks and help themselves to biscuits.

## Feedback on mealtimes

Comments were wide-ranging in sentiment. Several residents complimented the food saying the "food is very good", the "food is excellent", and "it looks nice". However, several residents told us that there was a lack of taste, that the food was stodgy, and that they would like to see more healthier choices on the menu. Several residents seemed unaware that snacks were available throughout the day.

Some residents told us that their feedback about choices was not always taken into consideration and indicated that they did not have the breakfast of their choice. Several residents told us they would like healthier food available at mealtimes like fresh fruit and lighter options. We were told that more sauces in the dining room were wanted and two residents told us that a relative brings in condiments/food for them. The home explained that dressings/sauces are available on request; as residents seemed unaware of these options, prompts such as a note on the menu, or being asked by staff if they would like any condiments, may be beneficial in improving choice.

## Dining environment

Several residents told us they were involved in laying the tables. Menus were not visible on the table at lunchtime, and although the residents were made aware of



the menu options mid-morning, we were told that they would prefer to see the menu put up on the notice board. Residents told us that they enjoyed the cat joining them.

### **Observation of Lunchtime**

We observed half an hour over lunchtime.

#### **Dining area/environment**

The dining rooms had a 'homely' décor, and lovely views onto a large garden. The tables were laid out nicely with place mats, napkins, fresh flowers, and music was playing quietly. Residents could choose where to sit and appeared happy and at ease chatting with each other and laughing together. Food and drink was placed within easy reach and one resident had a glass of wine. The food was hot, smelled good, looked appetising, and the residents appeared to enjoy their meal.

However, there was no gravy with the meal (vegetarian roast dinner) and no dressing with the salad, which is in line with residents' comments about lack of condiments.

#### **Responsive and supportive staff**

Levels of communication, support and responsiveness varied throughout the meal.

We observed that staff responded fairly quickly to residents whilst serving, were engaged in positive communication, and reminded residents that plates were hot.

However, once mealtimes started staff left the room and were not on hand; this meant that staff had to be called back to assist residents and at one point a resident received assistance from a fellow resident to cut up their meal. One resident stopped eating half way through their meal, however no-one checked whether the meal was satisfactory or if an alternative was required. Other residents left a lot of food and one resident commented that there was far too much.

At times it seemed that courses were rushed, for example pudding was served to residents before they had finished eating the first course and one resident was still chewing their food as their plate was taken away.

#### **Additional observations and comments**

There was some disparity between what staff told us and what residents said, regarding portions sizes, availability of snacks and meal choices. Several residents said that they would like relatives to be able to join them for mealtimes however there was a lack of space; the home explained that arrangements can be made to accommodate visitors at mealtimes.





### 3.3 Recommendations

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

- The home should consider additional ways to encourage, record and act on residents' feedback;
- The home should increase the presence/availability of staff during mealtimes in case assistance is needed;
- Staff could be more proactive in offering alternatives and accompaniments during and between mealtimes.

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