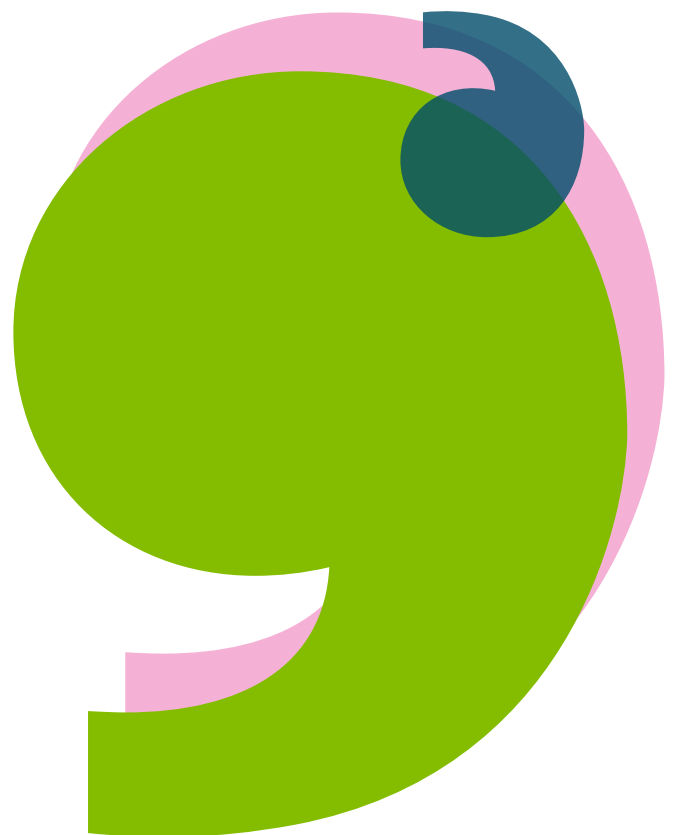




# Enter and View Report

**Cedar Lodge Nursing Home**

March 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	St Catherine's Road, Frimley Green, Camberley, GU16 9NP
Service Provider	Forest Care
Date and Time	Wednesday 31 <sup>st</sup> January 2018, 10:00-14:00
Authorised Representatives	Mary Probert, Matthew Parris, Christine Warren, Hannah Webb
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.



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## 2 What is Enter and View?

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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

- There was a good rapport between staff and residents, and staff provided reassurance and support around the home;
- Comments about the care provided by the home were positive;
- Some residents told us that sometimes food choice and quality could be improved at mealtimes;
- There were several barriers to choice noted, including hearing aids which were not working, small print on the menu, and being offered meal choices far in advance;
- Responsiveness to residents’ needs during the mealtime observed could be improved.



## 3.2 Results of visit

The home had 53 residents at the time of the visit, with a capacity for 60 residents. The CQC rating and the Healthwatch Surrey visit notice were clearly displayed.

### Staff Comments

We were greeted at the home by a member of staff who left us unattended in the main foyer, until we found an office with a member of staff who directed us to the Manager's Office. The manager was welcoming and accommodating of the visit.

### Involving residents and visitors

The manager told us that the home holds feedback meetings with residents and relatives every three months, and once a week a member of staff has a 'dining experience' where they eat with a resident and 'experience' lunch. The manager explained that residents were offered a monthly meeting however opted for these to occur quarterly instead. We were told that the menu rotates every four weeks and is refreshed every three months. The manager also explained that the chef spends time with residents on a weekly basis to get their feedback directly.

The manager explained that there is a kitchen for staff and family visitors on the first floor and a small lounge upstairs for family visits. Visitors can book and pay for meals at reception and we were told about coffee mornings held at the home, where visitors can have coffee and homemade scones in the lounge with residents. On Wednesdays, residents are encouraged to join in a coffee morning where there is often cake available.

### Person-centred assessments and specialist support

The home uses the "This is me" support tool to enable person-centred care and involves family members to help get to know residents on arrival. We were told that the home could cater for special diets, including vegetarian and pureed options. Residents are asked to select their meal in advance in order to allow enough time to prepare the correct meals; the chef and other staff told us that there is enough time allowed for meal choices to be changed and that they try their best to accommodate last minute changes to food choices.

### Encouraging food and drink intake

The manager told us that they have a member of staff trained by a dietician who acts as a 'hydration champion'. They told us that residents are offered fruit, tea and coffee regularly in between meals and can request snacks and sandwiches at any time, as well as ice cream in the summer. We were told that the home's food aim for 2018 is to ensure the chef has training on moulding purees into the shape of food to make it look more appetising for residents on a soft diet.



We were also told about the summer fete held, where the chef made scones which were particularly popular, birthdays where residents receive a cake, and ‘international day’ where a special menu was created.

### Resident Comments

We were able to speak to seven residents and one visitor.

#### Person-centred care and choice

We were told by one resident that the “staff understand my likes and dislikes”. Another resident said that the “care is very good”, and they were “always able to speak to someone [staff].” One resident explained that they take part in the resident’s meetings and this makes them feel they are “listened to”.

We were also able to speak to a relative who made positive comments about the home, particularly the care received, and said that they were “very happy” with the home.

Two residents on special diets told us that the home does take care to provide ‘special foods’ although they expressed that they were not offered enough choice at mealtimes; a sentiment shared by a few of the residents spoken to. However, one resident described themselves as a “fussy eater” but said that they were well catered to by the home.

Residents told us there was never a shortage of tea, coffee and biscuits during the day but commented that other snacks are unavailable. Although we were told by the home that breakfast was at 8am, one resident said they could not get food or a hot drink before 9am.

#### Comments on mealtime experience

We heard mixed comments about mealtimes at the home. A few residents told us that “it’s good food but it’s cooked wrongly, and it isn’t presented properly”, and that portion sizes vary a lot. We also received comments that the food could be dry, particularly the fish, and the tea can sometimes be too strong.

However, we did hear from one resident that staff are responsive if residents do not like the food available saying “If we don’t like something we just say” and another stating “they do listen”. A couple of residents said that that the “lunch is really good” despite the supper being “not so good”; one resident stated “the menu has got some imagination” and another said they enjoy the coffee morning and making cakes. This was in line with comments from the manager regarding a recent residents’ meeting.

Residents explained that Christmas dinner was a week before Christmas, although it was a “good meal” and one resident told us that they had a choice between chicken breast and thigh meat.

## Observation of Lunchtime

We observed half an hour over lunchtime.

### Dining area/environment

Prior to lunchtime we observed a couple of fruit squash dispensers in the communal areas and water available. We observed staff asking about choices for tomorrow's supper before today's lunch was served; one resident didn't understand what was being offered.

The dining room was clean, warm, very spacious and open with small tables of four that could be pulled together. There were tablecloths on the tables with fresh flowers, breakfast cereals in storage boxes were on the sideboard, and there was pepper on the table however no salt or other condiments or sauces. Disposable bibs were available, wet wipes were offered to residents before starting lunch, and there was a mix of paper and linen napkins available at lunchtime. The menu on display included pictures as a visual aids and showed two hot meals for the day, however the print was very small.

A variety of fruit juices were brought around to residents before their meal and residents were asked which they would like. Food and drink was placed within easy reach of residents at lunchtime. The food smelled pleasant and looked colourful and well presented, however some residents were sat at tables for a while before food was offered. On the day of the visit residents were offered a choice of three meals: gammon, ham salad or egg salad.

One resident chose to eat in the lounge; other residents chose to eat in their rooms.

### Responsive and supportive staff

Residents could move freely around the home, however most residents needed assistance and we observed that there was a lot of support and reassurance offered to residents. There was some good rapport and friendly communication between staff and residents.

At lunchtime staff asked residents if they wanted assistance cutting their food and staff then cut up food before it was served, which meant that residents did not need to wait before eating. Residents were offered choices during the mealtime including different juices, whether they would like gravy, and we noted one lady being asked if she would like a cushion to sit on.

We did notice several occasions where staff could have been more responsive to residents' needs; we requested assistance for one resident who was not eating, from a staff member who was watching TV, and we observed staff chatting with some residents while others required support.

We only observed two staff serving food, which may explain why some residents waited a while to be served. Room numbers were used to refer to residents' place





settings, rather than using their names, however residents were always referred to by their names when spoken to.

### **Additional observations**

We noted that staff asked two residents if their hearing aids were working. Residents replied that they weren't, however we did not see any batteries being replaced. This was a potential barrier to communication.

## **3.3 Recommendations**

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

- The manager should review current procedures and consider how choice can be better facilitated at 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