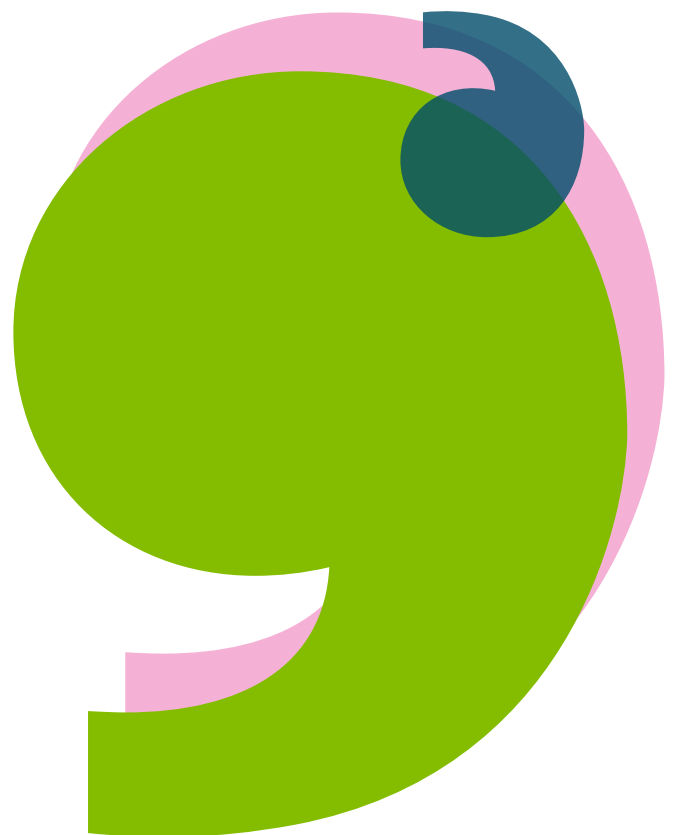




Enter and View Report

Collingwood Grange

March 2018



Contents

Contents.....	2
1 Introduction	3
1.1 Details of visit	3
1.2 Acknowledgements	3
1.3 Disclaimer	3
2 What is Enter and View?	4
2.1 Purpose of Visit	4
2.2 Strategic drivers	4
2.3 Methodology	5
3 Findings	5
3.1 Summary of findings.....	5
3.2 Results of visit.....	6
3.3 Recommendations	9
3.4 Service provider response	9



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Collingwood Grange Close, Camberley, GU15 1LD
Service Provider	BUPA
Date and Time	Thursday 8 th February 2018, 10:00-14:00
Authorised Representatives	Matthew Parris, Jackie Parry, Mary Probert, John Bateson, Gareth Jones
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

- There was a good rapport between staff and residents who appeared happy and seemed to be enjoying the food;
- Mealtimes were positive, the food was nicely presented, and a wide range of alternative choices were available;
- We heard that staff were responsive and listened to feedback;
- Staff appeared helpful, attentive, and familiar with residents’ preferences.



3.2 Results of visit

The home had 71 residents at the time of the visit. Senior staff were available to greet the team and show representatives to the communal areas. The CQC rating and the Healthwatch Surrey visit notice were both clearly displayed.

Staff Comments

The home is split over floors, with those with severe dementia and those who need end-of-life nursing on the first and second floors of the home.

Planning mealtimes and encouraging feedback

We were told that menus are prepared using produce from BUPA authorised suppliers and the menu offers two main meal choices for lunchtime and supper, rotating every four weeks. Other options are available such as sandwiches for suppertime and the chef prepares nighttime boxes for residents, with small meals in.

The staff discuss the menu options with visual aids (photographs) the evening before and offer alternatives to the main options as well. Staff also told us that they plate up meal options and show these to residents where necessary to support choice. We were told that the chefs create themed menus for special events such as pancake day and Burns night.

There is a regular residents' meeting for residents and their relatives to provide feedback and discuss the experience of meals and meal options with staff. There was a poster on the wall showing "you said, we did" responses to feedback, and a customer feedback board in the dining room. The home manager and residential experience manager go around and chat with residents and find out if they're enjoying meals. The staff told us that the kitchen adjusts meals to residents' preferences, such as adjusting for one resident who likes spicy food.

Person-centred assessments and specialist support

After an initial assessment is undertaken, liaising closely with the resident and their relatives, all food and drink preferences and any special diets such as allergies and diabetes are recorded, and any changes in food intake are monitored. A dedicated support worker is a trained dementia champion and is able to communicate sensitively with residents and their families.

The chef has been in-situ for 14 years and liaises with the head of each floor on a daily basis. There is a board in the kitchen of residents' preferences and nutritional needs. The home utilises a "resident of the day" arrangement to "make a fuss" of one resident have a chat with them and check their room and their care plan.



Staff told us that although they encourage residents to go to the dining room, “it’s always the residents’ choice”.

Encouraging food and drink intake

Staff told us that residents are offered drinks throughout the day including water and different fruit juices. There is a coffee machine in the reception area, and a small lounge offers a wide variety of drinks too. Water jugs and glasses are in each of the residents’ rooms and are refreshed regularly. To encourage residents to eat, staff offer fresh fruit, sandwiches, cakes, biscuits, fortified milkshakes and fruit shakes. Staff told us they “pull out all stops” to get residents interested in alternatives if they miss a meal.

We were told that the staff aim to avoid medication administration at mealtimes and the home provides agency staff with additional training if they serve food.

Friends and relatives can bring in food and drink and staff get specific snacks for residents, such as jelly babies. The home holds monthly coffee meetings for residents.

Resident Comments

We were able to speak to 12 residents and one visitor in total. Overall, the comments were very positive with residents confirming that they were happy with the quality of the meals.

Person-centred care and choice

Residents told us their preferences and dietary needs were taken into account. They told us that staff ask them which menu options they would like the evening before, there is a wide range of choices available, and they can ask for anything. They told us that mealtimes were well organised, and that staff know their individual preferences.

Residents told us: “I find mealtimes enjoyable”, “I am very happy with the catering”, the “food is alright”, “the selection is quite varied”, and “I get what I like within reason”. One resident told us that each month two staff ask them if there are any snacks they want bought for them. One resident told us “one of my favourites [that] I don’t get very often is macaroni cheese, but if I ask they usually supply [it]”. We were told that “they bought a new barbecue when the old one failed”.

Two residents said they were happy with everything except for the staff changes, and one said that the food is “not often hot enough”. They told us that when their family visit they can have a meal and a space is provided for them.

Residents were very complimentary about the staff. We were told: “they are always very civil which means a lot”, and one resident told us “you can always talk



to staff about what you like, food wise” and the “staff are very helpful”.

Dining environment

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

There was a relaxed and warm atmosphere in the home and residents who are mobile can move freely around. The residents appeared happy and at ease.

The dining rooms were modern, bright and well maintained. On the ground floor a kitchen area was close to the dining room so that residents can see and smell the food being plated up. There was also a small bar area.

Dining room tables were laid out with flowers, and with well-presented menus. Dining rooms had the appearance of a modern restaurant; we were told that music would often be played at mealtimes, and we heard some low background music playing in the dementia unit dining room.

Snacks can be prepared in the kitchen on the second floor, in addition to the kitchen on the ground floor.

Food looked well presented, fresh and colourful, and fruit juice was served in wineglasses. An alternative menu was available at the entrance of the dining room with a wide selection. The dining room was quiet, and the staff were very attentive, although much of the interaction between staff and residents was ‘task based’.

We saw that a small bowl of orange segments was offered to residents as an appetiser to their meal.

Responsive and supportive staff

In the dementia unit, staff took the time to encourage and assist residents to eat, and we saw them offering to cut food into smaller pieces.

We observed that the staff were attentive and engaged with residents, providing assistance quickly when requested, and prompting or providing encouragement. During mealtimes staff helped to cut up food and we saw one member of staff chatting with two residents in the dining room.

After finishing the tart one resident asked for jam sponge and custard, and this was served quickly. Another resident was served an alternative main meal choice.

Representatives did note that one resident waited a long time for food to arrive and did not have anything to occupy them.



Additional observations

We noted an unpleasant smell on the first floor.

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