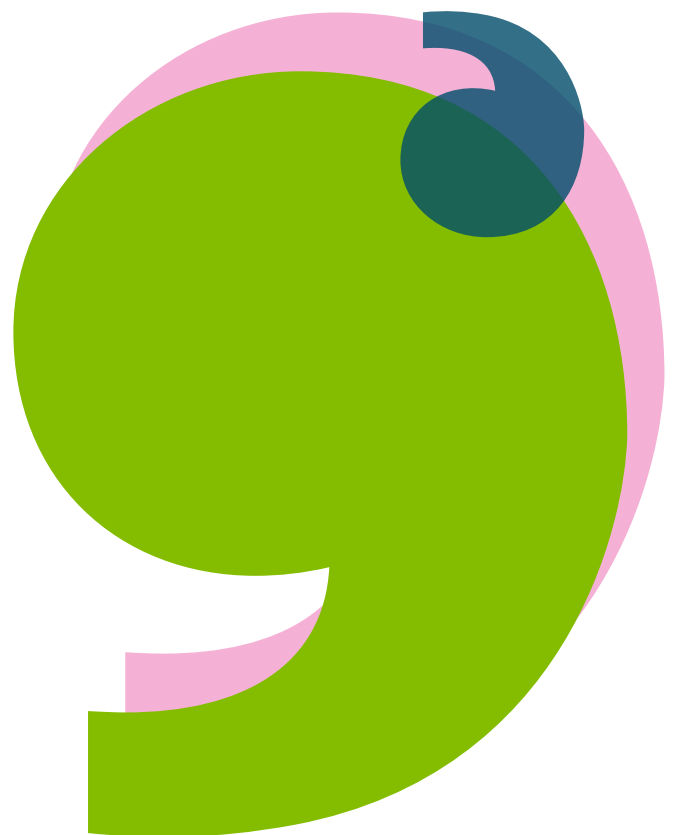




Enter and View Report

Downsvale Nursing Home

April 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	6-8 Pixham Lane, Dorking RH4 1PT
Service Provider	Monarch KM Ltd
Date and Time	Thursday 22 nd February 2018, 10:00-14:00
Authorised Representatives	Angus Paton, Jackie Tapping, Lauren ter Kuile
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

- We observed staff being responsive to and supportive of residents;
- Residents gave examples of how their feedback had been used to make changes to the availability and choice of food and drink;
- Staff gave examples of person-centred care and flexible working to meet individuals’ needs;
- It was noted by volunteers that some residents had a long wait for their meal to be served.



3.2 Results of visit

The home has a capacity for 35 residents in total. The Healthwatch Surrey visit notice showing the date and time of the visit was clearly displayed and the CQC rating was also visible.

Staff Comments

Person-centred care and choice

Staff told us about an IT based system by which resident information can be recorded and shared within the staff team; individual residents' needs can be updated, and staff receive an hourly reminder on their devices about what support and assistance should be given to each resident. We were told that care plans are regularly updated, and food and fluid intake is closely monitored where necessary. The manager explained that the home can call on support from the GP and speech and language therapy teams when needed.

We were told that residents have a choice of main meal and choose what they would like in the morning, using picture menus to assist with their choice. Staff told us that the home can be flexible to accommodate residents' requests and explained that if a resident asks for something the home doesn't stock, they can try to obtain it for the next day.

Staff explained that residents can eat where they choose and are supported to do so - when individuals choose to eat in their rooms, staff will check on them regularly, will offer support, and can stay with residents if they require continued assistance to eat.

We were told that the home employs two activity staff to ensure someone is available on a daily basis, and a staff member explained that this allows time to be spent building relationships with residents who wouldn't usually spend time in the communal areas of the home.

Encouraging food and drink intake

Drinks are available in between mealtimes and staff ensure that snacks such as biscuits are offered round. Residents are offered a drink of sherry or whiskey at lunchtime.

Staff explained that residents are given time and support to eat meals with one member of staff commenting "Lunch takes as long as it takes, we take it at their own pace".

Resident Comments

We were able to speak to seven residents in total.



Person-centred care/choice

The residents we spoke to appeared satisfied with the support they received at the home and commented that they had choice regarding food and drink.

We were told that there are a variety of drinks on offer at mealtimes, such as tea and orange juice at breakfast, and that staff also bring around drinks and snacks throughout the day. Residents also said that there is a good variety of food and that meals are “always hot and tasty”.

The majority of residents we spoke to told us that they can ask for additional food and drinks at any time. However, there was an awareness amongst residents of staff workload with one resident commenting that they get water from the tap as they don't like to interrupt the work of care staff. Another resident told us “They know your routines, but it depends how busy they are...I don't like to keep disturbing them”.

The residents we spoke to were clear that, on the whole, they had a choice of food and that mealtimes could be taken in their bedrooms if preferred. One resident told us that the care staff always remember to bring a cup of tea up in the morning before breakfast.

Residents explained that there are no regular meetings to give feedback about mealtimes or other aspects of the home, however said that there is a list sent around which gives residents an opportunity to give feedback. We heard examples of changes that had been made in the home, showing responsiveness: one resident said “Used to have the last hot drink of the day at six pm with supper - now improved as they have started offering drink before bed” and another explained “The choices got a bit repetitive but now there is more variety”.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining environment

The dining area was set up with a table, and some residents sat individually with single tray-style tables with table legs adjusted to different heights to suit each resident. There was gentle music playing in the background, with music that was familiar to the residents, and we observed some residents humming along. We observed a plate guard being used to support a resident to eat independently. Menus were available on the tables and on a notice board.

Support at lunchtime

We observed staff interacting with residents and providing appropriate and attentive support. Drinks were offered round, and staff were seen to respond

quickly to requests to top up residents' cups.

We observed a carer supporting an individual to eat; they explained that they One had adjusted their position when assisting that particular resident as it made it easier for resident to see them. Other staff were supporting residents by cutting food up into smaller pieces. Residents seemed relaxed and there was plenty of time given for residents to eat their meal.

We did observe that there was a long wait for some residents to be served their meal, and one resident asked "when is the food coming?"

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

