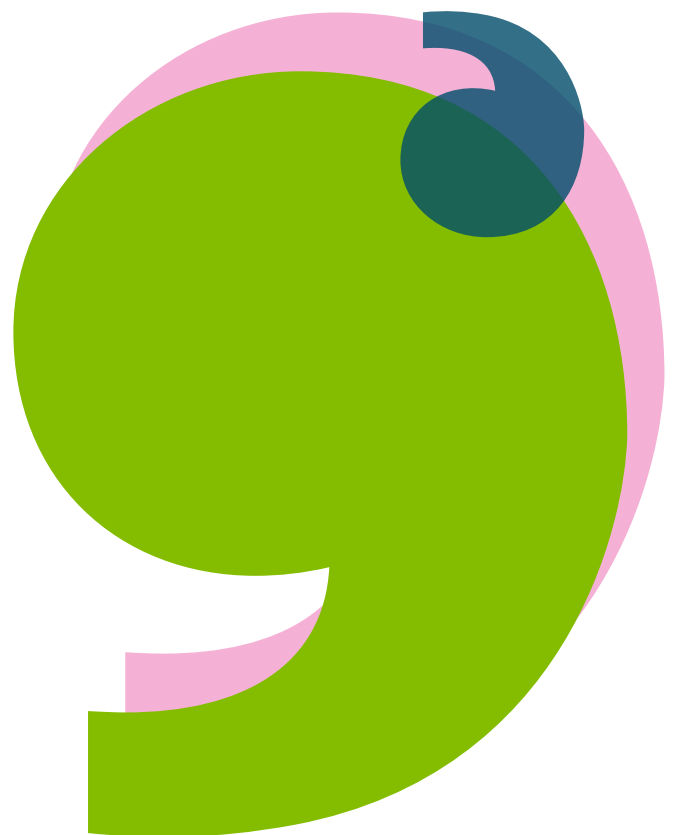




# Enter and View Report

Heath Lodge Care Home

March 2018



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# Contents

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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 .....	8
3.4 Service provider response .....	9



# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	St George's Avenue, Weybridge, KT13 ODA
Service Provider	Surrey Rest Homes Ltd
Date and Time	Monday 05 <sup>th</sup> January 2018, 10:00-14:00
Authorised Representatives	Lauren Ter Kuile, John Bateson, Mary Probert, Jane Owens
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

- Staff were attentive to residents who needed assistance, and residents expressed that the staff were ‘good’;
- We observed poor communication of choices as menus were not accessible and there was no use of ‘show plates’, despite many residents with moderate/advanced dementia.



## 3.2 Results of visit

The home had 23 residents at the time of the visit with a capacity for 26. 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.

This home had a high number of residents with advanced dementia, although representatives were told they could speak to any resident; it became clear on speaking to a number of residents that they were not able to fully consent to participate in the conversations during the visit.

### Staff Comments

We were told that many of the residents have advanced dementia and need support at mealtimes to eat. The manager told us that the staff know the residents' likes and dislikes and they all have up-to-date dementia training.

We were told that all the food is seasonal and is prepared onsite and that the manager, who is keen to ensure the food is appetising, oversees the menu. A large written menu was available on a whiteboard outside the dining room.

### Involving residents and encouraging feedback

We were told that residents are invited to attend monthly meetings to discuss food choice and quality, and currently there are eight residents attending who make a good contribution to the meeting, and some food options have been removed as a result of direct feedback from residents. The senior care staff told us they also conduct quality assurance to make sure the residents are happy with what is provided.

### Person-centred assessments and specialist support

All food and drink preferences are recorded, and food and fluid charts are maintained for residents with special monitoring needs and those who have their weight monitored. The home liaises with a dietician and the residents' families to establish needs, likes and dislikes, which is particularly important for residents who are unable to communicate. Residents are provided with beakers to prevent drink spillage and we were informed that residents could choose to eat in their rooms if they wished.

We were told that most residents prefer casserole or stew for lunch, and soup or sandwiches for supper and the home works to accommodate this. The staff told us that they currently also cater for a vegetarian diet and prepare soft food meals, and fortified drinks are available.

### Encouraging food and drink intake

All residents are encouraged to drink, and have access to water, juice, tea and



coffee throughout the day. We were told that fresh fruit and homemade cake is available in the afternoon. Our representatives noted the importance of staff assistance in order to access the food and drink available, as many residents would be unable to pour a drink themselves and carry it back to their seat.

The chef told us that the lunchtime food options on the day were chicken curry with rice or mashed potato, mixed vegetables with gravy, or macaroni cheese with broccoli. The deputy manager told us that the staff routinely offer food choices at the time the meal is served, and staff told us that if residents don't like their meal there are alternatives shown on the board to choose from; however, we did not observe this on the day. We were told that residents go out for lunch once a month.

### Resident Comments

We were able to speak to six residents in total.

Overall, comments were positive with several residents saying that they liked the food and had some choice at mealtimes.

#### Person-centred care/choice

Residents told us "I like all the food" and "they're very good, they give us orange juice or blackcurrant". We were told that a wide range of breakfast options were available and one resident said they were offered a small portion at meal times which suited them.

Residents said that tea, coffee and sandwiches were available at all times, and they were offered biscuits and tea while we spoke to them. Residents told us that the staff sit with them while they eat, and one resident said, "they are great". One resident said, "they are very good here."

However, when we asked a resident if they made their own choice at mealtimes they told us "never seen anything like that here". One resident said that they didn't eat "much of anything". When we asked one resident if they enjoyed mealtimes, they said "enjoyable is too strong [a word], we speak to each other, but it's not the best place to be".

### Observation of Lunchtime

We observed half an hour over lunchtime.

#### Dining area/environment

The dining room had a good layout, and there was some nice art on the walls. The dining room had individual tables, with tablecloths that were clean; a resident was observed helping to prepare the tables for lunchtime. There was no music, but we heard music and laughter at other times. Seven staff were on hand during the mealtime and offered residents aprons to protect their clothes.



Food and drink were placed within reach when it was served and, with the exception of the pureed food, the food was well presented and colourful. However, meals did not appear to be served consistently; several residents who were eating were seated next to residents who waited at least twenty minutes to be given their food, although they had a drink.

### **Responsive and supportive staff**

The staff were attentive and were observed to respond quickly to residents when their assistance was needed. Support with eating was seen to be given within a reasonable time, while the food was still warm.

We observed the staff supporting residents appropriately and providing gentle encouragement to residents who were not keen to eat. When residents didn't finish eating the main course, we saw staff offer pudding or to re-heat the meal, rather than offering an alternative main course. In some cases where choices were offered it is possible that more could have been done to improve the communication of these, for example one resident was asked "vegetarian or not?" As the home caters for residents with dementia, having prompts to assist with choice could be beneficial (e.g. use of show plates).

### **Distractions during mealtimes**

A vacuum cleaner was being used in the lounge while some residents were having lunch, and staff were seen to be mopping around the residents who were eating. Medication was administered during lunch.

## **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 how choice can be better facilitated at mealtimes through the use of visual aids/show plates.

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