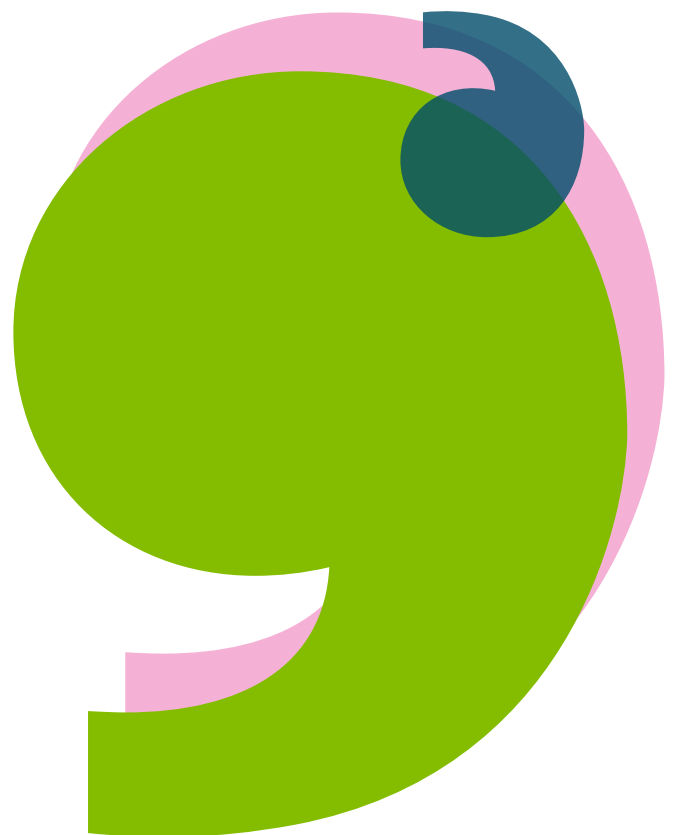




Enter and View Report

Queen Elizabeth Park Care
Home

March 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	1-72 Hallowes Close, Guildford GU2 9LL
Service Provider	Carebase Ltd
Date and Time	Friday 2 nd February 2018, 10:00-14:00
Natas	Natasha Ward, Jacquie pond, Hannah Webb, Angus Paton, 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

- Residents told us that the staff are very good, responding quickly to their needs, and are warm, encouraging and caring;
- Staff were familiar with residents’ preferences and residents were happy that these were being accommodated;
- Residents told us that they enjoyed the food and that the chef is flexible and offers a wide range of options;
- Relatives of residents are encouraged to attend meetings to discuss food, and encouraged to visit their relatives during activities and for meals.

3.2 Results of visit

The home had 74 residents at the time of the visit with a capacity for 77 residents. The staff and manager were available to greet the team and show representatives to the communal areas of the home. The CQC rating and the Healthwatch Surrey visit notice were both clearly displayed. The home was large, with 'residential' rooms on the ground floor, 'nursing' health care needs on the first floor, and advanced dementia residents on the second floor. The home is dementia-friendly, with floor directions and picture signs.

Staff Comments

Involving residents and visitors

The manager explained that the seasonal, four weekly menu is set by the chef, and offers a starter, two main meal choices for lunch and supper, and two desserts. The menu is reviewed each month at resident's meetings which both residents and relatives are encouraged to attend.

The home also encourages family and friend involvement when they host themed meals; they provided many examples of these such as their special Valentines lunch with entertainment that was planned. The home also has an on-site café where they host a 'coffee and quiz' morning and other activities, which the home encourages family/friends to join in with. The manager explained that a separate dining area is available for relatives to book at mealtimes so that they can eat with residents in a quieter, more private area.

Residents can participate in baking as a planned activity.

Catering for dietary needs and preferences

The manager told us that residents' needs are thoroughly assessed when they initially arrive at the home, and care plans with their food preferences and nutritional needs are reviewed and updated monthly by senior carers.

The home caters for 19 special diets as well as catering for individual preferences and allergies. Special diets include preparing halal meals, diabetic meals, pureed meals, high-fibre and meat free meals.

The chef uses coloured plates for each floor, different coloured beakers, and plate guards. They pipe the pureed meals to make them look appetising, and we saw these were well presented. Napkins are used instead of bibs to maintain dignity of the residents.

Encouraging food and drink intake

Staff support residents to visit the café and choose snacks; low-sugar snacks are available for residents with diabetes, and fortified smoothies are available in the morning.



There are several smaller kitchens on each of the different floors with microwaves. These kitchens are stocked with items like bread, jam, cereal, and tins of food so that residents can help themselves, and visitors can make tea or coffee.

The home is part of the hydrate programme; we saw notices reminding residents that if they feel thirsty they can ask for water or get water jugs and glasses from the coffee shop. Menus for mealtimes are displayed in large print in the corridors, outside the dining room, and residents on the residential floor have a copy in their room. Staff told us that at meal times they sometimes sit and eat with the residents, particularly on the floor with specialised dementia support, in order to encourage residents to eat and create a “family” feel.

Resident Comments

We were able to speak to six residents and three relatives in total.

Enjoying food and drink in the home

Overall, the comments were very positive with residents confirming that they were very happy with the quality of the meals and the options provided. Residents told us that the meals are “good”, that they have a good choice, and that the portions are the “right size”. Residents also told us that the food is “hot and well presented.” We were given examples of food that residents enjoyed such as “cod and chips” and “bacon and eggs” and residents said can request a glass of wine or sherry, or the chef can make an omelette. One relative described the home as being like “the Ritz”.

One visitor noted “Staff listened when my mum asked to sit with different people” and said that there was always a good meal and snack choice, with plenty of fresh fruit which looks appetising.

Exercising choice

Residents on the residential floor explained that care staff come around with the menu in advance of mealtimes, but they can change their mind at the last minute with this being easily accommodated, which they felt was important. We were also told that drinks and biscuits are regularly offered to residents in their rooms.

Residents told us that the staff are accommodating and “good” and we observed that they did seem cheerful and caring. Residents and their family members told us they feel able to make suggestions about changes to food and drink and are aware they can get involved with planning menus. Residents told us that if they would like a snack they can go to the café and there is always someone around who can help.

Residents explained that their friends and family can join them for meals if they wish, and they are encouraged to get together and socialise. Several residents commented that the dining room can be noisy, however it seemed quiet when our representatives observed the mealtime.



Observation of Lunchtime

There were three dining rooms in the home, one per floor, and all were observed for half an hour over lunchtime.

Dining area/environment

Residents can choose to eat in the dining room, or in their own room. The dining rooms were very light and bright, with music playing. The daily menu was on the tables in the dining rooms, and each meal listed the ingredients, e.g. “may contain peanuts”. Residents were offered wine if they wanted. Although mealtimes are protected, a nicely decorated private dining table away from the dining room was being used by a family.

The food was colourful, well presented, and smelled very good; the pureed meal was also very well presented. A choice of fruit juices were placed within reach of residents, and food was also placed within easy reach.

Responsive and supportive staff

There was good rapport in the cafe on the residential floor where we observed residents and staff engaged in conversation. We noted that the staff on all floors were attentive, and responded quickly to residents, such as providing an extra portion of bread and butter when requested. Additional food choices were available and plenty of time was allowed for residents to make their choice.

The staff used appropriate language with residents with dementia, speaking in shorter sentences, using food plated on ‘show’ plates to help decision-making, and leaving plenty of time for residents to choose. Residents on this floor appeared relaxed and staff seemed very aware of each person’s individual needs, for example noting that giving one resident smaller portions, as opposed to the standard size, encouraged them to eat. One resident asked to have half a slice of bread and butter and this was accommodated.

Additional observations and comments

The home smelled nice, and there were automatic air fresheners around the home. Tables were laid out with fresh jugs of water and squash, and all residents had water glasses in their rooms. We saw fresh whole fruit in a fruit bowl in the communal area, and hydration points throughout the home.

A visitor remarked “staff are genuinely caring and there is a cheerful and pleasant atmosphere”.



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

Thank you for the report and the feedback which is in the report.

I take immense pride in my team and residents always come first in whatever they want, we will do what we can to make that happen.

Heather De-Ninis, Home Manager