



Enter and View Report

Ridgway Court

March 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	48-50 Ridgway Road, Farnham, GU9 8NW
Service Provider	Abbeyfield
Date and Time	Thursday 1 st February 2018, 10:00-14:00
Authorised Representatives	Sarah Wood, Angus Paton, Mary Probert
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 heard mixed comments about the quality and variety of the food, with residents saying they preferred having a chef on-site;
- Residents told us that they were regularly offered food and drink throughout the day and could request snacks if required;
- Residents told us that on the whole the staff knew them well and were considerate.



3.2 Results of visit

We were greeted by the deputy manager and shown to the communal areas. The CQC rating was clearly displayed as was the Healthwatch Surrey visit notice. There were 16 residents at the time of the visit.

Staff Comments

Person-centred care and choice

The deputy manager explained that person-centred care is not just about putting individuals first, it's about "understanding a person's thoughts and feelings and involving family" so that needs can be met and residents can be supported. Residents are encouraged to provide feedback at monthly resident meetings and on introduction of the new *Apetito* service, residents and relatives were invited to a 'tasting' session where they could find out more about the new food on offer.

Staff told us that residents choose when and where to have their breakfast, with most residents choosing to have breakfast in their rooms. A member of staff commented that they know some residents prefer more time to wake up and enjoy breakfast, so they are flexible with the mealtime. The home has fruit bowls and cold water dispensers which are accessible to residents and provide coffee/tea and snacks throughout the day.

We were told that the home previously employed a chef, however flash-frozen meals are now delivered by *Apetito* and are heated in a convection oven on-site. Residents are currently involved in choosing the options available on the menu two weeks in advance, and in time the home hopes to put together a monthly rolling menu. The home can cater for special diets, including gluten free and diabetic. At lunchtime residents have a choice of two options, which they decide on in advance although we were told that the home can help if residents request alternatives to the set menu (e.g. fresh omelettes).

The home records residents' likes and dislikes and any dietary requirements at initial assessment and care plans are reviewed regularly. We were told that some of the residents have impaired vision so coloured plates and glasses are used to help them eat and drink independently at mealtimes. Care staff make daily notes to record what residents have eaten and drank throughout the day and encourage/prompt residents if needed (particularly for residents with dementia).

Resident Comments

Resident's comments were mixed in relation to mealtimes.

Choice and atmosphere at mealtimes

Many of the people we spoke to told us that they had choice in relation to food and drink. Residents told us that they can choose where to eat, when to have their



breakfast, and have a choice at mealtimes. One resident said, “I’m an early waker so I eat breakfast in my room...within reason I can eat what I ask for”. Another told us that they were able to request sandwiches, fruit and drinks throughout the day, and another said, “I have enough time to eat, I’m not rushed”. One resident also told us that the care staff put portions of food aside if residents are out over a mealtime (e.g. at an appointment) and will make sure this is offered when they arrive back in the home.

However, some residents commented that they had noticed a change since the launch of the Apetito system and said, “the food was better when we had a chef”, “I’d prefer more variety” and “I would prefer fresh not frozen”. Another said that supper choices were “limited”. There were also a couple of comments about the plates being too hot, and two residents told us that they found the dining room was quiet and said, “no one talks to anyone at meals”.

A couple of the residents told us that they like to help lay the tables for mealtimes and explained that people tended to sit in the same places.

Additional comments

We heard comments that the staff are helpful and know the residents well, with one resident saying “They make you very welcome” and another stating “they have a sense of humour”. However, one resident raised a concern about staff being “rough” and expressed concern regarding the care provided by some staff members; this was escalated appropriately.

Observation of Lunchtime

The dining room was bright and well laid out with different tables for residents to choose from, and residents were able to make their own way to the dining room. A selection of drinks were offered, including sherry and squash and residents were served their choice of meal that had been selected the previous day. Staff handed out the main meals and helped residents by dishing out vegetables from serving dishes.

Staff were attentive and polite, for example asking residents if they had had enough to eat before taking plates away and asking residents if they’d like their gravy poured. One resident left food uneaten and we noted that a member of staff asked if they were not hungry, felt poorly or didn’t like the food. We also observed the deputy manager sat at a table with residents and asking how their meal was. However, our authorised representatives noted that the dining room was quiet, with no music and little chatter.

At the end of the meal a resident helped to tidy the dining room tables and we noted that another resident had been involved in laying serviettes prior to the meal.



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

