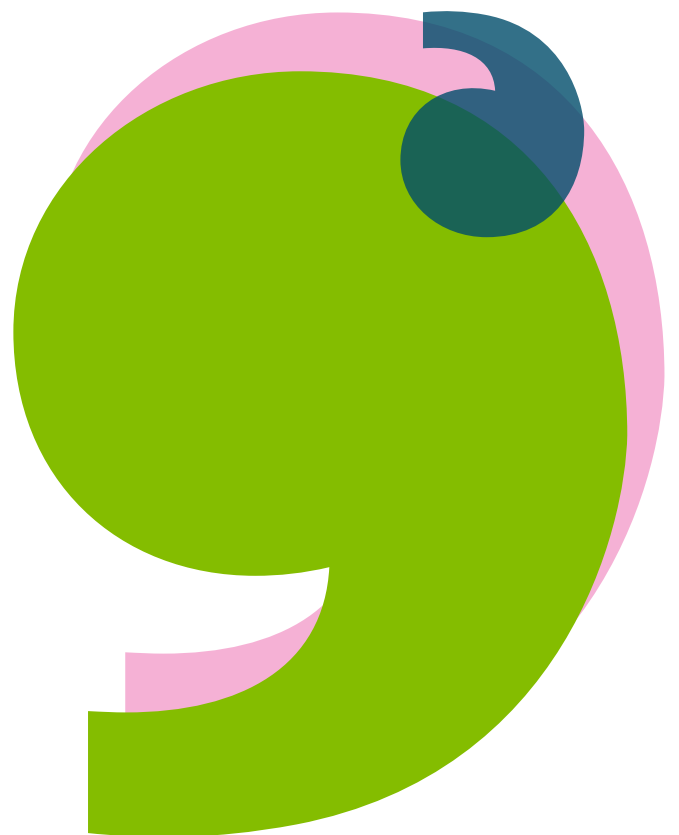




# Enter and View Report

Silvermere Care Home

April 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Redhill Road, Cobham, KT11 1EF
Service Provider	Avery Healthcare
Date and Time	Monday 26 <sup>th</sup> February 2018, 10:00-14:00
Authorised Representatives	Natasha Ward, Jackie Parry, Christine Warren, Jane Owens, 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.

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# 3 Findings

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## 3.1 Summary of findings

- Residents and visitors told us that they were satisfied with the home and the care received;
- Residents seemed happy with meals and told us they are able to have alternative meals on request;
- We saw examples of staff being responsive to residents and considerate of residents’ dignity;
- Residents on the memory care floor are supported to make choices at mealtimes.



## 3.2 Results of visit

The home had 65 residents at the time of the visit, with a capacity of 70 over three floors. One floor was dedicated to caring for people living with dementia. The concierge greeted the team on arrival and the deputy manager gave a tour of the home, showing volunteers to the communal areas. The Healthwatch Surrey visit notice and the CQC rating were clearly displayed.

### Staff Comments

#### Person-centred care and feedback

We were told that there are monthly residents' committee meetings where food is often discussed. The chef is in attendance at the meetings and residents have chance to feedback and the deputy manager gave examples of where feedback has been used in relation to the menu options. Residents expressed during one meeting that they particularly enjoyed roast dinners, so a 'mini roast' was added as an option on Wednesday's in addition to the full Sunday roast. Residents also commented during the summer that they enjoyed salads as the weather was hot, so the chef prepared salad options for residents to choose from.

Staff told us that residents can choose from the main meal options, and are asked to do this in the morning, however, for residents living with dementia show plates are used to facilitate choice at the time of the meal rather than in advance. We were also told that residents can request anything outside of the menu and the staff will do their best to cater to them.

#### Encouraging food and drink

Staff explained that residents living with dementia sometimes require prompting to eat and drink; staff told us that they will sit at tables with residents and can eat and drink with them to provide encouragement. The deputy manager explained that hosts are placed in each dining room to help serve the food, which leaves care staff free to sit at the tables and provide support where this is required.

We were also told about activities involving food, for example decorating biscuits at Christmas, making pancakes for pancake day, and baking scones and cakes. Staff told us that special occasions are celebrated, with cakes made for each residents' birthday, and a Christmas meal being served. It was explained that families can join residents at mealtimes, however advance notice is important to ensure that appropriate arrangements can be made if needed.

#### Specialist care

The staff we spoke to explained that residents' likes and dislikes are recorded when they arrive at the home, and these form part of their care plan. All staff take responsibility for noting down any new likes or dislikes and these get updated. If needed, staff will use food and fluid monitoring charts to ensure that residents are eating and drinking adequately. In some cases, residents may be referred to the



speech and language therapy team to assess their dietary needs and pureed food can be prepared if necessary. The deputy manager explained that the chef uses special moulds for puree/soft food to make it presentable; for example, using a mould in the shape of peas to mould the pea puree. We were also told that, particularly on the floor providing care for people living with dementia, special crockery is used; for example, the home has plates with raised edges rather than using plate guards.

### Resident and Visitor Comments

We were able to speak to ten residents and two visitors in total.

#### Person-centred care/choice

In terms of mealtimes, residents told us that they are mostly happy with the choices of meals and all residents explained that if they want they can request alternatives and these will be provided: “There is plenty of opportunity to tell them if you don’t like something”. Residents mentioned being able to write in a feedback book and commented that the chef is present during mealtimes, which was welcomed.

One resident explained why it is important to have interaction with the chef face-to-face at mealtimes: “The chef is always around at mealtimes and visits each table. It’s nice to have face to face contact as it makes you feel he [chef] cares about the food and wants to make sure you enjoy it”.

Residents told us that meals are a good size, the food is ‘tasty’, and that snacks are available throughout the day. However, one resident commented “For the price would expect better quality and standard of food” and another said that the menu was quite ‘continental’ and they would like to have a choice of ‘more British food’. A couple of residents also commented that there could sometimes be a ‘long wait’ for food to be served.

Residents explained that they can choose where to eat their meals, with some choosing to have breakfast in their bedrooms. One lady told us “You can eat in your room...I like the dining room, it’s social. Meals are something to look forward to.”

#### General care

Residents told us that, most often, staff know their like and dislikes. However, residents did comment that staff changes (turnover and staff moving to different floors) have impacted on how well staff understand their preferences: “Staff used to know my routines but there have been lots of changes recently and staff have been moved between floors. Some still pop down.”



The residents and visitors we spoke to were satisfied with the care provided and spoke highly of staff, describing them as ‘friendly’ and ‘very good’. One person commented: “It’s lovely here, they make a lot of birthday’s. They are good at helping people who need support, they always find the time.”

### **Observation of Lunchtime**

We observed half an hour over lunchtime, with a representative placed in each dining room.

#### **Dining area/environment**

The dining areas were clean and bright, with tables laid out with table cloths and menus with large print were available on the residential floors. In two dining rooms there was music playing quietly in the background; on one floor music was not playing by the residents’ request. Food was plated up in the dining rooms by hosts and looked well presented. A variety of drinks were offered, including wine and juices.

We noted that medication was given out while residents were seated but prior to the meal starting.

#### **Responsive and supportive staff**

On the floor dedicated to supporting people living with dementia, care staff were observed to be attentive and supportive, sitting at tables with residents and encouraging them with their meals. Choices were offered on show plates at the time of the meal. On the other two floors, staff were polite and friendly, however in line with residents’ comments there was a fairly long wait for some people to be served their meal options.

The chef visited each dining room during the meal time and made sure to chat with residents, asking if everything was ok.

On one floor, a few residents chose to join the dining room approximately half an hour after serving had began and were welcomed by the host, who proceeded to serve their meals.

#### **Additional observations**

We noted that tomatoes were served on the vine, likely for presentation, however this could have required more effort for residents to eat. One resident who was asked how the meal was replied “It’s a bit difficult to eat”.

We noted that there were a number of drinks stations and areas where snacks (for example cakes, fruit and biscuits) were available throughout the home.





### 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