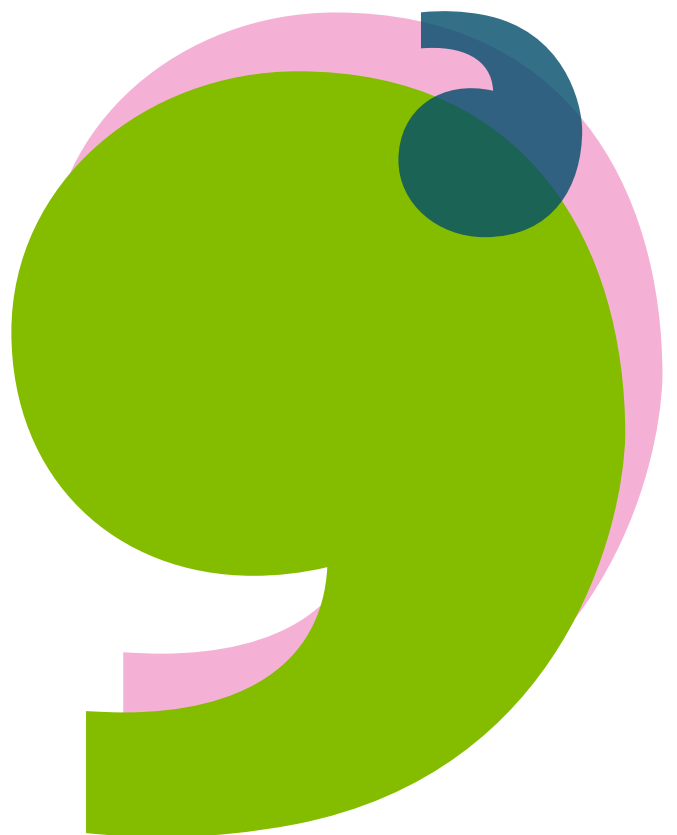




Enter and View Report

Tadworth Grove

March 2018



Contents

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	9
3.4 Service provider response	9



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	The Avenue, Tadworth, KT20 5AT
Service Provider	Bupa
Date and Time	Tuesday 6 th February 2018, 10:00-14:00
Authorised Representatives	Natasha Ward, John Bateson, Jane Owens, Gareth Jones, Jackie Tapping
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

- There were many examples of person-centred care seen at this home;
- We observed very good rapport between staff and residents, and staff were mostly attentive to residents’ needs;
- Residents and relatives told us that they enjoyed the food, the meals are flexible, and there are a wide range of options;
- Residents and relatives told us that they can chat with the chef and senior staff about meals, and are listened to;
- Relatives of residents are encouraged to visit their relatives and eat with them.



3.2 Results of visit

The home had 36 residents at the time of the visit with a capacity for 45. The Clinical Lead was available to greet the team and show representatives to the communal areas. The CQC rating was clearly displayed.

Staff Comments

Food and drink in the home

The home has two rotating chefs, who prepare fresh food on site. The menu is on a four-week cycle, rotated every six months. Residents are told of the menu before mealtimes and show plates are used at meals to support residents to make a choice. We were told that the seasonal menu offers two main meal options, and the same menu is also provided to the staff who eat at the home. It was explained that BUPA provides strict guidelines about food, for example the home uses BUPA nominated food suppliers, the budget is set by BUPA, and visitors must check with staff before bringing in food items.

Meeting residents' needs

The clinical lead told us that pre-admission involves a chef. Staff involve relatives in recording residents' food and drink preferences in their care plans and these are regularly reviewed and monitored. The staff undertake an audit of food intake regularly to ensure residents are eating enough and monitor patients if they are losing weight. The clinical lead explained that the staff are careful to identify those who may need help and respond appropriately, supporting them to eat as independently as possible. We were told the chefs prepare modified diets for residents, including diabetic, vegetarian, pureed and fork mashable diets; the chef takes care to ensure that soft and pureed meals look the same as the other meals. For one resident who is visually impaired, the chef takes care with the shape and arrangement of the food on their plate, and a plate guard is provided.

All staff are trained on how to use thickener which makes food or fluid easier and safer to swallow, and this training is also extended to family/friends of residents so that they can prepare drinks independently for their loved ones.

Encouraging food and drink

We were told that residents have water in their rooms which is refreshed twice a day, and they are regularly offered items from a food and drinks trolley such as fruit, biscuits and other snacks. We were told that the chef can produce specific meals on request, and staff will take meals into the residents' rooms and assist them if they choose.

The chefs can be flexible and will freshly prepare other food requests such as omelettes, and they can offer sandwiches throughout the night. Themed menus are



prepared for special celebrations such as Mother's Day and Easter, and cakes are made to celebrate residents' birthdays.

Resident Comments

We were able to speak to three residents and three visitors in total. Overall, the comments were very positive with both residents and relatives confirming that they were very happy with the quality of the meals and the options provided.

Feedback on mealtimes

Several relatives told us that they eat at the home and complimented the food. One relative told us: "I eat lunch and supper here, and I experience the quality of the food. I'm able to make suggestions or comments. The home will listen to my comments." Another relative told us that the food is "very good, we eat here on Friday, they are very accommodating". The home has a comments book available for residents and visitors.

We heard complimentary comments about the chefs with several residents explaining the chefs know them by name. Several residents told us the chefs ask them to say if there's anything that they dislike with the food and gave examples of how their feedback had been listened to.

Residents and relatives told us that the food is "perfect" and "always nicely presented", however we did receive a couple negative comments. Residents said that occasionally at weekends there isn't anyone around to make a cup of tea, possibly due to the limited number of staff, or sometimes the evening tea it is lukewarm. One resident told us: "the salt shaker is in the wrong shape, and I can't find the hole".

Person-centred care and choice

Both residents and visitors told us that the staff know their preferred routines and that they have a choice of meals. They told us they were satisfied with the range of food and drink on offer, and that they are able to make suggestions or comments about food preferences. Relatives told us that there was always an opportunity to make choices about mealtimes. One resident told us that the chef has a discussion with them about what foods are suitable to meet their dietary needs. One family member told us that they spend a lot of time with their relative, and they have complimentary meals provided by the home, which is a nice gesture.

One visitor told us that their relative had been well cared for, and the quality of life for their relative has improved. We saw a thank you note from a family member to all the kitchen staff which read: "the food and service was absolutely amazing" and "you made Christmas special".

However, we heard from a resident who told us that it can take a long time to get assistance to go to the toilet in the mornings, so they prefer to limit how many



drinks they have in case they need the toilet and cannot get the assistance they need in time, although the same resident said that the staff “do everything they can possibly do to help me”.

Dining environment

Observation of Lunchtime

We observed half an hour over lunchtime. We saw 14 residents and one relative in the dining room; a large majority of residents choose to eat in their rooms. One resident was being supported by a member of staff in the lounge.

Dining area/environment

The dining room appeared to be well laid out; tables were laid with clean table cloths and music was playing in the background. The dining room has flexibility to move tables, for example when visitors arrive, and we observed one relative joined a resident for lunch. Menus were available on the tables, and food and drink were placed within easy reach. The food appeared well presented and colourful.

Responsive and supportive staff

Residents were given ample time to select their meal and were promptly assisted with their meals where support was needed. An omelette was served to a resident on a vegetarian diet and staff were seen to offer water or juice at the table and offer bread rolls. We observed that one resident loved the curry and asked for more, which was accommodated.

Staff were attentive and engaged and showed patience when assisting residents, responding quickly to residents when required.

Additional observations

Our team noted that the staff offering plenty of information about person-centred care and staff were very supportive of the representative team, directing representatives to residents who were able to give consent to participate in conversations.



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

None provided.