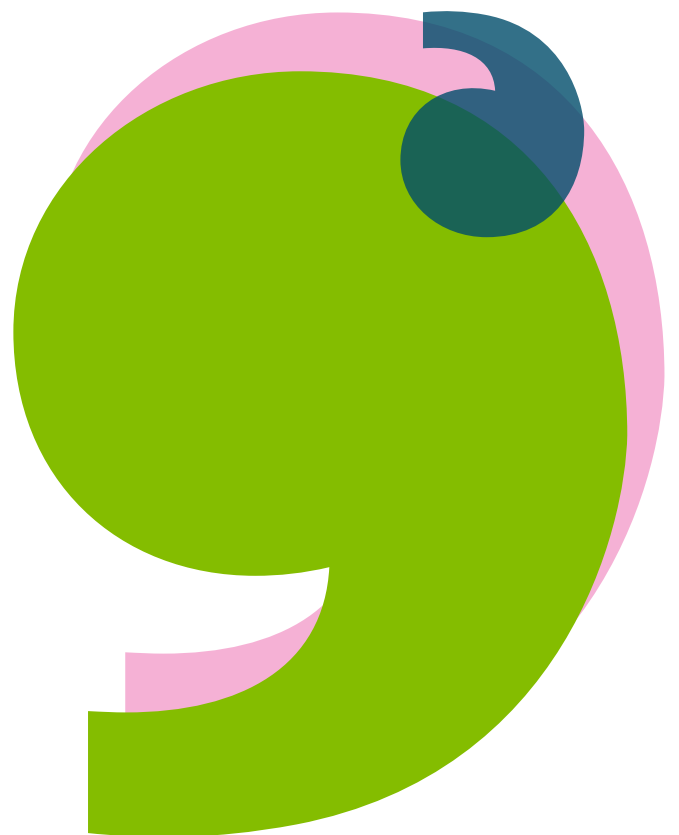




# Enter and View Report

**Upalong Residential Home**

March 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	16 Castle Road, Camberley, GU15 2DS
Service Provider	Mrs M K McTeggart
Date and Time	Tuesday 23 <sup>rd</sup> January 2018, 10:00-14:00
Authorised Representatives	Gareth Jones, Sarah Wood
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

- We saw many examples of the home providing person-centred care to residents
- Staff were familiar with residents' preferences and residents were happy that these were being accommodated
- We observed very good interaction between staff and residents, staff were chatting to residents and were attentive to their needs
- Residents told us that the chef is flexible with preparing alternative choices and that they like the food.

## 3.2 Results of visit

The home had a capacity of nine residents, with seven residents at the time of the visit. Senior staff were available to greet the team and show representatives to the dining area, lounge, kitchen and outdoor areas. The CQC rating and the Healthwatch Surrey visit notice were both clearly displayed.



## Staff Comments

### Involving residents and encouraging feedback

Our representatives were greeted by the manager/owner, who has managed the home for 30 years. The manager told us their daughter, grandchild and cat live in the flat above the home and that the residents love to mingle with them. We were told that the residents of this small care home are like family, and that they offer "home from home" care.

There was a very warm rapport between staff and residents. The manager told us that friends and family of residents are invited to lunch regularly, and they have a chef who prepares food on site. The menu is set by the chef and offers two main meal choices which change daily, and meals are prepared using local produce. The menu is flexible so if a resident isn't keen on the two options, the staff offer an alternative.

The staff read out the menu to the residents at breakfast time and ask them what they would like. This allows time for staff to listen to feedback from residents and for residents to request alternative choices. Any requests for different food options are accommodated by the chef, and staff support residents by feeding back their preferences.

We were told that residents have in the past chosen to help to lay the tables in the dining room and that involvement is welcomed by staff.

### Person-centred assessments and specialist support

The deputy manager told us that the home was committed to providing person-centred care, and that residents are encouraged to make their own choices while maintaining a balanced diet. The staff apply a person-centred approach by putting the residents' choices first; for example, the chef can cook eggs at breakfast in a variety of ways depending on what each resident requests. All food and drink preferences are monitored/recorded by the deputy manager in the daily diary, and any changes in food intake are recorded in the home communication book.

All residents are encouraged to drink and have access to water or low-sugar juice, tea and coffee throughout the day. We were told that the chef is able to cater to all special requirements. The manager told us that they currently accommodate one resident by monitoring their glucose intake and support another resident with a tracheostomy.

Residents can choose to eat in the dining room, the lounge or in their own room. We were told that most residents usually choose to eat in the dining room, but that staff work flexibly around the set meal times and they are happy to set up a table for one in the dining room at any time.



## Barriers to person-centred care

We did not observe any barriers to person-centred care when our representatives visited this home.

## Resident Comments

We were able to speak to six residents in total. Overall, the comments were very positive with residents confirming that they were happy with the quality of the meals and the options provided. Residents told us that the home prepares food that they like. Residents told us the food "looks lovely" and is "very tasty ". We heard complimentary responses about the chef, such as "he knows what I like". One resident told us "I speak to the chef every morning".

## Person-centred care/choice

Residents told us that the staff were accommodating, and that their preferences and dietary needs were taken into account. They told us that staff were flexible, the food was lovely, and gave us examples of food they like such as lamb and steak. Residents confirmed that menus change daily, and that staff ask them which of two options they would like each morning. They said that tea, coffee and sandwiches are available at all times. Residents told us that the food was of a high quality, and that the lunchtime food was really well presented and tasty. One resident told us that although they knew they were a difficult person to please, staff were very good, which meant that they looked forward to their food.

## Observation of Lunchtime

We observed half an hour over lunchtime.

## Dining area/environment

A hand-written set menu was provided on the dining table with additional options available on request. The dining room was pleasant and well decorated, the table was laid out nicely and there was music in the background. A few seat cushions were provided for added height. Food and drink were placed within easy reach of residents. Sherry was provided along with cordial.

## Responsive and supportive staff

The staff were attentive and engaged and were observed to respond quickly to residents when their assistance was needed. For example, the staff offered to support residents to cut their food into smaller pieces. We observed that staff appeared to have a good relationship with the residents and saw examples of friendly interaction.

## Additional observations

The residents appeared happy and were able to move freely around the home, with



additional support of a stairlift and rails. The home offers a range of activities and daily exercises for residents.

We did observe one resident using a spoon to reach the salt and pepper, rather than this being moved closer.

### **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**

The care in Upalong is of the utmost priority and at the same time all residents are made to feel that it is their "home" and all their concerns are dealt with in the appropriate manner.

We do have very positive feedback from current and past relatives.

Mrs. M McTeggart, Home Manager

