



Enter and View Report

Ashley House

February 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Ashley House, 1 Kings Rd, Christmas Hill, Shalford, GU4 8HN
Service Provider	Mrs P M McKenna
Date and Time	Monday 22 nd January 2018, 10:00-13:00
Authorised Representatives	Natasha Ward, Jackie Parry, Christine Warren, 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

- We observed staff providing person-centred care to residents, showing familiarity with residents' preferences
- Residents told us that the staff listen to feedback and the chef is flexible with preparing alternative choices
- The home manager showed an in-depth understanding of the importance of person-centred care particularly related to food and drink and appeared passionate about the home and residents' experiences
- The dining area was quiet with little interaction however we were told that this was a result of resident preference
- Menus were presented in small print and could benefit from larger print.



3.2 Results of visit

The home had 17 residents at the time of the visit with a capacity of 29. The home manager was available to greet the team and show representatives to the communal and dining areas. The CQC rating was clearly displayed as was the Healthwatch Surrey visit notice, which had been photocopied and displayed throughout the home.

Staff Comments

Involving residents and encouraging feedback

Our representatives were greeted by the manager who was very welcoming and supportive of the visit and explained that the home is very open to visitors and welcomes feedback.

We were told that menus were seasonal, used local produce, and were prepared on a four-week rota by the chef who based this on the preferences of the residents in the home. A set menu is provided weekly, with one main option for lunch and sandwiches or a cooked meal at supper. The menus also state that salads are available on request and we were told that other options which were not on the menu were available upon request, such as omelettes.

The options for lunch are reviewed with residents mid-morning to allow time to request alternative choices. Menus are placed on the tables in the dining room, and there is a brief survey of feedback from residents during each meal to note down whether they enjoyed the food or not and monitor their preferences. We were told that the staff are happy to sit and eat meals with the residents and are fully catered for, to encourage a homely/family environment.

Person-centred assessments and specialist support

The manager told us that they work closely with speech and language therapy (SALT) teams, nutritionists, and the district nurse and that residents' weight is monitored regularly so that any issues can be addressed promptly. We were given an example of one individual whose medical history meant that their weight and intake were monitored closely, with staff adapting their approach to encouraging food and drink accordingly - this demonstrated a holistic understanding of residents as individuals. We were able to speak with a visiting nurse who explained that the communication from the home was open and responsive.

Extensive record keeping relating to food/nutrition/hydration, including food and drink preferences was demonstrated, and we were told that the home undertake assessments of needs and preferences regularly, including input from relatives and staff feedback (e.g. for a certain cup, calorie-controlled sugar free drinks). The manager explained that there is no budget per-head allocation for food as it is important for the residents to have access to food and drink that they enjoy. We were also told that staff accommodate residents own schedules and work flexibly around the set meal times, for example providing sandwiches at night time if needed.



Encouraging food and drink intake

The home is part of the Hydrate programme. We were informed that tables are laid out with fresh jugs of water/squash and water jugs are refreshed daily in the residents' rooms. Hot and cold drinks are offered at mealtimes and are easily accessible. Staff offer tea or coffee and biscuits mid-morning, and in the afternoon, and residents can ask for drinks whenever they want. The staff told us that themed menus are prepared for special celebrations, such as Christmas and birthdays, and wine or sherry are also provided. **The home holds cooking afternoons twice a month when residents can make biscuits and cakes supported by the care staff, who provide ingredients and equipment.**

Resident Comments

We were able to speak to five residents in total and also with one relative of a resident. On the whole comments were very positive with residents confirming that they were very happy with the quality of the meals and the options provided, and that meal portions were a "good size". We were told that the staff have a good knowledge of food preferences of each resident, mealtimes are not rushed, and that the food is nicely presented and tasty. We were told there was a "lovely Christmas lunch". However, several residents told us that the tea could be made too strong sometimes. Several residents told us that they liked the cookery sessions in the dining room.

Choice and responsiveness

Residents told us that the staff were accommodating, and that their preferences and dietary needs were taken into account. **They gave us plenty of examples of specific preferred foods being ordered, cooked or prepared for them such as dumplings made with self-raising flour (from a residents' own recipe) and liver, bacon and onions which was "lovely and tasty".** Several examples were given by residents of having access to fresh food, enough to drink, and access to special drinks including zero-calorie sugar alternatives for weight management. One resident told us that the staff know their dislike of certain main meals and remember to offer them an alternative.

We also heard examples of responsiveness from the home. Residents mentioned that improvements had been made to the food in response to comments, as the food was "bland and lacking in taste but now it's lovely." Another resident told us "that the food used to be a bit cold but now they warm the plates up". Residents told us that staff respond very quickly if they need support, and one resident told us "they are always extremely pleasant, nothing is too much trouble." They told us that the staff are very good and "will find time to pop in and out" to chat throughout the day. One resident told us "You can speak to the chef, he is very amenable".

Dining environment

We were told that the dining room was very comfortable and pleasant, and that food was of a high quality, with food described as "tasty" and well cooked. One resident told us that the staff would sit and have a conversation with them - the manager confirmed that staff join residents at mealtimes and chat with residents,



and often join a group of residents who like to stay in the dining room following their meal. A resident did tell us that on one occasion only one person was in the dining room, and there was a slightly "cold" atmosphere during their mealtime.

Residents told us they can choose to eat in the dining room or in their own room. Many residents told us that if they choose to eat outside of the dining room the food is presented nicely on the tray with serviettes brought to them. One resident told us that a member of staff checks on them regularly to ensure they are enjoying their meal.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

The dining room was light and spacious with a garden view, pictures on the walls, and a vase of flowers on the tables and very quiet music in the background. There were tablecloths and napkins on the tables, and salt and pepper shakers. The food was well presented, colourful and smelled good.

Responsive and supportive staff

Staff were observed to respond quickly when residents required, for example, when providing an alternative choice when asked, and staff were observed to respond quickly to a request for water from one resident.

Barriers to person-centred care

Staff appeared courteous, attentive and supportive, however the dining room was quiet and there was very little conversation between residents and staff over lunchtime. We were told that quiet mealtimes were down to the residents' preferences and staff respect their choice. Staff were observed asking residents if they had enjoyed their food, however this was done quickly with little opportunity for discussion - more time for feedback could encourage residents to speak up about smaller issues, such as a "poorly made cup of tea"; we were told however that there are other opportunities to give feedback outside of mealtimes.

Menus were presented in small print which one partially sighted resident found hard to read.

Additional observations

One person told us "I would like more mental things to do" in reference to activities within the home, however did not give suggestions of what these activities could be.



3.3 Recommendations

Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

- The text size on menus could be larger to ensure they are accessible to all residents.

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