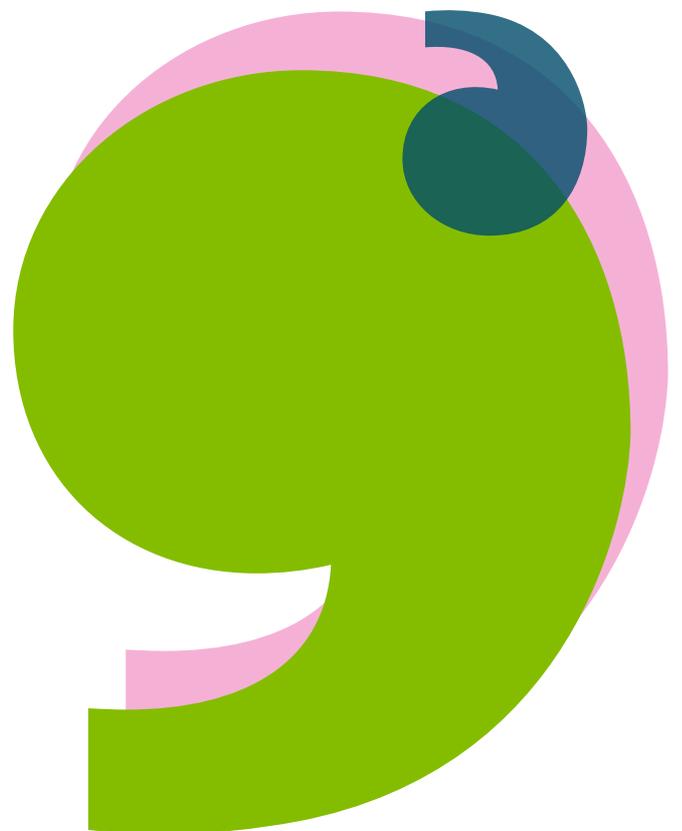


# **Enter and View Report**

**Greys Residential Home for the  
Elderly**

January 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Hook Heath Road, Hook Heath, Woking GU22 0JQ
Service Provider	Grey's Residential Homes Ltd
Date and Time	Friday 19 <sup>th</sup> January 2018, 11:00-13:45
Authorised Representatives	Lauren Ter Kuile, Angus Paton, Jackie Parry, Christine Warren
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 observed staff providing person-centred care to residents, and being helpful and attentive to those with additional needs;
- Mealtimes were positive, the food was nicely presented and served hot in a friendly environment;
- There was limited space in the dining room for staff to sit down and fully engage with residents;
- We heard about, and saw evidence of, great effort put into making food varied and enjoyable, particularly for ‘themed’ events such as Halloween.



## 3.2 Results of visit

The home had 23 residents at the time of the visit, with a capacity of 24. The senior staff showed representatives to the communal and dining areas of the home. The Healthwatch Surrey visit and CQC notices were clearly displayed.

### Staff Comments

#### Involving residents and encouraging feedback

The staff told us that the chef prepares food to the residents' requirements. These choices are discussed at the monthly residents meeting, also attended by staff. We were told that menus were seasonal and prepared monthly and posted on the noticeboard in the dining room. The staff listen to feedback from residents who make suggestions or requests to the chef.

#### Person-centred assessments and specialist support

The home offers two main options for each mealtime (one meat and one vegetarian), and residents can request different foods if they prefer, with alternatives shown on the menu. Senior staff told us that at mealtimes staff "pull out all the stops" to meet residents' choices. We were told that residents' food and drink preferences and dietary needs are recorded at initial assessment and that this information is kept in the kitchen and monitored regularly. Senior staff told us that one resident who has difficulty chewing is supported at mealtimes, another resident is supported with handling cutlery, and that the home caters for all specialist diets, such as intolerance to eggs and other allergies.

Several staff have been employed for many years and expressed that this meant they knew residents' food preferences well and said that residents are offered a choice of food in advance of mealtimes. **One visually-impaired resident is supported by staff who use a clock face as a reference to where each food is positioned on the plate.** We were told that staff apply a person-centred approach through regular conversations and strong teamwork, and that all staff know how to look for and raise a concern.

#### Encouraging food and drink intake

Staff told us that tables are laid out at mealtimes with a number of drink options including water, wine and juices within easy reach. Staff also offer food and drink outside of set mealtimes, 'elevenses' and afternoon tea daily, with hot and cold drinks and biscuits. The staff team leader told us that residents have fluid monitoring charts which help staff to monitor fluid levels and encourage residents to drink if needed. If staff notice that a resident is not drinking, they support them by providing banana milkshakes and residents can ask for snacks such as cheese and biscuits in between meals. **The home manager explained that themed menus are prepared for special celebrations, for example pizza fingers and a skeleton made of spare ribs for Halloween, holding a summer fete with a variety of dishes, and making options such as Pimm's, fruit punch and ice lollies available throughout the summer months.**



## Barriers to person-centred care

A high patient-staff ratio at lunchtime was observed, however one person said that this was not always the case and lower numbers of staff can increase pressure. The dining room is pleasant but small, and a lack of space to sit and chat could be a potential barrier to full engagement with staff/residents during mealtimes.

## Resident Comments

We were able to speak to 9 residents in total. On the whole comments were very positive with residents confirming that they enjoyed the food which was well presented, with good portion sizes. Residents complimented the staff and the care they received saying "I think I am really lucky, I am really well looked after", "The staff are really lovely", and they believed that if they wanted something the staff would get it for them.

Residents commented that they were happy with the dining area, although one resident commented that they didn't like the fish tank but that others do. The residents described staff as polite, kind and caring.

## Person-centred care/choice

Residents and family members told us that the staff were accommodating, and that they are satisfied with the variety of food and drink on offer. **Residents told us that they believe their feedback about food choices is taken into consideration at the monthly resident meetings.** Most residents we spoke to said that their preferences and dietary needs were taken into account, and that they felt listened to. Most residents chose to eat meals in the dining room and had a choice of where to sit, while one who chose to eat in their room said that they were appropriately supported.

Family members of residents told us that everyone is treated as an individual. One family member commented that the staff were "very careful" about specific cutlery and cups; for example, providing a drinking tumbler to one resident who can be prone to accidentally knocking things over. One resident told us that they are provided with a variety of drinks whenever they want and another who experienced difficulty chewing told us they liked fruit and that staff make sure they can have it whenever they want.

However, both staff and residents told us that sometimes during the day, especially in the morning, staff can be rushed and there is little time to chat with residents. Some residents with rooms downstairs told us that staff do sit and chat with them in their rooms. However, other residents with rooms upstairs said that staff are sometimes too rushed to chat to them, with one resident commenting that staff do not take the time to sit and have a conversation when they visit to help with their daily routine, although they had tried to encourage more interaction.

## Observation of Lunchtime

We observed half an hour over lunchtime.



## Dining area/environment

Residents can choose to eat in the dining room, in their own room, or outside if they prefer. The dining area was small with a few tables laid out, and food and drink were placed within easy reach. The food was colourful and nicely presented. The dining room has a large window and was bright with freshly painted walls. There were various paintings on the walls, as well as a fish tank in the room.

Both dining areas were set up to look like a restaurant with table cloths, flowers on the tables, music playing in the background, and menus with large print on the tables. Drink options were available in small jugs on tables which had lids on to prevent spillage; options included juice, water and wine. All the residents in the dining room were eating and the portion sizes were good. Although other food options were available on request, one volunteer observed that the mealtime seemed somewhat rushed and questioned whether enough time is allowed to offer the alternative choices if needed.

## Responsive and supportive staff

Good rapport and friendly communication between staff and residents was observed. All staff undertook the role of serving food, and they were on hand to provide assistance to residents as soon as their food had been served. However, limited space prevented them from sitting with residents at the table. One resident received help with cutting food up into smaller portions. One resident was observed to arrive late at lunchtime which was accommodated without any problem, and when one resident requested a bacon sandwich, this was responded to immediately.

## Additional observations

Staff appeared friendly and smiling with residents when they were in the serving area of the dining room. One staff member was observed responding to a resident who was coughing by ensuring they had a drink after coughing. Several residents commented that the soup is "very good".

## 3.3 Recommendations

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

- Staff should ensure that residents are given equal opportunity to engage in meaningful conversation, being mindful that location of bedrooms can impact this.

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

Many thanks for your visit to our home both residents and staff expressed how much they enjoyed the visit. These visits give an opportunity to highlight areas that could be improved. Following on from the visit we now employ a new member of staff who works on Sunday, she eats lunch and socialises with residents, she then spends the afternoon chatting individually or partaking with activities.

I would also like to add there is a separate dining area upstairs where residents should they wish to, have relatives or friends for meals if they require more privacy. Very often relatives or friends come for a meal they are offered a 3-course meal with wine for £5 a head.

Once again many thanks for your inspection on behalf of all at Greys.

Simone Jeacock (Registered Manager)