

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Southlands Rest Home

7 Linkfield Road, Redhill, RH1 1JF

8<sup>th</sup> November 2016, 9:45am- 12pm

Alan Walsh & Jane Owens

Healthwatch Surrey, The Annexe, Lockwood Day

Centre, Westfield Road, Guildford, GU1 1RR

0303 303 0023

## Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 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.

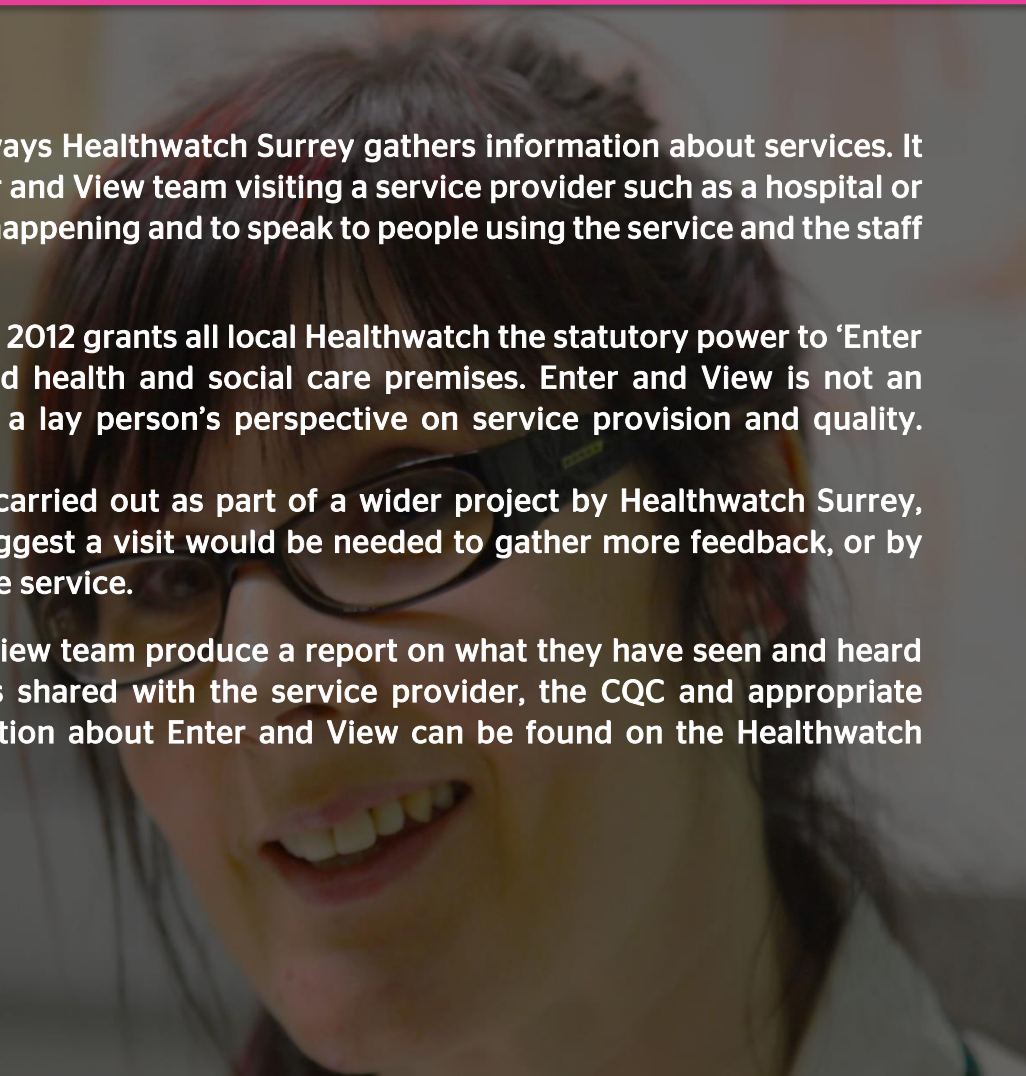
## What is Enter and View?

Enter and View is one of the ways Healthwatch Surrey gathers information about services. It involves members of our Enter and View team visiting a service provider such as a hospital or care home to observe what is happening and to speak to people using the service and the staff working there.

The Health and Social Care Act 2012 grants all local Healthwatch the statutory power to 'Enter and View' all publically funded health and social care premises. Enter and View is not an inspection, but instead offers a lay person's perspective on service provision and quality.

Enter and View visits can be carried out as part of a wider project by Healthwatch Surrey, where there is evidence to suggest a visit would be needed to gather more feedback, or by invitation of the provider of the service.

After the visit, the Enter and View team produce a report on what they have seen and heard during the visit. The report is shared with the service provider, the CQC and appropriate commissioners. More information about Enter and View can be found on the Healthwatch Surrey website.



## Purpose of the visit

- To find out whether care homes in Surrey provide their residents with relationship-centred care, and if they support their residents to take part in 'meaningful activities' in line with their preferences and abilities.
- To discover if care homes learn about their residents, and plan their care, menus and daily activities around their preferences
- To determine whether residents are given the opportunity to engage in community clubs and/or social activities and develop a role within the home if they wish.
- To find out if residents feel that they are listened to
- To identify any good practice examples of person and relationship-centred care
- To observe residents and relatives engaging with the staff and their surroundings
- To capture the experience of the residents and relatives and any ideas they may have for change.

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## Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into how well care homes in Surrey are 'relationship centred' - focusing on activity based care and supporting people to continue to be as active and independent as possible.
- 'Amplifying the voice of care home residents' is a Healthwatch Surrey priority for 2016/17.

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## Methodology

This was an announced Enter and View visit. The provider was given the time and date that Healthwatch Surrey (HWS) would be visiting. On arrival, in the foyer the Healthwatch Surrey notification letter was not displayed, the CQC Inspection Rating was displayed. There is a notice board displaying dates for family and resident meetings. There is an activities schedule showing reflexology, music therapy, floor games, hairdressing, arts & craft, puzzle time, ladies club, pamper time, bingo, fruity Friday, 1-2-1 sessions, afternoon sports and afternoon at the movies.

We spoke to the Manager of the service and it was clear the recent CQC Inspection and rating had severely impacted on the Owner/Manager who advised us as to the layout of the home. We were then shown around the home by member of staff and given permission to approach residents and staff. We spoke with a resident, a care staff member, an Activities Leader and the Manager. The interview with the Manager took place in the office, with the other interviews taking place in the lounge.

The home is well decorated but on the top floor there is a 'damp patch' between the ceiling and wall causing the affected area to discolour and paint to peel away from the wall. The home is clean, free of obstructions and unpleasant smells. We were informed by the Manager that the home has three floors. On the ground floor is the foyer/reception area, a dining room, a lounge, with an extension that has four ensuite rooms - in the lounge there is a TV, whiteboard, a CD player and numerous board games. There is a kitchen and designated smoking areas inside the building and in the garden.

We were shown resident rooms on each floor and in the extension area that looked homely. On both the first and second floors, there is a communal bathroom.

On the lift door there was an 'Out of Order' notice, we enquired how long the lift had been broken, the Deputy Manager said: 'Since Saturday, but it is due to be fixed this week.' As a result of this, chairs had been strategically placed at the top of the stairs for a resident to rest if they were tired when climbing the stairs. It was stated by our Authorised Representatives that this was unsatisfactory.

The Manager informed us that Southlands has 18 rooms which all have a sink and the home currently houses 15 residents. We were informed by the Manager that following the CQC visit and the resulting inspection report, Southlands has been closed to new admissions. At the time of our visit were informed there were four care staff on duty.

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## Summary of findings:

- The residents looked clean and tidy
- The lift was not working
- The ceiling on the top floor was 'water damaged' with paper and paint peeling away from the wall
- We observed a word game activity with good interaction between residents and staff
- Management and Staff were friendly and approachable.
- Washroom and toilet facilities were clean and accessible.

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## Results of visit

### Person-centred approach:

When we asked the Manager what she understood to person-centred care to be, she told us it is 'all around the person, around the individual, assessing everybody individually and meeting individual needs'. The care staff member who spoke with us said that person-centred care is 'understanding a person completely, their likes and dislikes'. In relation to this, the Activities Lead we spoke with told us it was making sure that 'each individual is catered for at their level' and that they are 'encouraged'.

When speaking about use of life histories in care plans the Manager stated: 'We gather information on the residents past life, from childhood, through school, work, family, past hobbies, like and dislikes.' She continued, telling us: 'Our staff know the residents and know what they like to do, we have three activities people who come into our home, they do group activities and we do one to one activities with staff and residents, we are person centred with our residents.'

The care worker we spoke with informed our Authorised Representative the home uses life histories and all staff have to read this when they start at Southlands. They further told us that life histories are 'updated monthly, all staff are involved. Some staff are allocated (to residents)

for person centred care... some will have one to one chats (with residents) so they know likes and dislikes’.

The Manager was asked if activities are regularly reviewed, she replied: ‘Yes, we do them monthly. Since the Care Quality Commission’s inspection in August. We audit them monthly when residents have their monthly reviews on care plans we evaluate and review through that process.’

### **Provision of meaningful activities and methods of reducing the risk of social isolation.**

When speaking with the Manager about what her understanding was of the term meaningful activities for residents, she told us they ‘stimulate and orientate them, to make residents have a better quality of life. I always tell people just because you’re in a care home you shouldn’t stop what you enjoy doing. This gives residents a feeling of being whole, mentally, emotionally and physically’.

A care worker told us that meaningful activity was about what residents’ enjoy and are interested in, what they like to do’. For the Activities Coordinator they are designed to ‘stimulate each of the residents at different levels’.

We asked the Manager who is responsible for meaningful activities at Southlands, she replied: ‘Me’ She went on to explain that the home has ‘three different people who come into the home (to do activities, two are music therapists. One does ‘era’ sing-a-long and one comes in with different instruments for stimulation’. She continued saying a ‘reflexologist does three residents a week’ on their weekly visit. Another activities person comes in and does ‘brain gym’ which includes ‘word spelling, reminiscing quizzes, baking, ball games and exercises’. The Activity Lead told us: ‘I’m in charge of my own activities I interact with each resident and then tell the Manager.’

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so, the Manager replied: ‘Some residents don’t like group activities so we don’t make them participate. To get them engaged, we would encourage these residents to have one to one sessions that are more personalised. Even if a resident is not doing the activity we still encourage a resident to stay and observe. Once they see people laughing and enjoying themselves they are encouraged to join in.’ The care staff member we spoke with said a resident would have ‘respect if they don’t want to (join in) but (we would) find out if they are in pain and if (there is a) problem’.

The manager explained that the purpose of encouraging meaningful activity is ‘Stimulation, to give people self-worth, self-esteem, make them feel valued to have a sense of purpose and life betterment. We put our residents first, this is their home, we encourage all our residents to get involved in activities it makes them feel part of a community.’

We asked the Activities Lead how they support residents who use outdoor space, the first staff member told us they take residents for ‘short walks, not many can go far. We use the car and wheelchair if they want to go shopping they can go out on their own or have a taxi booked for them. They go out to meals we are very flexible with meeting needs.’ Our Authorised Representative recorded that ‘singers, the local church and the local school choir come into the home at Christmas. We were also informed that a ‘gentleman comes in for music and hand massage, and a lady does other activities such as a quiz, mobile exercises and bingo.’

The resident who spoke with us said he goes 'out three times a week on the bus' he goes to 'Reigate and Redhill to look in charity shops...' go to the 'bank and post office mainly in Reigate'. This resident informed us that he also tends the garden during the summer months, especially the rose garden and hanging baskets.

On the morning of our visit, he was also attending a group session on 'Smoking Cessation' with another resident in Reigate and the deputy manager was taking them by car. Another resident, with encouragement from the Activities Lead, explained how they all had participated in preparing the ingredients for the Christmas cake which they would decorate over the coming weeks. All the residents enjoyed cooking and one resident is allowed to prepare and cook a meal under supervision.

On our visit we observed a 'Word Game' activity taking place in the lounge. The facilitator was supported by two staff members who were also encouraging residents to participate. The residents were engaged and responding to the facilitator and staff.

### **How are activities differentiated to meet individual needs?**

We asked how activities link to individual care plans, the Manager reiterated the home has 'the residents life history, therefore we have an understanding of the resident, but it's not just about the past, it's about what they like to do now because things change. Their likes and dislikes change, their needs change, we are constantly assessing and reassessing all the time. Once you have this information you can do activities based on a residents changing needs.'

The Manager also informed us that the residents history was like a 'Family Tree' and when the home has the information the residents 'life history goes into the care plan. It's about understanding the person, it's individualised, from this you can do meaningful activities with the resident that meet their individual needs, it allows you to give the resident more choice'.

A care staff member we spoke with said she knows what 'most of the residents' like to do. 'Some like word games, others like activities with exercise...so meet the individual needs' of a resident.

When our Authorised Representative asked the Activities Lead about whether she knows what individuals like to do, she replied: 'Yes, I know them very well.' She gave examples of activities such as a quiz that 'often leads into things about themselves'. She said doing an activity called 'the meaning of words' leads to 'in depth discussions about how it relates to them (the residents)...' and if anything new came up regarding a resident they would 'inform the Manager' so it could be 'included in their care plans'. She spoke about residents who have sensory impairment such as sight or hearing problems. She told us there is a 'hard of hearing client, the staff write things on the board, but she gets involved by watching. All (residents) are included and we'll adapt the activities to their needs'.

We spoke with a resident and asked if staff were aware of his preferred daily routine and his preferences, he replied: 'Yes, and staff know if I don't like food, another option is given to me.'

### **Involvement with local community?**

According to the Manager, Southlands has links with the local church 'St Joseph's whose choir comes in and sings for us at Christmas. Also, St Matthews Church comes in once a month to do

Holy Communion. In term time, St Joseph's School 6th Formers come in every Thursday to chat with residents'. We were also informed that a 'hairdresser attends every Monday, a Chiropodist every six weeks and 'we take residents into Redhill shopping, go for lunch, café and bank'.

### **Involvement and opinions of family and carers:**

We asked the Manager what involvement families have in the home, she replied: 'We have residents meetings and plan what the activities will be or what the event will be. Every six weeks we have resident and family meetings, we get positive feedback. We involve the family in life history and involve family in relatives care and decisions that are being made in the home which is of benefit to the resident. It's not just about care, it's also about the environment'

### **Activities Training:**

When asked what formal training staff had undergone to support meaningful activities and person centred care, the Manager said the 'There is no formal training for activities, our staff know the residents and know what they like to do. We have three activities people who come into our home, they do group activities and we do one to one activities with staff and residents, we are person centred with our residents.'

The Manager emphasised that all staff have mandatory training, consisting of; 'Dementia Training, Infection Control, Moving & Handling, Hoisting, Health & Safety, Fire Training, First Aid, Medication and Safeguarding Vulnerable Adults.

### **Barriers to Meaningful Activities:**

The Manager informed us the main barrier to carrying out activities is financial, she stated: 'A financial restriction for an individual could prevent a resident from doing an outdoor activity, but as a home we try to be inclusive and will help any resident in a financial sense to overcome that barrier so they can participate in all activities.'

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*Any immediate concerns noted by the visiting team were shared with the service provider on the day of the visit*

### **Conclusions and Recommendations:**

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

The findings in this report will be considered alongside the findings of the other twenty four Care Homes that were part of a programme of visits exploring activities provision of these services in Surrey. A summary report will be published in January including further conclusions and recommendations of the programme.

## Service provider response:

It was very nice to have met you on the 8th November 2016 and we appreciate your comments and feedback.

I would like to inform and comment further regarding: -

The damp water patch on the top floor that was caused by a leak from the water tank some weeks before your visit and was scheduled to be repaired that afternoon, which I am pleased to say it was.

The lift, the lift had broken down on late Saturday evening of the 5th November, the lift company was called in on the Sunday 6th November, and we were informed that parts had to be ordered on Monday 7th November. The parts were then received and lift was repaired on the 9th November.

It was stated the Authorised Representatives that this was unsatisfactory and yes agree, but Sometimes things happen outside our control and we then need to do our utmost to enable people to continue to be safe and manage situations as best as possible to which I feel we did by ensuring that our residents were safe always and as little disruption to their daily activities as possible.

Most of our residents can take the stairs independently and all residents have risk assessments and {PEEPS} Personal emergency evacuation plans in place.

We have two upper floors in Southlands which there is 4 flights of stairs and yes, each level had a chair strategically placed to allow any resident to rest if they felt the need to. Staff always observed each resident and assisted if needed. Although it was unsatisfactory that the lift was out of order I feel that the situation was handled well.

I would like to thank you again and Mrs Jane Owens for your positive comments and Recommendations.

Kind regards

Angela Sohun  
Manager  
Southlands Rest Home