

# Enter and View Report

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

Cherrydale

Springfield Road

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

Alan Walsh, Gareth Jones & Angus Paton

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.

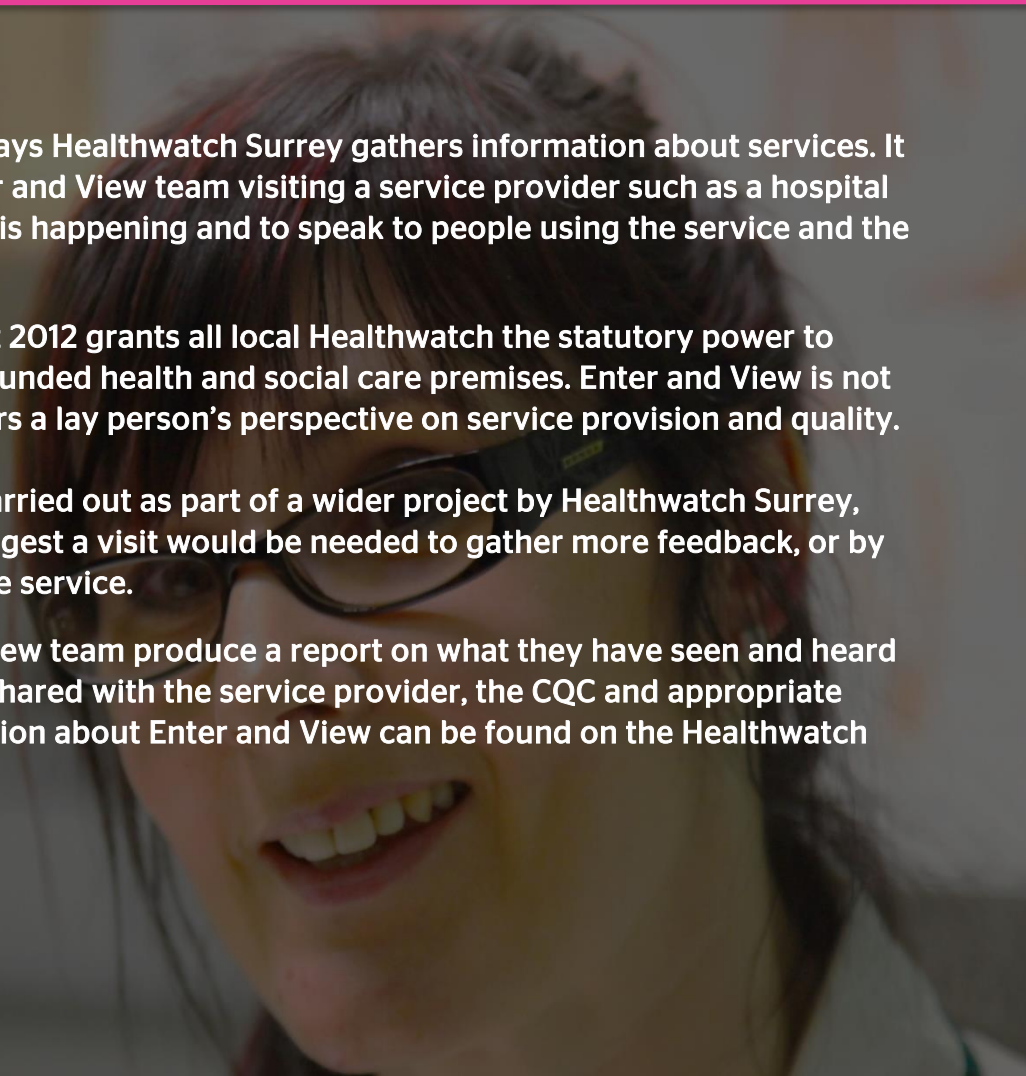
## What is Enter and View?

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 foyer the Healthwatch Surrey notification letter was displayed, as was the CQC Inspection Rating. There is an Activities Noticeboard showing: Nail Care, Movement in Music, Coffee Morning, Sing-a-long, Camberley Alzheimer's Café, Film Day, Gardening and a Halloween Photo Display of relatives, family members and staff at a recent activity.

We spoke to the Manager of the service who advised us as to the layout of the home and showed us around, we were also given permission to approach residents and staff. We spoke with a resident, a care staff member, a Senior carer, the Manager and the Area Manager. The interview with the Manager took place in the office, with the other interviews taking place in the lounge and the managers' office.

The home is well decorated and clean throughout and it is free of obstructions. We were informed by the Manager that the home has three floors. There are three communal bathrooms, one on each floor. On the ground floor is the foyer/reception area, a TV lounge, in which there is a fish tank, sun lounge a drugs/medication trolley that is securely padlocked. There is a spacious garden that is wheelchair accessible. The garden has two large parasols, benches and tables in it where residents and staff can sit outside, weather permitting. On the first floor there is a laundry and a sluice room - we were shown two resident rooms that had photographs and pictures that are designed to trigger

the residents' memory, these rooms were homely and well decorated. We were informed that all rooms have sink units.

There is a lift that gives access to all three floors the home has CCTV on all floors in communal areas, apart from the communal bathrooms and resident rooms. Cherrydale is a secure unit.

The Manager informed us that Cherrydale has 20 rooms (4 are ensuite) and 20 residents, all are residential with 18 residents living with dementia. We were informed that at the time of our visit three care staff, one senior, the manager, plus kitchen and laundry staff were on duty.

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## Summary of findings:

- The residents and their environment looked clean and tidy
- We saw evidence of interaction between staff and residents,
- Management and Staff were friendly and approachable.
- Washroom and toilet facilities were clean and accessible.
- There are good accessible disabled facilities for residents and visitors.

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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 replied: 'It's all about the person it's about treating that person as an individual. We try to promote independence as much as possible. It's about focusing on a person's emotional and physical needs.' We spoke with a member of the care staff team who told us that person-centred care is: 'Meeting a resident's needs, meeting their needs as an individual.'

The Manager told us Cherrydale collects the life history of residents when they come to the home, she replied: 'We collect life history by speaking with family members and friends, and also by speaking to the residents. When we get a new resident part of the admission paperwork is a biographical information form to get insight into the residents past.'

We asked a care staff member what their understanding of person-centred care is, she replied by giving an example of a resident she has come to know through working with him, she said: 'When he came in I got to know his personal likes and what he liked doing through looking at the information that was passed on through his care plan and looking at his life history, without this information I wouldn't have known about the cards.'

The Manager informed us that activities are linked into individual care plans by getting to 'know the resident and what they like'. She continued saying: 'We do this by speaking to the resident. If a resident doesn't have capacity we speak to family members and friends. All this information is collated into the care plan. The care plan is a work in progress because things change, we are constantly updating.' She also told us that activities are reviewed 'daily' and 'families are involved in the evaluation and review' saying 'we have good family connections.'

We spoke with a resident and asked if staff know about their preferred daily routine, they indicated the staff did, and told us: 'When difficulties have occurred, they have been dealt with promptly.'

### **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 she said this is 'something that is centred towards the person that gives them stimulation, a lot of our one to one activity is based around love, allowing that person to know there's somebody there. Dementia can be a very lonely illness, understanding where that person is in their head is very important.'

The care staff member who spoke with us told us that meaningful activity is 'something that's meaningful to the resident. We have a resident that who loves dogs, I have shown her pictures of different dogs and asked which sort of dogs they are. She was really happy, it stimulated her it's lovely to see the smile on her face, that's meaningful activity'.

We enquired who is responsible for meaningful activities in the home, the Manager informed us that Cherrydale has 'no Activities Coordinator at the moment the staff are responsible for doing quizzes, bingo and reminiscence with residents. We do one to one activities with residents, pet therapy with dogs and staff take the dog for a walk with residents'.

We asked a care worker whose role it was to organise meaningful activity for the residents, they replied: 'All of us. We all play a part in doing activities with residents.' When speaking with the Senior Carer one of our Authorised Representatives became aware that 'she is in effect acting as a part-time Activity Coordinator, integrating this with her role as Senior Carer.' Our Authorised Representative was also informed that the Senior Care is 'getting help from the Alzheimer's Society' and says she is 'well supported by management...' but in relation to activities 'she needs to organise some training for her staff'.

The care staff member we spoke with informed us how activities are incorporated into their daily work schedule when they told us they do this 'by meeting the individuals' needs, by understanding the resident and listening to what they like and don't like.' She gave the example of her daily work schedule saying that she does 'reminiscing with residents' and spoke of a resident 'who has a problem with her knees, so to exercise her I go walking with her around the grounds of the home talking with her about the flowers, her family, and get her a cup of tea after the activity, it's a nice relationship we've got'.

We asked the Manager what she felt was the purpose of encouraging meaningful activities with residents, she replied: 'To make residents feel needed, wanted, loved and valued. It gives residents a purpose and makes them feel stimulated.'

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so the Manager informed us this is done by 'talking to them. We provide what they like so they participate. Sometimes they don't want to. If they choose not to that's fine as well. You have to know the resident and know what they are capable of doing.'

In this respect, the care staff team member who spoke with us said: 'I try to get everyone involved. I explain the activity, make it fun. I offer a reward like sweets or biscuits, but give everyone involved a sweet or biscuit. If a group are doing an activity and a resident doesn't want to do it but is watching, I'll sit with them, hold their hand for comfort and ask them who they think is going to win. I treat everyone here like they are my Nan or Grandad.' She continued saying: 'I really try to encourage any resident who is not involved in an activity. It's important to do that because no resident should ever be left isolated or feeling they're on their own, or that no one cares. I have a duty to the residents to not let that happen.'

The Senior Carer who works three days a week has volunteered to attend on two extra mornings to organize activities. She has compiled a substantial folder of possible activities and is preparing individual folders for residents showing their activities undertaken. According to this staff member, the resources for activities are currently kept in an area difficult to access. The Senior Carer intends to improve this storage to make it more accessible. It was not clear whether she would continue in this role when a new Activities Co-ordinator is appointed.

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

We asked the Manager how activities are differentiated to meet individual needs, she replied: 'We know our residents very well, we know what they like and what they don't like. We also know what they can or can't do physically. We know this by working with them directly on a one to one basis and by looking in their care plan. This information tells us what each resident needs to stimulate them so we plan activities that suit the individual.'

We asked the care team member if they know what individual residents like to do, she responded by saying: 'Yes I do. For example, the resident who I play cards with, he knows what to do, he can't deal the cards, he can tell you the rules of any game and how it should be played, but can't physically do the game so I support him in that respect, he really appreciates it.' She told us: 'The life history helps you focus so you can do things that are necessary to meet the individual needs of a resident, it helps you to keep care person centred.'

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

According to the Manager, Cherrydale residents can attend a 'coffee morning at St Paul's church on Thursday. Brownies and Guides come in to sing songs and make gifts' for the residents. There are 'projects with a summer programme involving the National Citizens Service. A hairdresser comes in fortnightly and a chiropodist every six weeks. A lady comes in regularly to talk to residents, she is the daughter of an ex resident who passed away. Another lady comes in and helps with parties and washing up, the ex-owner' of Cherrydale comes to the home to look after the garden.

Regarding residents using outdoor space, this same staff member told us: I encourage them to go outside, I give them a coffee, get them to put on their jewellery and ask residents to bring some cake to the garden, I make light of the mood. She added that residents go out to the 'garden in the summer and do ten pin bowling and summer parties'. She further informed us that 'some families take residents out'. When we asked a resident if they use outdoor space they replied: 'Yes' but did not expand on their response.

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

We asked the Manager what involvement families have in the home, she replied: 'We do reviews with the resident's families. Families come in and we have family and resident meetings quarterly. Being such a small home we do have a connection with families. Family and friends come in and do activities and events such as Halloween and garden parties, they help with dishing out food.'

They are involved in formulating the care plan, they give us the information that we need to get a wider picture of who the resident is. We have family meetings every two or three months, these are minuted. We have meetings because families represent their relatives and we welcome feedback and suggestions so that we can deliver person centred care and activities for the residents.'

## **Activities Training:**

When asked what formal training staff had undergone to support meaningful activities and person centred care, the Manager informed us that training for meaningful activities is 'all in house' and staff do this by 'learning on the job, getting to know residents, understanding residents, what they like and what they can do. New staff do the Care Certificate, NVQ's and now QCF (Qualifications Credit Framework), All mandatory training; Safeguarding, Dementia, First Aid, Moving & Handling, Fire and Control of Substances Hazardous to Health (COSHH).

## **Barriers to Meaningful Activities:**

According to the Manager, potentially 'dementia is a big barrier' to doing activities. She explained that this can be overcome by 'understanding each resident and the level of their dementia and doing activities that are tailored to suit them. Not one size fits all'. She told us there are 'no financial barriers, the owners are very good'.

Asked if there is anything outside the control of the service that could prevent activities taking place, the Manager replied that a 'risk assessment' could stop an activity, as could 'dementia related mental capacity, physical immobility and unpredictability of behaviour'.

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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:**

I'm so sorry I haven't replied sooner, I've been on leave.

I have read the report and there's just one thing. On page 6 point 4 states that one resident would benefit from more attention to her activity needs. We try really hard to involve this lady in everything we do in the home but she chooses not to participate. We give her one to one time each time day where we sit and chat with her as this is really all she likes to do.

Apart from that the report was very positive thank you.

Janine