

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Holly Lodge Nursing Home

St Catherine's Road, Camberley, GU16 9NP

7th November 2016, 2pm-4:15pm

Alan Walsh, Jason Vaughan, Gareth Jones & Jade Parkes

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.

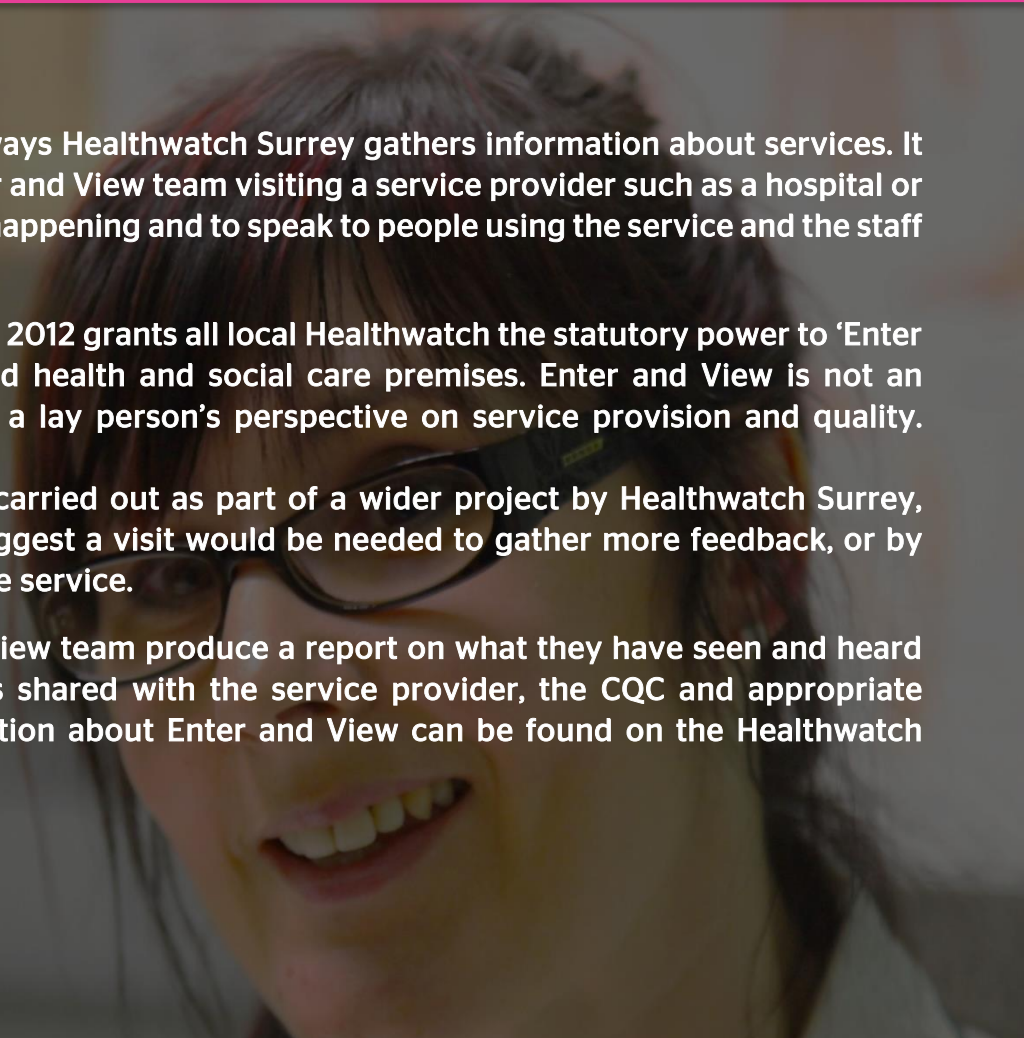
What is Enter and View?

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.

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.

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 not displayed, the CQC Inspection Rating was displayed. We spoke to the Manager of the service who informed us at the time of our visit, the Care Quality Commission were in attendance doing an inspection. We acknowledged this took priority and were informed by the Manager that we were welcome to stay and continue our work, but he would understandably be unavailable. The Manager then advised us as to the layout of the home and said that a staff member could show us around, after which, one of our Authorised Representatives was shown around the premises by the Head of Care.

We spoke with a Care Staff team member, the Head of Care and the Activities Coordinator, the interview with the care team member took place in the lounge, the other interviews took place in the office, with the Head of Care also giving information on the home when showing our Authorised Representative around.

The home is well decorated and clean throughout free of obstructions with no unpleasant smells. We were informed by the Manager that the home has two floors, the ground floor is called Woodlea,

the upper floor is named Sandhurst. On each floor there is a dining room, family room and a kitchenette with the Managers office being on the ground floor.

Our Authorised Representative observed that resident rooms 'have a TV and space for personal belongings'. We were informed by the Head of Care that 'each resident is helped to make a memory box'.

Our Authorised Representative recorded that as examples of 'memory triggers' there is a display of a post war wedding dress, a suit and military uniform. There are activities prompts that include telephone boxes with 'old style phones on each floor'. An activities room with resident's pictures and paintings on the wall. There is a 'Dementia Shop' on the first floor which is adorned with cans and boxes covering the period from the '1930's to the 1950's'

The Manager informed us that Holly Lodge is a specialist dementia home and has 60 rooms, 30 on each floor, that currently house 56 residents. At the time of our visit we were informed there were 14 care staff and 4 nurses on duty...

Summary of findings:

- The residents and their environment looked clean and tidy
- We saw evidence of interaction between staff and residents, some who were complimentary about the service and staff.
- The Manager was friendly and approachable.
- Washroom and toilet facilities were clean and accessible.
- There are good accessible disabled facilities for residents and visitors.

Results of visit

Person-centred approach:

When we asked the Head of Care what she understood to person-centred care to be, she told us it is 'based on assessment, it's individualised, central to them and meeting their needs'. She also told us 'all residents are individuals and they need to be engaged with and spoken to about what they are comfortable with, how they like to be communicated with and what they want from their life here'.

The Activities Coordinator told us person centred-care is when 'an activity is based on a resident's likes and dislikes that are suitable for that person that meets their needs'. The Activities Coordinator further told us that all residents have a personalised activities programme that is 'updated every month'.

We asked the Head of Care whether the home collects the residents' life history, she replied: 'Yes. We have the Care Passport - Traffic Light.' She further told us that prior to a resident coming to Holly Lodge: 'I go out and do an assessment, meet the family, talk to the GP and resident. I get information from all these people about their likes and dislikes and past hobbies'.

The Care Staff member who spoke with us gave us examples of how care is person-centred when the home customises the rooms of residents. She said: 'Residents who have particular interests will have customised rooms. One resident loves fishing, so staff made his room look like a fishing pier. Another resident loves dolphins so she has a very large dolphin mural painted in her room.'

The Head of care informed us that activities are regularly evaluated by reviewing 'care plans monthly...' and having 'resident meetings every three months and family meetings every six months. The Activities Coordinator and the activity staff are very creative and are always looking at how to improve and update activities.'

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

When speaking with the Head of Care about what her understanding was of the term meaningful activities she told us: 'Activities are meaningful and have purpose for the resident. Activities that stimulate residents have meaning for the residents.' In this respect, when we asked the Activities Coordinator what her understanding is of meaningful activities, she said: 'There is a reason for it you hope to get a response from it.' They continued by saying that meaningful activities are about 'stimulation in many ways that affect the five senses; Sight, hearing, smell, taste and touch.'

The Head of Care was asked who is responsible for meaningful activities at Holly Lodge, she replied: 'Everybody really. The Activities Coordinators are responsible for the planning and implementation of activities, but we are all responsible for making sure that activities are going on and people have a chance to take part.' We asked she was directly involved in activities for residents, she replied: 'Yes I am.' Reiterating that 'we are all responsible for the residents care and activities. We encourage all our staff to support each other.'

We spoke with the Activities Coordinator who was one of three working at Holly Lodge, we were informed that a fourth Activities Coordinator was being recruited. We asked what her role involved, she replied: 'Organising person centred meaningful activities and activities that are fun. I organise outside entertainment, fundraising and taking people out.'

We asked how the wider staff team engage in meaningful activities, the Activities Coordinator stated: 'Care assistants join in on events and one to one's, but not so much in group activities because they are busy, the three of us (Activity Coordinators) do group activities.'

When we asked the Head of Care what they felt was the purpose of encouraging meaningful activities with residents, they replied: 'To maintain independence, to stimulate, to keep them involved and give them a better quality of life.'

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so. The Head of Care said they use 'quite a lot of persuasion if they don't want to join in. You have to persevere and get them involved, you can change an activity if they're not interested in the one you're doing'.

When speaking with another of our Authorised Representatives, the Head of Care also said: 'All staff involved in care will remind residents through the day that there is an activity later or invite them to join in with things. We make sure all things here are treated as experiences so that residents have an enriched life. Meal times provide an experience that engages the residents

and gives them opportunities to interact and be present. Residents who are not present normally will struggle to engage the same way, but we will always talk to them and try get them up and participating in their care and experiences.'

Regarding residents who do not want to engage, the Activities Coordinator told us: 'If they don't want to we find something the resident will want to engage in. If they say 'No' I respect that, I say 'Can I ask you again next time?' and when that time comes around I remind them and speak with them about it.'

We asked the Activities Coordinator what resources they have to help them in their role, they told us: 'The internet is a good resource. Reminiscing items are really good. I have a good budget. I also bring things in, families also bring things in.'

How are activities differentiated to meet individual needs?

We asked the Head of Care how activities are differentiated to meet individual needs, she told us: 'If a resident has dementia, I look in their care plan and find out what they are interested in and talk to the Activity Coordinators about it to see how we can do activities that meet their (the residents) needs.'

When asked the same question, the Activities Coordinator we spoke with said: 'You work around it, work around the individual. If they're hard of hearing you raise your voice, you can also use touch and sight to engage and stimulate a person.' The Activities Coordinator also informed us they allow for the different interests of residents when designing activities by looking at 'information from their life history. I design activities around that, if a person has incapacity you allow for that.'

The Head of Care told us: 'A lot of residents know what they like. Some people think because residents have dementia they don't have interests but most people have very similar interests to when they were younger.'

Involvement with local community?

According to the Activities Coordinator, the Holly Lodge engages in the local community by going to the 'library' with residents. The local doctor comes in, as do the local church and the Canon from Guildford visits monthly. The hairdresser comes in every Monday and the chiropodist comes in every Tuesday. The home has links with three denominations - Catholic, Methodist and Church of England.'

The Head of Care told us they take 'one or two residents at a time to the local garden centre and village.' They did say this is done with 'family consent' and any activity like this is 'risk assessed'. She continued telling our Authorised Representative: 'The outdoor garden is currently being built on as there was a landslide type problem from wood rotting and soil falling. The residents find it hard to step over the door sill...' and the manual wheelchairs can't get over.'

Involvement and opinions of family and carers:

When we enquired about the involvement of family and friends, the Activities Coordinator informed us the home 'gets information from families and friends and their life history shapes their activity programme'. The Head of Care informed us that families play 'a large role' in

ensuring that their relatives receive person-centred care. She told us the 'next of kin is the most important person to give us information especially if the resident doesn't have capacity'.

Activities Training:

When asked what formal training staff had undergone to support meaningful activities and person centred care, the Head of Staff said: 'The Activities Coordinators have been on training with NAPA. New carers have to do the Care Certificate, but all staff with NVQ's don't have to do it. 'All staff have to do mandatory training.'

The activities Coordinator who spoke with us said they have had formal training for their role with 'NAPA' and they had done 'dementia training, an NVQ Level 2, First aid Training, Manicure and Neck Massage Training...' they have also done all the 'in house mandatory training'.

Barriers to Meaningful Activities:

When we asked the Head of Care what barriers there were to carrying out meaningful activities, whether they be financial or a resident's lack of capacity she said there are 'none'. The Activities Coordinator was more forthcoming saying: 'Sometimes I struggle with staff not bringing people down to an activity. Access to the garden is an issue, we struggle getting wheelchairs over the ridge from the patio threshold on to the ramp because of the gap with gravel in it. I've mentioned this a few times but nothing gets done, it's frustrating.'

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:

We are happy for you to publish the report.

With regards, with the second recommendation, this will be started once the project for the log retaining wall is completed. Hopefully after Christmas this year.

Kind regards,

Alarico III Bustamante
Manager, Holly Lodge Nursing Home