

# Enter and View Report

## Details of visit

**Service Provider:**

**Service Address:**

**Date and Time:**

**Authorised Representatives:**

**Contact details:**

The Pantiles Care Home

67 Harriotts Lane, Ashted, KT21 2QE

14<sup>th</sup> November 2016, 9:45am- 12:30pm

Alan Walsh, Jade Parkes & 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.

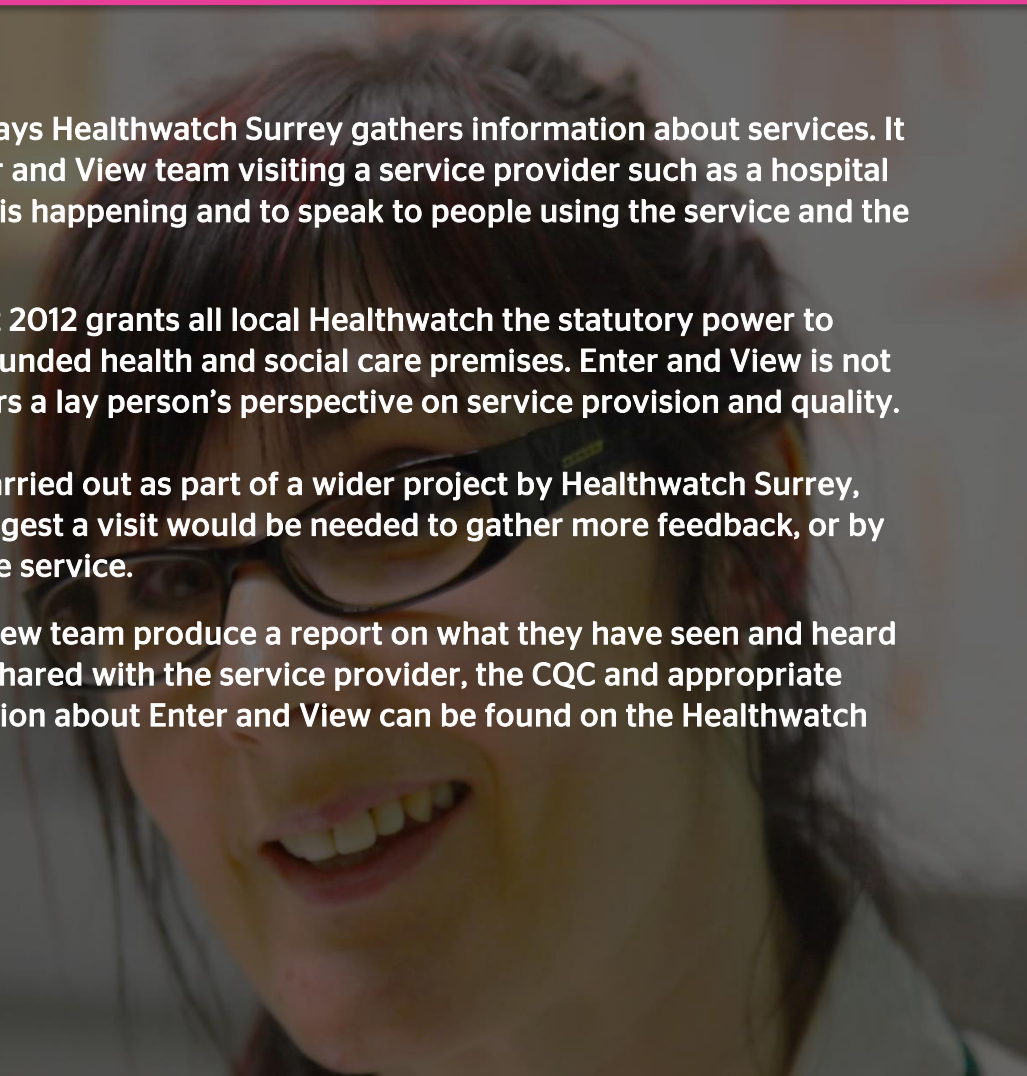
## What is Enter and View?

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, the CQC Inspection Rating was also displayed. There is a 'Happy Memories Garden' depicting a poppy field that was made by residents, an activities calendar showing Art Therapy, Baking, Our favourite memories, Beauty Session, Board Games, Bath Bombs, Exercises, Singing, Holy Communion and Hairdressing. There is also a cage that houses a parrot in this area.

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 two relatives, a resident, a care staff member, the Activities Coordinator and the Manager. The interview with the Manager and the care staff member took place in the office, with the other interviews taking place in the lounge.

Even though The Pantiles is currently undergoing a large reconstruction and redecoration programme home, it is homely, well decorated clean throughout and free of obstructions. We were informed by the Manager that the home has two floors. On the ground floor there is a lounge, dining room, kitchen, laundry and a staff room. We were shown the conservatory which was not in use due to the reconstruction that is taking place. From the main foyer there is a corridor that leads to residents rooms. In that corridor there are shelves that house a large number of books for residents to read. There is a chair lift for access between the floors for those residents who are less physically

able. The Managers office is on the upper floor along with residents rooms. There is a communal bathroom on each floor.

We were shown past the resident rooms that had a name plates with the name of the occupant on them. We were shown into a vacant resident room which was spacious, clean, well decorated. We were informed by the Manager the residents choose their own décor and can bring in their own furniture if they want to.

The Manager also informed us that The Pantiles has 15 rooms (8 are ensuite) and currently houses 13 residents. At the time of our visit were informed there were four care staff, An Activities Coordinator, one caterer and the Manager 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, residents and relatives, some who were complimentary about the service and staff.
- We saw a care worker supporting a resident with their personal needs
- We saw an activity taking place with a group of residents and the Activities Coordinator.
- 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 told us it is 'ensuring the individual is central to all aspects of their lifestyle, choices and care needs'. She continued telling us that person centred care is also 'facilitating and meeting their individual needs'.

The care staff member who spoke with said it is about 'connecting the small things together for one person to understand them'.

We asked the manager if the home collects life history from residents, she replied: 'Yes, we have got the life history it's the Alzheimer's Society 'This is Me' document. We do this for all of our residents regardless of whether they've got dementia or not, because if they go into hospital it's important they see the person, not the condition'.

The Manager added: 'On admission we asked how they fill their time, what interests them, what they want to achieve then we try facilitate their wishes and choices through activities. We look at every resident as an individual it's about person centred care and choice'.

We asked the manager if activities are regularly reviewed, she replied: 'Yes, every month. As part of the development of next months' activities programme you have to review. Families and

visitors are our best evaluation tool because they comment, their comments identify success and form a talking point and can trigger future activities which shapes the changes we make and what activities we do’.

We spoke with a resident and enquired if anyone at The Pantiles had asked them what activities they liked to do, they told us about the Activities Coordinator saying: ‘She has usually got ideas about activities, lots of ideas. She always gets me involved’.

A residents’ daughter and son-in-law told us: ‘They’re always asking Mum what she would like to do. They’ve really encouraged her to get involved’.

### **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 told us they were ‘an occupation or event that provides an individual with stimulation that improves their mental, emotional and physical well-being that provides a sense of purpose’. A care staff member told us their understanding of meaningful activities is for residents’ to ‘keep active’. The Activities Coordinator told us meaningful activities are ‘something that relates to them’.

We asked the Manager who is responsible for meaningful activities at The Pantiles, she replied: ‘Everybody is responsible and I Mean everybody: Staff, residents, relatives, friends’ and local community links’. The Activities Coordinator organises and facilitates, everyone contributes. For me personally, it’s looking at each individual resident and tailoring activities to their needs’.

The care worker we spoke to told us: ‘It’s everyone’s job. Sometimes the Activities Coordinator is not here, like at weekends, we all have to contribute’.

We spoke with staff about how they encourage residents to take part in activities when they are reluctant to do so, a care staff member told us they encourage residents by ‘gently encouraging people ‘. They continued by informing us they tell residents’ ‘about activities, leave them for a while and come back to them. We mustn’t be in peoples’ space too much. If they are confused and don’t understand what we are trying to do, they will become upset. Slowly, slowly we can get their input and participation’.

The Activities Coordinator told if a ‘resident is very reluctant, I go to them and have a one to one. We are all different so I must talk to them and find ways to make them feel good’.

When we spoke with the Manager about the purpose of meaningful activities, she said: ‘I want my residents to feel that they are assisted to continue living their lives the way they want and the home facilitates their wishes to fulfil their goals’.

We asked a care staff member how they support residents who use outdoor space, they replied: ‘In the summer we’ve got a tent, ice cream and juice’. A resident who spoke with us said: ‘I can go into the garden to walk but if I want to go off the premises I must have someone to help me as I could get lost or I could have another health problem’.

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

We asked the Manager how activities are differentiated to meet individual needs, she told us: ‘The ‘This is Me’ document shows us what a residents’ likes and dislikes are, we know each

resident like they are family, whatever their needs are we meet them. We differentiate activities so they (the residents) are catered for'.

Whilst talking with the Activities Coordinator, we asked how she differentiates activities to suit the individual, she responded by telling us: 'I will make an effort to make things multi-sensory so that all senses are supported, smell and touch are very important. I will sit next to deaf people'. We asked what her role involves as Activities Coordinator, she replied: 'Happiness, keeping people active... it starts with talking and we add things in, one thing leads to another from conversations and we do activities'. Continuing the conversation we enquired whether residents have a personalised activity programme, she told us: 'Residents used to ask for more challenges like quizzes and making necklaces, now, as residents get older their needs have changed. The programme is planned monthly. I test the activity first to see how it works'.

We then asked the Activities Coordinator how she engages effectively with residents who have dementia, she told us: 'They all have some sort of dementia at different levels. I start every day in the morning and see if they are having a bad day. 'In relation to one particular resident, she continued saying: 'I bring her things that she likes and click into the things that are important to people in their lives. I talk to family members go into their files and look at their history. It's all personal, spending time and building relationships'.

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

According to the Manager, The Pantiles has good links with the local community, she told us: 'We've got strong links with the local community ninety five percent of our residents are local'. There are links with the 'local church and their pastoral team are very good. We encourage residents to continue attending community based functions that they have done at when at home'. She continued, telling us the home has 'links with Fairfield Day Centre in Leatherhead'. She added that the home has a 'hairdresser and chiropodist to maintain their links, continuity is key'.

The Activities Coordinator told us they engage the local community in activity provision by having links with the 'Church Choir and family members... kids come in and bring a dog in'.

The relatives who spoke with us told us: 'We take Mum out locally, but Mum is very old, if she doesn't want to go out that's her choice. The home is brilliant at engaging with their residents and providing people access into the local community if they want to go out. We went to different homes before we chose The Pantiles, we made the right decision, this feels like a home and that's what we wanted for Mum'.

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

We asked the Manager what involvement families have in the home, she replied: 'Families are actively encouraged to participate in activities. Families are involved in decision making regarding their relative. We listen to the relatives it's a two way communication. We learn about a residents past through having good communication and good relationships with their family'.

The relatives who spoke with us told us: 'Mum feels loved here, she's very tactile and gets loved here'. They continued, telling us: 'At home, Mum sat and did nothing, but since she's come into Pantiles, Mum has done painting, I couldn't believe it'.

She's done seated exercises, she really enjoys it. The Manager keeps us informed of how Mum is doing. We visit twice a week, sometimes more. The home is very good at keeping us informed and including us in what's happening with Mum, it's very reassuring'.

### **Activities Training:**

When asked what formal training staff had undergone to support meaningful activities and person centred care, the Manager said the 'For all staff there is no specific formal training for activities. But when you think that specific training in dementia and neurological disorders training identifies meaningful activities and the importance of it, you can work from that and formulate activities that meet the individual needs of the resident'. She went on to say that 'mandatory training is a given' for all staff and it 'covers person centred care'. The Activities Coordinator told us they had done 'online training' for their role but 'would like to a course for Therapy of the Elders. I currently do courses at Guildford College'.

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

According to the Manager, the main barrier to delivering meaningful activities is 'for the residents, physical disability'. She went on to tell us that finance is the main barrier, saying: 'I would love to have a budget to give them everything they want, but it's not realistic. The other thing has to be perception. Authoritative bodies need to understand that a meaningful activity can be something as simple as eating a meal or having your nails done'. Our Authorised Representative asked the Manager to expand on this, asking why perception was a barrier, she replied: 'It's a barrier because Authoritative Bodies don't accept we are providing meaningful activities because of their perception and potentially it's a barrier to our success'.

We asked if there are any barriers outside the control of the service that could put restrictions on activities taking place, the Manager replied: 'Not really. If we really want to do something, we will do it'.

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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:**

My apologies for the delay in responding, we are very much in the throws of re-development.

Thank you for your report, as far as I am aware, I can find no factual inaccuracies and I am happy for this report to be shared with the relevant authorities.

Yours sincerely

Paula Johnson

Registered Manager

The Pantiles Care Home.