

Care Home Provider:
Care Home Address:
Date and Time of Visit:
Authorised Representatives:

Trustworth Group Ltd
140 High Street, Iver, SL0 9QA
26.04.17 – 11.30am
Alison Holloway, Judith Vivis

Summary of findings



- Busy staff who talk patiently with residents but who didn't seem to have time to interact with them beyond this
- There were few pictorial prompts for those living with dementia

The Visit

Sunnyside provides nursing care for 40 people. Many of the residents live with dementia. We talked to 3 members of staff, 4 visitors and 7 residents and observed another 7 residents and 6 staff.

How people are treated



We were told that most staff are kind and caring and had worked in the home quite a while. They seemed confident and were relaxed around us. We saw a staff member patiently explain why a resident should go through one door and not another. Upstairs, staff were encouraging when residents fell asleep over lunch and helped to feed those who needed it. Otherwise they encouraged residents to feed themselves bringing another spoon when they thought it would be easier. We saw a nurse, administering medicine, ask a resident if they were enjoying their lunch.

However, one visitor said that their relative was often given pureed food at lunch time although "given sandwiches in the evening". The resident preferred "proper food". The visitor requested a pudding instead of just custard and when it was brought, the resident ate it quite easily along with some biscuits. Another visitor said their relative became distressed when staff were not available to take them to the toilet at short notice.

Personal Choice



Upstairs, we saw staff offer residents a choice of chicken or gammon and bring both the plates to a resident when the latter was struggling to verbalise. There was a choice at mealtimes and most said they enjoyed the food. The food was cut up quite small enabling residents to feed themselves with just a fork. We saw them eat heartily although everyone ate in their bedrooms or in chairs in the lounges despite having a dining room on each floor. Visitors said they would prefer their relatives ate meals at a dining table. We saw juice and water available in the lounges and tea was served after lunch. Upstairs juice was given to everyone; we did not hear anyone ask whether they would prefer water. For lunch, we



observed, bibs were systematically put on all residents without asking their view. One lady took hers off. We were told that residents are helped out of bed in turn and don't always feel they can ask to get up earlier. One visitor also said that residents didn't go out into the garden often.

Just like Being at Home



The home is carpeted in a lot of areas and a smell of urine did linger in the upstairs lounge. Otherwise, the home is well decorated with three communal lounges and a two dining rooms as well as a nice garden. The bedrooms we saw, were tidy and filled with personal belongings. When we arrived, the TV was on in two lounges but no one was watching either. Later, one was turned off and some music put on. For a short time, a staff member sang and danced in one lounge. One staff member demonstrated that he knew what a relative's preference was for a meal choice when the resident said they didn't know which they'd like. We did not see residents involved in the life of the home in any way. The manager told us that is because those who are bedbound are able but those who were in the lounges were not. No resources to help those living with dementia such as pictorial aids were seen.

Privacy



Some bedroom doors were open and some closed. A visitor said their relative was always taken to their room for any personal care and staff always knocked on doors before entering. However, we did see residents getting agitated downstairs after a while because another resident, with dementia, was shouting. This was a regular occurrence we were told by a visitor; "Residents are entitled to their own space and shouldn't have to listen to shouting in the lounge every day".

Quality of Life



GPs, chiropodists, a hairdresser and optician all visit the home. Relatives are asked to take their loved ones to the dentist and there is one just across the road although private. The manager told us that there is a 4-6 month waiting list to see the community dentist. We were told staff "will paint nails if asked". Residents did look neat and well dressed. Visitors said there were not as many activities as they would like but occasionally there was singing. They could not recall any chair based exercises or entertainers although the priest visits and Kings Church too. The manager said that entertainers such as singers, Wild Science, the local school, Kiddley Divey and Henry the Balloon Man visit five times a month. She also said activities were the responsibility of all staff and fiddle muffs were available in the home. However, we saw no activities or stimulation aimed specifically at those living with dementia. A visitor said that wifi access is limited at best which is unfortunate for those whose loved ones live a distance away and cannot therefore be skyped. As there is no minibus, residents can only go out if they book a taxi or have visitors who can take them out.

Recommendations

We recommend that Sunnyside:

- Ensure staff offer residents choice e.g. whether they would like bibs at mealtimes and what type of drink they'd prefer
- Ensure residents can have non-pureed meals if they can swallow and there are no other reasons to prevent this
- Provide more regular meaningful activities by staff including every day activities e.g. folding napkins, watering plants, stirring cake mixture for baking etc.
- Put an activity schedule up on the noticeboard in written and pictorial format
- Borrow reminiscence resources from Bucks Libraries
- Have a pictorial menu available as well as a weekly written menu in larger type than the monthly ones on the noticeboard.
- Ensure some of the residents eat meals in the dining rooms on a regular basis rather than in lounge chairs
- Try to involve the community such as local schools, Scouts etc in more regular interaction with some of the residents
- Improve wifi access for residents

Service Provider Response

How people are treated

However, one visitor said that their relative was often given pureed food at lunch time although "given sandwiches in the evening".

Residents are only provided with a pureed diet as a result of a nursing assessment. It is possible that they may be given soft sandwiches (e.g. egg) or bread which they can dip in soup if it is safe for them to do so. All residents are offered a choice of meal including "proper food" (e.g. cooked food) based on their dietary requirements. This is offered at both lunch and evening meals. Visitors should not give residents biscuits who had been assessed as requiring a pureed diet.

Further comments

We have been very successful at managing residents that have come from other homes where they have not managed to cope. Our staff observe residents needs and preferences and then try to adapt our care accordingly. As an organization we try to be patient and have been prepared to wait, persist and try different approaches which has successfully resulted in residents settling. Sometimes this may mean that we have a higher proportion of more frail, less able or more challenging residents than other care environments.

Personal Choice

Visitors said they would prefer their relatives ate meals at a dining table.

We are very aware that some visitors prefer their relative to eat meals in the dining room and this has been discussed in relatives / residents meetings. We do encourage this and what we have found is that this will be the practice for a while – one or two residents will then express their wish to no longer come to the dining room and then others will do the same. After a while we will start the process again – but it generally requires some gentle persuasion. We do our best to take in to account the wishes of visitors and families members but ultimately the resident decides where they wish to have their meal.

We did not hear anyone ask whether they would prefer water.

Residents are provided with the option to drink water.

...don't always feel they can ask to get up earlier.

This is not correct. We ask and record residents preferred waking / going to bed times in their care plan. If they express or change a preference then this would be recorded and implemented.

One visitor also said that residents didn't go out into the garden often.

This is not correct. Staff take the residents in to the garden when the weather is good. Visitors also take residents in to the garden.

Further comments

There are many other areas in which we offer personal choice which are not mentioned in the report. For example we have the option of internet access, telephone, digital TV, digital radio and satellite TV to every room. We also have a personalised social and activities care plan for every resident. We record choices and preferences in the care plan and the care is adapted accordingly.

Just like being at home

smell of urine did linger in the upstairs lounge.

We prefer carpets because we feel that it provides a more familiar and less institutional feel for our residents. As a result we have a very thorough cleaning procedure and carpets in areas which might get soiled are changed more regularly. We also have automatic air fresheners throughout the building and staff will clean up accidents as quickly as possible. CQC have previously commented that it is the cleanest home they have ever been in. The Healthwatch visit was on the 26th April and we had professional carpet cleaners in on the 24/25 April. If there was a urine smell then this would therefore be surprising – but even with the best cleaning regime, accidents do happen and we cannot therefore guarantee that there might be some smell of urine for a short period of time.

When we arrived, the TV was on in two lounges but no one was watching either.

We have two lounges with TVs (one upstairs, one downstairs) and one 'quiet' lounge with no TV. In general resident's in the TV lounges like to be there with the TV on, even if it is just for background noise. We have a separate quiet lounge for those that prefer that and residents can also choose to go back to their own room. That said, if no one is watching and the TV is a disturbance then the staff will turn it off as observed.

We did not see residents involved in the home in any way

We have some very frail residents and it is difficult for them to participate in ways that more able residents might be able to. Where they are able residents might assist or do their own personal care for example. In the past we have also had residents who have helped us with tasks, for example picking colour schemes when we are redecorating or helping with folding laundry.

Pictorial aids

We have used pictorial and other aids in the past and quite successfully with residents who speak languages other than English. At present we have not currently found any issues that would require their use but we are more than happy to keep this under review and put them to use again.

Privacy

Residents are entitled to their own space and shouldn't have to listen to shouting in the lounge every day

Because of the types of resident that we care for, some will shout out from time to time. On an individual basis we will always observe and try to identify and address any triggers. On a communal

basis where the shouting persists and becomes a disturbance to other residents then we will move the resident to another location.

Quality of life

We have a broad range of activities but we accept that we can do more to communicate this with friends and relatives. In addition to those mentioned in the report other activities include individual internet / satellite TV in bedrooms and the staff deliver activities like catch, puzzles, music, gold, cards, nails & hands, bubbles, chatting and other entertainment.

Acknowledgements

Healthwatch Bucks would like to thank the residents, visitors and staff at Sunnyside for their contribution to the Enter and View visit as part of the Dignity in Care project.

Disclaimer

Please note that this report, on dignity in care, relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time.

Methodology

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.