



Enter and View – Mealtime Visit Report

Name of Establishment:	Baxendale Care Home, Baxendale, London N20 0EH
Staff met During Visit:	Manager, Jacqui Gordon; Deputy Manager, Lucy Saville; Housekeeper, and various members of staff.
Date of Visit:	21 st March, 2018
Healthwatch authorised Representatives involved:	Linda Jackson, Ellen Collins, Derek Norman, Melvin Gamp

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Representatives, as part of a planned set of visits investigating the mealtime experiences of residents at a range of care and nursing homes within the London Borough of Barnet. Healthwatch E&V Representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and access the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the services and record their observations along with the feedback from residents, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Care Quality Commission, Barnet Clinical Commissioning Group, Barnet Council and the public via the Healthwatch website.

This visit by the team of E&V Representatives has been undertaken looking specifically at the mealtime experience. The team undertook some specific training by the Barnet Council Quality Team to fully understand the latest good practice around mealtimes and hydration for residents in care homes.

DISCLAIMER: This report relates only to the services to the service on the date of the visit, and it is representative of the views of the staff, visitors and residents who met members of the Enter and View Team on that date.

Executive Summary

Baxendale Care Home is run by a charitable trust. It provides personal care with a separate unit for non-nursing care of residents with late stage dementia (West Wing)

Accommodation is arranged on three floors. The Home has three dining rooms, with single sitting meal times in all the dining rooms. Catering is provided in house with a kitchen attached to the ground floor dining room. Food is taken by heated trolley to the third floor and West Wing dining rooms. The dining rooms are pleasantly furnished and the tables are laid with appropriate cutlery, china and napkins. Residents can also choose to have meals in their own rooms. Care staff assist less mobile residents into the dining room and when they need to leave. Care staff also serve the meals, and assist residents requiring help. Juice and water is available during the meal and throughout the day, and the meals were attractively presented. Residents choose meals from a weekly menu but can choose daily from a range of options. Residents are treated respectfully, and allowed to eat at their own pace. Residents had mixed views on the quality of the food.

General Information

Baxendale Care Home is run by a non-profit making charitable trust with a Board of Trustees. At present it has 56 residents accommodated on three floors. The Home provides personal care, and non-nursing care for persons living with late stage dementia, in a separate unit (West Wing).

The Home is in a purpose built, modern building, and has been established in the area in its present form for nearly 60 years.

There are three dining rooms. The main dining room is on the ground floor, with the kitchen, which caters mainly for residents with rooms on the first and second floors. There is another dining room on the third floor, and the West Wing has its own dining room.

Residents are mostly mobile with some care needs, and there are six residents needing dementia care in the West Wing.

Mealtime Environment

The Home provides in-house catering from a kitchen attached to the main dining room and meals are served to the main dining room from a hatch. The other two dining rooms have meals delivered in heated trolleys at almost the same time. The kitchen is open all day, and two hot meals are served, lunch and supper. Hot options are offered for breakfast three times a week. Coffee, tea and biscuits are served in the morning, and in the afternoon there is also cake and fresh fruit. The kitchen has a 5 star rating for hygiene. In the West Wing the colours of the floor, tables and plates were contrasting, and food was served in deep bowls for the benefit of residents living with dementia. Soothing music was played during the meal. There was no music or television in the other two dining rooms, and the atmosphere in all the dining rooms was calm and relaxed.

Residents are assigned seats on their arrival at the home, but are free to move elsewhere provided they check with the staff that they are not sitting in someone else's seat. Care staff helped to tuck napkins into collars, or else put on disposable bibs. We did not see any staff specifically asking if these could be worn, but understood that residents had asked for them, and in some cases asked for a replacement before the end of the meal. In many cases the paper napkins did not last the whole of the meal and had to be replaced.

Residents can eat in their rooms if they wish, but at the time of our visit only four residents did so on a regular basis. They can also have breakfast in their rooms. Two residents in the West Wing, who were too weak to come to the dining room, had their meals in their rooms.

Dining Rooms

The dining rooms were airy, sunny and spacious. The main dining room and the West Wing had attractive views over the garden and lake. The furniture in the dining room was attractive in the rustic style, and the chairs had comfortable cushions, although the Team noticed that some residents tended to slip down them. The floor was wooden. The tables were attractively laid with paper napkins, dark mats, a vase of flowers and tumblers. Four residents sat at each table. Condiments were available on the tables. Some residents asked for Dijon mustard and Worcestershire sauce and these were provided. The weekly menu was displayed on each table in black plastic covers, which was almost the same colour as the mats and tended to get lost on the table. The menu was also displayed elsewhere in the Home and on the notice board. Each table had water and juice jugs, and on the day of our visit residents were served with sherry as they sat down.

The third floor dining room had only nine residents and a cosy atmosphere. Condiments were on the tables, but jugs of juice and water were on a side table, served by a member of the care staff.

In the West Wing the dining area was open plan with the lounge area, which made it easier to cater for various needs. Of the six residents in the West Wing, two sat the table and

could feed themselves with a little help, two in easy chairs in the lounge who needed considerable help, and two who were bedbound in their rooms and needed extra help. This was achieved by good dialogue by the three staff, two in the dining room and one in the bedrooms.

Food

The Team observed a lunch time session. Lunch was served from 12.30pm, and consisted of three courses with tea or coffee at the end. After the starters the main course arrived already plated up. The helpings looked large, but we were told that they were tailored to individual residents. Vegetables and gravy were brought to the table separately in serving dishes, and after helping the residents, the care staff left the dishes on the table for residents to help themselves. Residents who changed their minds on the dish they had ordered were offered alternatives. Relations can have a meal with their relatives free of charge, and can sit on a private table with them.

On the day we visited the lunch menu offered Houmous with Crunchy Vegetables or Tomato Soup, Honey Glazed Roast Loin of Pork and Apple Sauce or Grilled Chicken Escalopes, Vegetables and Roast Potatoes. The fish option was Portuguese Fish with tomatoes, peppers and herbs. The dessert was Lemon and Raspberry Trifle.

The food was carefully served, but the main courses tended to look very similar. A resident served Portuguese fish was expecting grilled sardines, but got mackerel in tomato sauce, which they did not eat.

In the West Wing only one resident required pureed food, and was helped to eat by care staff. This appeared to be two spoonfuls of similar coloured puree. We were told that the Home is considering training in the use of moulds for pureed food.

The meal in the main dining room lasted from 12.30pm until nearly 2.00pm. There was a considerable wait between courses, but none of the residents seemed to mind and we were told that they had requested this pace of eating. A new shift of staff came on at 1.30pm and assisted residents who required help, to leave the dining room.

Residents' meetings with the chef are held every month to discuss food and menus, and residents told us that suggestions were sometimes taken on board.

Choices

Residents eat all their meals in the dining rooms except if they choose to have breakfast in their rooms. They chose their meals from a weekly menu, or are asked on the day again for their preferences. Lunch consists of three courses, soup, fish or vegetarian, but other alternatives such as salads, omelettes, or baked potatoes are offered, as well as the dessert, ice cream, fresh fruit or cheese.

The Home caters for residents with dietary medical diets, such as diabetes or low fat diets, but cannot cater for certain strict religious dietary requirements, such as Orthodox Jewish. They say they do their best to cater for all needs.

At present the weekly menu, from which residents make their choices, is produced on an A4 sheet with rather small type, making it quite hard to distinguish the days and different meals. However, we understand that a new format for the lunch menu will be trialled soon, with a daily tick list to be filled in by the residents. In the West Wing, although picture menus were available, staff said that they tend to choose for residents based on observed preferences rather than from a menu. They also showed a flexible approach to encouraging people to eat. For example a resident was offered an alternative to the dish they did not want to eat, and another resident was offered a solid dish before soup, so that they did not get too filled up. When people were being helped to eat the staff described food as it was presented by the spoonful

Staff

The meals are served by care staff or sometimes by kitchen staff, who put tabards over their uniforms for the serving.

Most residents come into the dining room unassisted, but care staff assist less mobile residents or those using zimmer frames or wheelchairs. They help the residents from the dining room after the meal. We noticed that Residents in wheelchairs mainly sat at their table in their wheelchairs.

The meals are served from the kitchen hatch, or hot trolleys. Staff do not sit or eat with the residents, but are provided with free meals during their shift breaks. At 1.30pm a new shift of care staff takes over the meal serving.

Staff asked if they could help if residents required assistance with cutting up their food, serving more vegetables or bringing second helpings. Staff encouraged residents to eat either by offering an alternative dish or bringing another warmer serving of the resident's original choice. We noticed that staff were calm, respectful and friendly without distracting the residents from their meal. All staff have hygiene training. Although relations can sit with their relatives during mealtimes, they do not help feed them, as they do not have the training.

Food intake and fluid consumption is noted on charts of residents who require it.

Feedback from Residents

Residents on the whole were happy with their mealtime experiences. They thought the care staff and kitchen staff were helpful and tried their best to accommodate the choices of residents.

The main comment on food was that the quality was “adequate”, but that the taste was “bland”. The portions were rather large in some cases, and we noticed some waste, but second helpings were always available for those who wanted it. We saw one resident enjoying two large bowlfuls of soup. One resident commented that the catering was like canteen cooking “not home cooking”, and that the vegetables were wet, but they understood the budgetary and other constraints. A resident commented that they would like more roasts or grills, and fewer stews. Another resident said the food was “quite good”.

Many residents, especially the residents on the third floor, said that the food was sometimes cold when it arrived at the table. The lunch mealtime was rather long, but the Team understood that the residents liked that pace of eating.

A resident suggested they would like the facility to make hot drinks for themselves, and suggested installing a hot water machine. They would also appreciate a ground coffee machine, as the coffee served during the day was instant. A resident would also like iced water dispensers, as they did not like drinking the tepid water from the jug in their room.

The Team did not have the opportunity to talk to any relatives.

Conclusions

The Team were very impressed by the calm, relaxed and unhurried atmosphere in the dining rooms. We also liked the attractive decor and furniture, and the attractive outlook over the garden added to the enjoyment of the residents.

The staff were professional and quietly efficient, giving help and encouragement where it was needed, and noting where help was required.

We felt that the kitchen staff worked hard to accommodate the differing requirements of the residents, although from residents’ comments it seemed that the taste of the food could be improved. They would also like the food to be presented hotter.

Disintegrating napkins and bibs during the meal were a distraction, and looked unsightly. Better quality napkins would last the whole mealtime.

By and large the residents were happy with their mealtime experiences, although they had a few minor complaints and suggestions

Recommendations

1. Look into solutions for keeping food warm before it is served to residents, especially on the third floor.
2. Discuss with residents the request to add more flavour to meals.

3. Explore providing better quality napkins.
4. Look into the possibility of providing self-service hot drinks for residents to help themselves to.
5. Discuss the possibility with residents of installing cooled water dispensers, and a ground coffee machine.
6. Ensure that the descriptions of meals are clear to residents, so that they know exactly what they are ordering.
7. To consider if any of the relatives may be interested in receiving some training and support to help their relations with eating.

As discussed on the visit, we agree that it would be helpful to develop the use of moulds to make pureed food more appealing. We were also pleased to hear that the menu design is being reviewed as we felt this would also be beneficial.

Response from the Home Manager

- We have put training and observations in place to insure the food on the third floor is served hot.
- We have previously consulted residents on the flavour of meals and find that resident's opinions vary according to their taste buds and general health.
- Good quality 2 ply napkins are used at every mealtime.
- There are several small kitchen areas available for residents and visitors to use.
- New menus have been implemented as planned which gives a more detailed description of dishes.
- The home is now purchasing specialised texture modified food for people on a pureed diet which provides a fortified.

