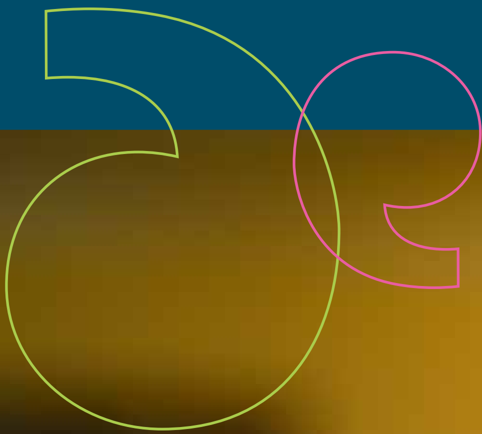
healthwatch
Surrey

'What I want...within reason':

An exploration of mealtimes in 20 care homes for older people.

May 2018



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Introduction

In Surrey, admissions to care homes for frailty in old age are predicted to increase by 60% by 2030, with the number of people living with dementia in Surrey also growing (JSNA[1,2]). Healthwatch Surrey hears less from older people living in care homes than we do from other groups in the county and the feedback that is received is often from a friend or relative.

As the number of older people living in care homes is set to rise, Healthwatch Surrey has made it a priority to amplify the voice of older people in care homes and ensure that their experiences, and the associated learning, are shared with homes across the county.

In an effort to hear more from residents themselves a programme of 20 Enter and View visits were conducted with the aim of hearing from care home residents, their friends and relatives, and care home staff. Visits were conducted by a team of Authorised Representatives made up of Healthwatch Surrey staff and volunteers.

The information gathered through this programme of visits highlights a number of themes, explored in this full report, which will be shared with care providers, commissioners and other organisations across Surrey.

Background

Person-centred care involves treating an individual with dignity and respect, taking account of their likes, dislikes, values and culture, and enabling involvement by the individual, and often those close to them, as far as possible; person-centred care is ultimately about putting the individual at the heart of their own care and has been adopted as a gold standard (Social Care Institute for Excellence [3][SCIE]).

Mealtimes can be an important time for older people in care homes for numerous reasons: mealtimes offer residents the opportunity to socialise; having enough to eat and drink impacts upon physical health; and experience of choice and enjoyment at mealtimes can have a positive impact on a person's quality of life. Furthermore, conditions affecting the elderly, such as Alzheimer's, can lead to a loss of ability to eat and drink independently – the loss of this ability can have a large impact on the social aspect of mealtimes as well as causing embarrassment to the individual. For these reasons, mealtimes are a time when person-centred care, dignity and respect are key (SCIE[4]).

According to guidelines, care providers must ensure that an assessment of needs is carried out and recorded for each resident, with food and drink being provided to meet those needs (Health and Social Care Act 2007[5]). The assessment should take into account the religious and cultural preferences of the individual, and enough support should be in place to assist the individual to eat and drink. Beyond this, residents should be involved in decisions about menu options, be offered choices, and be given adequate support to make decisions about what, when and where they eat and drink (SCIE[4]).

Healthwatch Surrey set out to understand how mealtimes are undertaken and experienced from the residents' point of view, across 20 care homes in Surrey and with a focus on choice, dignity and respect.

1 www.surreyi.gov.uk/JSNA Chapter: Multiple Morbidities and Frailty
2 www.surreyi.gov.uk/JSNA Chapter: Dementia
3 www.scie.org.uk/person-centred-care
4 www.scie.org.uk/dementia/living-with-dementia/eating-well
5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14

Key Findings

1. **Residents and their relatives told us that care home staff are often under pressure and this seemed to lead residents to moderate their requests and expectations.**

   Any feedback from residents – such as that presented within this report – should be carefully considered with that context in mind.

2. **Residents were often seated in the dining room for some time before meal services began; sometimes without a drink, and always without anything to occupy their time.**

   Loud music was also playing in some of the dining environments and this was not always to the liking of residents.

3. **Residents gave mixed responses about the availability of choice, negative aspects included:**

   - Poor access to food and drink outside of mealtimes.
   - Condiments not available or not offered; including instances when residents ate in their rooms.
   - A lack of choice of portion size.

4. **Menus, which enable choice, often had small writing unsuitable for anyone with poor eyesight. Relatives and members of staff pointed out the importance of having visual prompts to enable residents to choose.**

5. **Many initiatives were found which demonstrated the commitment of care homes in seeking to involve residents, make meal times enjoyable and improve wellbeing:**

   - Flower arrangements on dining tables prepared by residents.
   - A resident supplied their own recipe for dumplings which was adopted by the chef.
   - One home involved residents in planning the dining environment and residents had voted for music to be played softly and the television to be turned off.
   - Themed meals and parties mentioned included international days (Spanish, Polish) garden parties, seaside themes (ice creams), Valentine's day dinner, Halloween, Burns night, and bonfire night.
   - Large napkins being used instead of protective bib-style aprons.
   - The chef coming into the dining room and asking how people had enjoyed their meal.
   - Soft food being well presented, using moulds to shape each food.
   - Drinks were made more interesting and appealing in some homes by offering fruit shots, alcohol free cocktails and ice lollies.
   - Fruit options were offered both unpeeled and peeled/chopped in some homes to allow easy access to all residents.

Themes and Findings

What is it like to live here?

Residents and visitors were often very happy with the homes, and talked about staff being caring and responsive. Relatives particularly expressed the importance of having a positive relationship with care staff for their overall experience, suggesting that this was key in putting their minds at ease.

"They're always extremely pleasant, nothing is too much trouble." (Resident)

"The staff are very patient. This is my home." (Resident)

"The staff here are most helpful, loving and caring." (Resident)

"When he's here I don't worry about him - I have every confidence in them to look after him." (Visitor)

"They provide a lot of support to me too, which has helped." (Visitor)

Some people identified small things that really made a difference to them. Often this was related to being treated with dignity and respect, and examples of person-centred care came through in people's comments.

"It feels like a family house, and the staff don't change." (Resident)

"After a day out, a member of staff made sandwiches for mum. It was very thoughtful." (Visitor)

"He likes gardening and they give him plants in his room. He couldn't be better cared for." (Visitor)

"Staff will speak to you and not at you." (Resident)

However, some of the people we spoke to felt that not all of their needs were being met. Comments particularly related to activities provided by the home, interaction and meaningful conversation, and lack of continuity of care staff.

"I would like staff to spend a few minutes chatting...when they serve meals or help with dressing." (Resident)

"I would like more mental things to do and I don't get much exercise." (Resident)

"Staff change like the wind, here today gone tomorrow." (Resident)

In many cases residents discussed the difficulties faced by the staff in care homes with both empathy and sympathy, recognising that staff are often under pressure, and this seemed to lead residents to moderate their requests and expectations. One resident told us that they didn't feel they could make requests because their care was funded by the local authority.

"They're busy and doing their best, don't like to ask." (Resident)

"I have a bell by my bed, but I don't like disturbing them. They are so busy." (Resident)

"Can't expect them to do everything individually."(Resident)

Food and Drink

1. Importance of food and drink

Both the enjoyment of food and drink and the role it plays in health often featured in discussions with residents, family and friends, and staff in the homes visited.

Residents told us that the food and drink they have access to in their care home matters, with many stating that they treat mealtimes as a social occasion and suggesting they appreciate the connection between their general wellbeing and eating and drinking.

"It's important because meals are something to look forward to; it's a social event!" (Resident)

"It's good to keep your strength up." (Resident)

The staff we spoke to also highlighted the central role dining plays in the life of the home, and all members of staff we spoke to were aware of the fundamental role eating and drinking plays in overall health.

"Food is one of the last things you can enjoy." (Care Home Manager)

Food was also often seen as an important part of the atmosphere of the home, with many homes encouraging staff to eat with residents at mealtimes.

"Staff eat the same food as the residents. Like a family." (Care Home Manager)

2. The eating environment

Many residents told us that the dining areas were pleasant places to eat. It was clear in most cases that homes had given thought to making the dining experience of their residents as enjoyable as possible. In most homes our observations led to positive comments from volunteers, typically describing eating areas as clean and light, often with garden views, large windows, and art on the walls. Common features include clean tablecloths and flower arrangements.

In most homes music was playing in the dining areas. In some homes however, volunteers noted that sometimes the music playing was at a loud volume, or was playing near a television, and on a couple of occasions residents expressed that this was not to their liking.

"As soon as I'm finished I like to leave the table because there's too much music; I don't like it." (Resident)

One home had involved residents in planning the dining environment and residents had voted for music to be played softly and the television to be turned off. As part of this same initiative residents had been involved in choosing a design for protective aprons, opting for a style that looked similar to a napkin. A handful of homes visited also used large napkins instead of protective bib-style aprons and explained that this was to maintain residents' dignity.

In a number of the homes visited we noted that many residents were seated in the dining room for some time before the meal service began, sometimes without a drink, and always without anything to occupy their time.

Generally, mealtimes were focused on eating and drinking; however in a handful of homes we noted that there were small distractions during the meal such as handing out medication and staff hovering outside the dining area.

3. Assistance and support for eating and drinking

We observed a lot of careful support and assistance with eating and drinking in the care homes we visited. The general approach that we saw aimed to promote independence and in many cases plate guards, specially designed cutlery, drinking vessels and other aids were in use to help people eat independently or with minimal support. The approach to support rather than feed can lead to greater independence; one home spoke of a resident who had arrived needing full assistance and now ate happily without help. One home manager explained the approach taken by staff at the home:

"Residents are 'supported to eat', not 'fed'."

(Care Home Manager)

At a number of homes, although not all, staff explained the need to be flexible in supporting residents. A variety of techniques to encourage eating were mentioned, including starting the meal with a pudding. At one home the manager explained that finger food is often prepared so that residents who like to walk around the home were able to carry food with them, rather than having to sit at a table for a long period.

At one home, staff used references to the clock face to describe to one visually impaired resident where each food was on the plate.

Relatives often praised the efforts of staff, acknowledging that it can take time and patience to adequately support residents at mealtimes.

"[It's] difficult to get him to eat or drink... staff take time and try really hard." (Visitor)

"You can lead a horse to water but you can't make it drink... but they still try with my mum."

(Visitor)

Volunteer observations of staff interactions with residents were mostly positive. Plenty of friendly communication was observed, and in some cases, the chef was seen coming into the dining room and asking how people had enjoyed their meal.

In a minority of cases we observed conversations between staff at mealtimes talking about residents rather than with residents, and a couple of instances where staff were not present in the dining area for long periods of time, or where responsiveness could have been improved. For example, in one home we noted that a resident was cutting up food for the person seated next to them. In another, a resident was observed leaning forward over their plate almost 'asleep', and assistance had to be requested by another resident at the table. In one home, cutlery was taken away after the first course had been finished and was not replaced; this led to one resident eating their pudding with only a knife.

It is possible that slow responses could be a result of the pressure of busy mealtimes, with staff juggling the serving of food, provision of choice and clearing away amongst other tasks. In some homes, staff were specifically allocated to either serve food or to assist residents, which appeared to work well. However, staff ratios ultimately have an impact on the level of care and support that can be provided during this busy time, and this was a pressure acknowledged by members of staff.

"If I could improve things, I'd have more staff to give individual care." (Staff Member)

4. Knowing and respecting preferences

We asked care home staff about their understanding of person-centred care and many responses were about knowing and respecting the views and wishes of each person. Most residents we spoke to felt that the long-term staff knew their likes and dislikes, however some pointed out that staff turnover can have an impact on their experience.

"Over the period I've been here they get to know you -they'll say to me, we've got so-and-so on today, would you like this other thing?" (Resident)

"Staff know what I like... [I have] diabetes and low sugar sweets are provided." (Resident)

"Staff used to know [my] routines. In the last four months there have been lots of changes..." (Resident)

The care homes we spoke to did not rely solely on staff knowledge and had various methods of recording likes and dislikes, restricted diets, allergies and so on. Usually these were noted in the care plan, but also in other more convenient places including in the kitchen often with a photo of the resident. A specific record for people with dementia was often used to note preferences, and homes told us that they try to involve relatives as much as possible.

In keeping with patient-centred care we heard from residents about how their wishes were respected.

"The 'This is me' book means we know likes and dislikes and alter food for these - for example, chicken without sauce." (Care Home Manager)

"I have [a dietary requirement], but choose not to follow a strict diet – the home respects that. The doctor is monitoring, but things are very flexible and the food is very good". (Resident)

"No greens – the chef knows." (Resident)

However, in some cases residents and visitors did not feel their individual choices and preferences were being met. This was usually related to access to food and drink outside of mealtimes.

"I wake at 6am but have to wait until 9 for breakfast. I would like a cup of tea at 7.30, but I don't get anything." (Resident)

"I have told staff I'd like to come down for breakfast but this hasn't happened." (Resident)

"The evening meal is so damned early - 5.30 or 6pm." (Resident)

"Set mealtimes are fine, though 5pm is a bit early." (Resident)

"I had to insist that they respect mum's wishes - don't take her out of her room if she doesn't want to go." (Visitor)

5. Choice at mealtimes

The availability and use of menus to help people decide on their meals varied between homes. We observed written menus in the foyer, in residents' rooms, on the walls and in public spaces, and on the tables. However, it was often noted by representatives that the menus had small writing unsuitable for anyone with poor eyesight. In some cases meals had names such as 'sea bream with pommes frites' which could be confusing to some residents; one home explained that they had recently renamed menu options to make them easier to understand.

We were told about and observed a number of different approaches to choosing main meals. In some homes choice was offered at the point of sitting down to eat, while others encouraged residents to choose the previous day or in the morning over breakfast.

In many cases prepared plates were shown at mealtimes before ordering to make it clear what was on offer; this was particularly relevant in homes where a large proportion of residents had more advanced dementia, although was not consistent across all homes offering dementia care.

Some relatives and members of staff pointed out the importance of having visual prompts to enable residents to choose, and in one home a resident said that the menu choice is given just verbally with no pictures or text, and would prefer it to be on a board.

"Mum's memory is very poor, from one minute to the next. A whiteboard, notebook or pictures of food might help." (visitor)

"No photos of food for those in their rooms - they don't know what they're ordering?" (Visitor)

"You eat with your eyes." (Care Home Manager)

All of the homes told us that there are choices available at mealtimes, however residents gave mixed responses about the availability of these in some cases. Some people told us that choice was sufficient, and residents in just over half of the homes visited told us they had a good selection.

"Not a big choice, but I always get what I want." (Resident)

"If they don't like what's on the menu they can have something else. Not everyone likes everything." (Visitor)

"The food is adequate but I would like it to be healthier. Meals are bland and stodgy." (Resident)

"A very good selection." (Resident)

"I can have what I want within reason." (Resident)

However, we also heard from some residents that condiments were either not available or not offered, and one person told us that they do not get condiments or seasoning if they eat in their room. We also observed a resident on a gluten free diet being given a banana for dessert while other residents were offered two sweet options; after other residents had been offered a choice, the resident asked why they had been given a banana and was told it was because the other desserts were not gluten free.

"Not much choice. They do the meals and we eat it!" (Resident)

"They never ask but I just get on with things that are offered. I don't think I get a choice - it is what it is." (Resident)

In most homes, we observed staff being flexible and usually offering to change the meal for anyone who was not happy with what was brought to them. Some homes actively advertised alternatives with an alternative menu on the tables, but this was not a common practice. We noted that many homes offered a vegetarian alternative, however in some cases this was the standard meal without the meat portion, or similar with some bulk such as pasta added.

In some homes a choice of portion size was offered, however this choice wasn't offered at every home we visited and in some cases we saw plates returned with large amounts of food uneaten; one resident commented "there's too much food" while a care worker in one home explained that there are residents who will not eat if there is too much food on the plate. On the other hand, some relatives said they supplemented the meals as their relatives had a bigger appetite, or brought in additional food to expand choice.

The majority of homes allowed time for residents to select and eat their meal, however on a couple of occasions representatives observed that mealtimes seemed 'rushed', with main meals being taken away unfinished without an offer of an alternative or checking residents were finished, or with pudding being served up while residents were still eating their main meal.

It is important to note that some residents chose to eat in their rooms, and this was accommodated by staff; we made limited observations on the assistance of people eating in private and are therefore unable to comment on this aspect of mealtimes..

"I'm not a big eater, I ask for smaller meals"
(Resident)

"Mum likes to bring my dad in food which he enjoys having along with his other food as he has a big appetite."
(Visitor)

"I bring in bits of fruit - strawberries - and sandwiches so that she has more choice."
(Visitor)

6. In between mealtimes

All the homes had snacks on offer between meals; in most cases these were laid out for residents to help themselves and in some homes they were offered with drinks. A variety of snacks were seen, including biscuits, crisps, cakes and pastries, sweets and fruit. It is important to note that the accessibility of snacks and drinks in some homes depended on the staff time available to assist, as some residents were not mobile or were unable to eat or drink independently. The availability of snacks was appreciated.

"I like fruit I can have it when I want" (Resident)

Fruit was often seen on tables, and residents were seen eating this. In some cases, the fruit was unpeeled, which may have been difficult for some residents; a couple of homes offered fruit options both unpeeled and peeled/chopped up to allow easy access to all residents. Some of the residents we spoke to would have liked healthier snacks and sometimes the lack of fruit was mentioned. In one case a person with diabetes felt there were no snacks on offer for him.

7. Non-solid foods

Although many of the home managers told us that they tried to make soft options presentable, many people on restricted diets, for example no solid food, told us they did not enjoy their meals as much. We also noted that in some homes soft food was well presented, using molds to shape each food, however this was not common practice.

"It can be a bit boring." (Resident)

"Agency chefs need more guidance on soft foods." (Staff)

"The conversations I have downstairs don't seem to translate – it's mashable food, not puree! Shouldn't need to come here and police the food." (Visitor)

"Ice creams are my treats. And soft cakes." (Resident on restricted diet)

8. Enough to drink

The importance of drinking regularly and sufficiently was emphasised by all the care home staff, and many residents told us that they were frequently offered a variety of options either during drinks rounds or from dispensers placed around the home.

"They make sure I have enough to drink." (Resident)

Most homes had developed a series of techniques to help increase fluid intake. Some of these had been developed with dietician support, and focused on making drinks more interesting and appealing such as fruit shots, alcohol free cocktails or ice lollies. Some homes had coffee shop style areas with drinks available to residents and visitors from a machine, and in some homes residents were offered wine, sherry or other drinks at mealtimes.

"They're always offering you tea or coffee." (Resident)

However, one resident told us that she gets thirsty because she doesn't like cold drinks, only tea 'when the trolley comes round' and some residents explained that greater choice would be welcomed.

Tea was one of the most popular drinks mentioned, but it was also criticised by residents for being too milky, too strong, or not nice.

"There's not much choice of drinks... I'd like more choice." (Resident)

One resident explained that, as they required assistance to get to the bathroom and sometimes there could be a long wait for this, they were reluctant to drink regularly for fear they would not get to the toilet in time.

9. Special occasions and themed meals

Most homes made a point of marking events with food and parties, particularly residents' birthdays.

"Birthdays - always a cake and candles." (Resident)

Other themed meals and parties mentioned included international days (Spanish, Polish) garden parties, seaside themes (ice creams), Valentine's day dinner, Halloween, Burns night, and bonfire night. One home manager told us that because of the high level of complex needs of many residents, it was often quite difficult to take residents out of the home; this meant that the home identified opportunities to undertake activities within the home, including special themed meals and nostalgic meals such as having fish and chips wrapped in newspaper.

Some homes told us about coffee mornings where they invite family and friends to visit, and relatives and residents often commented that they enjoyed these.

"There's a coffee morning every Wednesday... lovely cakes. I always come." (Visitor)

Christmas is seen as a special time in most of the care homes visited, and in many cases residents were appreciative of the extra effort made.

"Christmas with my family - a very nice meal." (Resident)

"The chef did a super vegetarian Christmas lunch for us." (Visitor)

"They really made [Christmas] special." (Visitor)

10. Resident involvement with food and mealtimes

Depending on the residents, homes organised various activities around food, such as cake or pancake making, and these activities seemed popular with residents.

"I like the cookery session - we can make cakes." (Resident)

"[Mum] doesn't generally get involved but she joins in cake making, she enjoys that." (Visitor)

Some homes encouraged residents to get involved with mealtime preparation if they wanted, and in one home the flower arrangements on dining tables were prepared by residents. In some cases, residents told us that they would like to be more involved in preparing for mealtimes.

"I would like to be involved in laying the table. More than I am now." (Resident)

"I'd like more fresh veg, not frozen. I trained as a chef, I'd love to help." (Resident)

"I enjoy the meals but I miss cooking." (Resident)

11. Feedback about food and drink

A variety of feedback mechanisms were seen in the homes visited including residents' and family members' meetings, feedback boards, feedback books, staff gathering feedback and speaking to the kitchen, and in some cases the chef seeking verbal feedback in person. Kitchens also usually took note of the plates that returned uneaten; in one case this led to the risotto being taken off the menu. We saw some subtle ways of encouraging feedback, such as one home where the menu showed the name of that day's chef.

Some homes had developed impressive feedback systems that were trusted and understood by residents, and residents particularly commented on the benefit of being able to speak to the chef in person. We heard from residents that, often where they had given feedback, this was taken into consideration and had led to change. In one instance a resident supplied their own recipe for dumplings which was then adopted by the chef.

"Chef comes to ask about the meals now and there is a book for comments." (Resident)

"There is a suggestion book and they are keen to get feedback." (Resident)

"The chef is always around at mealtimes and visits each table which is nice because we have face to face contact with the chef... it makes you feel that he cares about the food he's cooking and wants to make sure we enjoy it." (Resident)

"We meet with chef regularly to decide meals... [our] feedback is taken into account. I suggested self raising flour to improve the dumplings and the chef did it, and everyone ate them." (Resident)

"[Discussing it at the residents meeting] led to more options on supper list." (Resident)

However there were also cases where residents and visitors approached feedback with limited expectations, and some felt that feedback was not well managed or often not sought. One resident told us that the staff didn't take notice of her but when her son complained things improved.

"It's a moot point, meals. We've tried to improve them with residents meetings. Sometimes it works." (Resident)

"There are residents meetings but can't influence the menu." (Visitor)

"Residents feedback isn't gathered, but residents must make their views known." (Resident)

"There are regular feedback meetings, but the majority of accepted comments seem to be around things to do like knitting blankets for the premature baby unit." (Visitor)

"We'd like healthier food. I emailed a few times before fruit appeared. Told to expect more fresh food after menu revamp...it hasn't happened yet." (Visitor)

In some homes staff eat the same food as the residents, which offers an additional route to feedback on the quality of the food, and some homes seemed keen to host relatives as well, and recognised this as an opportunity to gain insights into the meals. In some cases visitors' meals are free, for others there is a fee, and some homes offer to set up a separate room for family meals to offer privacy.

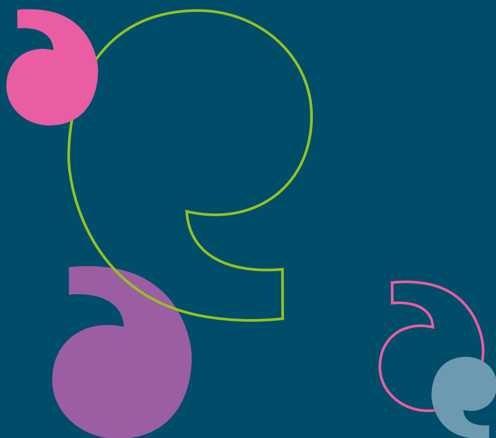
"We sometimes eat with the residents, eat the same food as them." (Staff Member)

"People seem to enjoy the food... relatives are encouraged to join at lunch, give feedback on the experience to help improve the food." (Care Home Manager)

Summary

Across the homes visited there were examples of person-centred care and of small actions homes had taken to promote dignity and respect; these included the use of large napkins instead of protective aprons at mealtimes and preparing fruit for easy eating. We also saw examples of staff working flexibly to ensure residents' needs were met, for example providing finger food, using a clock face as a reference to help a visually impaired resident enjoy their food at mealtimes, and offering ice lollies to encourage fluid intake.

Homes told us they often celebrated special occasions such as birthdays and Christmas with special foods, with some homes going the extra mile to make meals varied and enjoyable for residents: for example preparing a special Halloween menu, holding themed meals such as a 'seaside theme' and making use of outdoor spaces during good weather with barbeques and garden parties.



Many homes were proactive in inviting friends and relatives to get involved, with some homes offering visitors the opportunity to eat with residents and a handful also holding 'coffee mornings' and special lunches for friends and relatives to attend. The involvement of friends and relatives was something highlighted as important by the visitors we spoke to and residents also commented that they enjoyed these occasions.

On the whole homes did have methods for gathering and welcoming resident and visitor feedback, however the responsiveness to this feedback varied and some homes appeared to be more proactive, using varied methods of engaging with residents (e.g. residents' meetings, feedback books). One method of gathering feedback that appeared to be particularly appreciated by residents was face to face contact with the chef, often towards the end of a mealtime, to check the food was enjoyed and listen to residents' comments.

One area that particularly varied was choice at mealtimes; although all homes stated that residents had a choice of main meal and had access to alternatives, residents explained that sometimes they did not have a choice or were unaware that there were alternatives available. Some residents also reported that they did not have access to condiments/seasoning, would like healthier snack options, and would like more flexibility with meal times, particularly at breakfast. It is possible that choice is available, but residents are not always aware of this. In some homes we noted that choices were not clearly presented, for example residents were asked to make decisions about meals ahead of time, menus were unavailable or had small print, and special diet options seemed limited in some cases.

During busy mealtimes we noted that in some homes staff were slow to respond to and assist residents; staff, residents and visitors noted the pressure on staff and in some cases this led to residents moderating their expectations.

Recommendations

1. Home managers should ensure that there are a variety of feedback channels in place for residents and visitors (e.g. feedback/comment book, residents' meetings, real-time feedback in dining areas); in line with NICE guidance on adult social care.[6]
2. Home managers should ensure that feedback from residents and visitors is acted on in a timely manner and updates are provided to residents and visitors.
3. Staff responsible for preparing/procuring food and drink should consider establishing regular face-to-face presence at mealtimes and residents' meetings in order to encourage residents to give feedback.
4. Staff responsible for preparing/procuring food and drink should ensure that residents and visitors are consulted when designing new menus.
5. Staff responsible for preparing/procuring food and drink should ensure that residents with special dietary requirements feel that the choice of food and drink available to them is adequate.
6. Home managers should monitor the allocation of staff during mealtimes to ensure residents have appropriate and timely support, and where necessary should explore the possibility of additional/voluntary support.
7. Home managers should ensure that mechanisms for offering food and drink to residents, both during mealtimes and throughout the day, are appropriate and adequate so that residents feel they have a choice (e.g. offering drinks/snacks, legibility of menus, use of show plates).
8. Home managers should ensure that this report and its findings are shared with all staff within the home to support learning and service development.
9. Commissioners should be active in communicating/disseminating this report and its findings amongst care providers.

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6 National Institute for Health & Care Excellence (2018) People's experience in adult social care services: improving the experience of care and support for people using adult social care services. NICE guideline [NG86]

Appendix 1: Homes Visited

Name of Care Home	Location in Surrey	Residents Capacity	Date
Anchorstone Nursing Home	Farnham	40	30/01/2018
Ashbourne Court Care Home	Aldershot	16	09/03/2018
Ashley House - Guildford	Guildford	29	22/01/2018
Bridge House Care Home	Elstead	30	24/01/2018
Cedar Lodge Nursing Home	Camberley	60	31/01/2018
Cherry Lodge Rest Home	Caterham	19	19/02/2018
Collingwood Grange Care Home	Camberley	90	08/02/2018
Downsvale Nursing Home	Dorking	35	22/02/2018
Elizabeth Court	Caterham	59	21/02/2018
Greys Residential Home	Woking	24	19/01/2018
Heath Lodge Care Home	Weybridge	26	05/02/2018
Pinehurst Rest Home	Dorking	19	20/02/2018
Queen Elizabeth Park	Guildford	77	02/02/2018
Ridgway Court	Farnham	16	01/02/2018
Silvermere Care Home	Cobham	72	26/02/2018
Sunrise of Virginia Water	Virginia Water	92	15/01/2018
Tadworth Grove Care Home	Nr Epsom	45	06/02/2018
The Grange Nursing Home	Addlestone	24	25/01/2018
Upalong Residential Home	Camberley	9	23/01/2018
Worplesdon View	Guildford	78	09/02/2018

An individual report has been produced for each home visited and can be viewed on the Healthwatch Surrey website.

Appendix 2: The Home Context

1. Care needs

A variety of care needs were met by the homes we visited, from residential assisted living through to complex care needs and advanced dementia. As a result of this, we saw differences in the amount of direct one-to-one support or assistance required during mealtimes across the homes and a variety of solutions put in place to support people to maintain their independence.

2. Fees and budgets

The budget for food was not explored as a topic in this project directly, however budget was raised by some care home staff. The majority of homes quoted budgets from around £4 to just under £9 per person per day, however many said they could be flexible in the case of special occasions, and a minority suggested that they do not limit their food costs:

"We have no [fixed] budget for food. Food is important." (Care Home Manager)

3. Record keeping and monitoring

Weight monitoring was standard in the homes we visited, as was monitoring food and drink intake. All homes told us they undertook a full nutritional assessment on admission and at regular intervals during a person's stay. Some homes mentioned initiatives they were involved with, such as the Hydrate programme, and several homes referred to training and external support, for example specialist dieticians and speech and language therapists.

We did not explore the management of nutrition in depth, since the focus of this piece of work was the experiences of the residents and family members.

4. Professional Chefs

All but two of the homes visited had their own trained chef, with some larger homes having more than one. Some homes reported that they do not have a chef every day, with other members of staff taking over the role. In some cases, agency chefs are used, although managers told us that this was only when necessary.

We were told that the freedom of the chef to source food and drink and develop menus is sometimes limited by policies from the care provider or contractual agreements with external companies.

When asked about the food they ate, many residents identified the chef as having a key role and suggested that continuity was important to their experience of mealtimes.

"The catering is much improved as we have a new chef - used to be bland and lacking in taste but now it's lovely." (Resident)

"The food is getting better... the chef is doing a splendid job." (Resident)

"The food was better when we had a chef... perhaps they could get a part-time chef." (Resident)

"They keep changing the chef." (Resident)

Appendix 3: Methodology and Approach

Between January and March 2018, Healthwatch Surrey aimed to visit 20 care homes for older people in Surrey using powers of Enter and View, to talk to residents, staff (including chefs/kitchen staff) and, where possible, visitors. The scope of the project was to speak to people about their views and experiences of person-centred care in each care home, with a particular focus on mealtimes and access to food and drink.

Small teams of volunteers attended each home, led by a member of the Healthwatch Surrey staff team. All volunteers had completed a project training session, adult safeguarding training and had a clear DBS check to become Authorised Representatives for the duration of the project..

Visits lasted between two to three hours and volunteers used questionnaires to provide a consistent format for gathering information across homes. Separate questionnaires were created for staff, visitors and residents, covering areas highlighted by the Social Care Institute of Excellence (SCIE). Questionnaires were sent out to professionals working in adult social care for their input before being finalised. As visits were planned for weekday working hours, the questionnaire for visitors was made available online to increase accessibility.

A full list of care homes in Surrey was obtained from the Care Quality Commission (CQC) and these homes were grouped into Clinical Commissioning Group (CCG) and then divided into a list of large services (40+ residents) and small services (less than 40 residents). From these lists a selection of 20 homes was made in order to represent a spread of homes by size and location. The final list was sent to Surrey County Council for confirmation of the receipt of public funding by each home.

A visit schedule was put together and crosschecked with the CQC to ensure there was no overlap of visits. Homes were sent a notification of Enter and View by post, with no less than seven days' notice. Homes were also sent the Healthwatch Enter and View information leaflet for providers and a poster to display in the home, notifying residents and visitors of the upcoming visit, and showing the link to the online questionnaire for visitors. Home managers were contacted by telephone in advance of the visits to give opportunity for both parties to ask questions relating to the visit.

During the visits, volunteers were given access to communal areas, including the dining rooms, to speak to residents and observe the support provided by care staff. Visits covered half an hour of lunchtime, during which volunteers observed the dining environment and the support available to residents at mealtimes. Volunteers made notes on observations, recorded whether the CQC report and Healthwatch Surrey visit notice were on display, and ensured that any serious concerns were noted for immediate referral to Surrey County Council and/or the CQC. In total two concerns were raised directly with the Adult Social Care Quality team for awareness and one safeguarding concern was raised and passed onto the relevant locality team for further investigation.: one resident expressed concerns about not having assistance to get to the toilet; in one home we heard intermittent screaming for a prolonged period; and one resident expressed concern that they were being treated 'roughly'. Concerns were progressed accordingly by the agencies involved.

In total we spoke to 237 people throughout the programme of visits: 36 visitors, 72 members of staff and 129 residents. The report has been produced based on a combination of resident, visitor and staff responses and volunteer observations and will be shared with commissioners, providers and other parties in Surrey for their response.

Please note findings are not necessarily a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during this programme of visits.

Background to Healthwatch

The Healthwatch Network

The Healthwatch network exists to help ensure that people's needs are at the heart of health and social care. We listen to what people think is good about services and what people feel could be improved. Local Healthwatch produce reports and recommendations based on the feedback gathered from local people about health and social care services. These are directed at commissioners and providers of care services, and people responsible for managing scrutiny of local services. Local Healthwatch also provide information and advice about accessing health and social care services.

Local Healthwatch can carry out Enter and View visits to sites providing health and/or social care under the Local Government and Public Involvement Act 2007. Providers of services receiving public funds, such as hospitals, GP surgeries and care homes, have a duty to allow access to local Healthwatch so that people can give their feedback about the service.

Enter and View visits are conducted by Healthwatch staff and Authorised Representatives who are local people working as volunteers, who have undergone training/project briefing and eligibility checks for the role.

About Healthwatch Surrey

Healthwatch Surrey is an independent local champion that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

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