

Enter & View Report

Surbiton Care Home

November 2024



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1 Introduction

1.1 Details of visit

Service provider	Surbiton Care Home
Service address	11-15 Park Road, Surbiton, KT5 8QA
Registered manager	Heidi Bradbury
Date/time of enter and view visits	19 th November 2024 / 11.30am-3.30pm
Status of enter and view visit	Announced
HWK authorised representatives	Jill Praver (HWK staff team) Julie Pilot (HWK volunteer) Tony Williams (HWK volunteer)
HWK visit lead	Jill Praver, Projects Officer, Enter & View
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Service provider	CHD Living

1.2 Acknowledgements

This visit was undertaken by authorised representatives at Healthwatch Kingston. We would like to thank Surbiton Care Home residents, relatives/friends, and staff members for their contribution toward the enter and view programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The enter and view report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2 Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake enter and view visits with the aim of identifying good practice, and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK ARs' visit to Surbiton Care Home (SCH). SCH is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of the homes run by CHD Living.

SCH has 22 beds arranged over three floors with lounge and a dining room on the ground floor. When we visited there were 20 residents at the home. The service supports older people, some with physical care needs, 13 of whom have some level of dementia.

HWK has not previously visited SCH. The Care Quality Commission (CQC) inspection was undertaken in December 2022 (published January 2023) which rated the home 'Requires Improvement' for the areas of 'Safe' and 'Well Led'.

The enter and view visit to SCH was conducted as part of HWK's series of announced enter and view visits to local care and nursing homes taking place between April 2024 and March 2025.

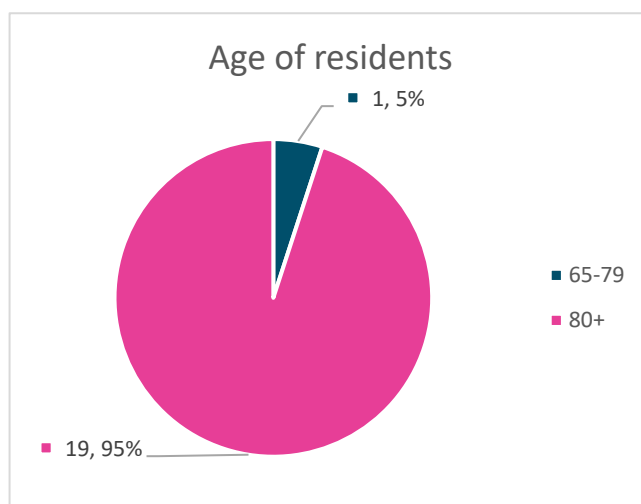
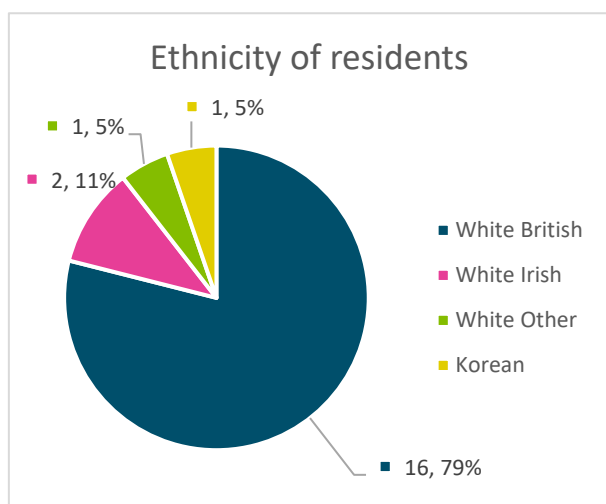
These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about enter and view and the HWK enter and view programme can be [found here](#).

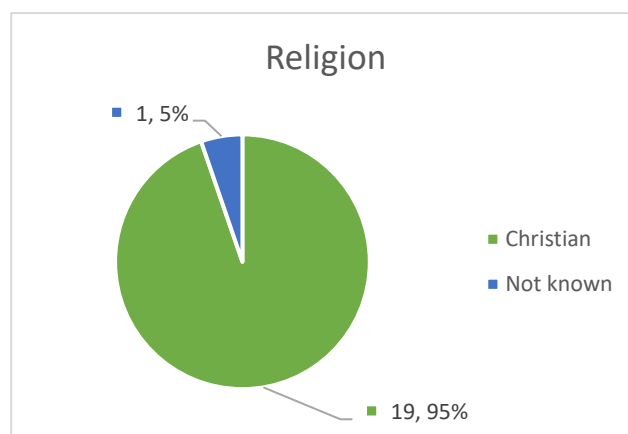
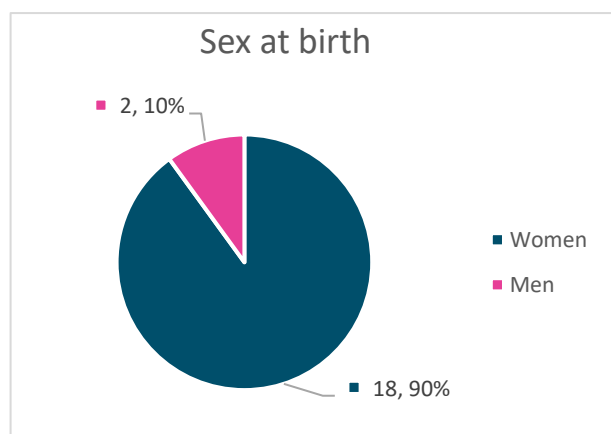
Overall, HWK authorised representatives concluded that SCH was a well-run home with caring staff, and residents and relatives who were happy with the care given and with the staff. We observed the staff being very considerate and alert to the residents' needs throughout our visit. All the residents were out of their rooms during the day, and we saw evidence of good interactions between the residents as well as with the staff. The home had been two houses that had been knocked together and before it became SCH in 2017, had previously been used as a nursing home. Our visit was from 11.30am – 3.30pm and we were able to observe the lunchtime meal and some activities.

3 Demographics

At the time of our visit the home had 20 residents, 1 (5%) of whom was funded by RBK. SCH has no RBK block contract beds.

16 (75%) of the residents are White British, two (10%) are White Irish, one (5%) is White Other, and one (5%) is Korean. One (5%) resident is aged 65 to 79 and 19 (95%) are 85+.





There are 18 (90%) women and 2 (10%) men currently resident. 19 (95%) of the residents are Christian, and for 1 (5%), the religion is unknown.

All (100%) are heterosexual / straight. 19 (95%) speak English, and 1 (5%) understands some English and is communicated with via a message board and Google translate. During our visit we observed staff members acknowledging and including this resident. 1 (5%) of the residents has a medical dietary requirement.

The residents can be living with a number of different health issues: identified were 16 (80%) of the residents having a physical or mobility impairment, and 13 (65%) with some degree of dementia.

The home has 18 staff, 5 bank staff and on average 4 agency staff per week. This translates to 17 full time staff

4 Living Environment

4.1 What worked well

- The relationships between residents, between residents and staff, and between staff seemed harmonious, friendly, and happy. Relatives visiting were treated as part of the home.
- We observed staff have friendly relations with residents' visitors, and observed them sharing laughter, as well as staff giving updates about their loved one. We also observed visitors being friendly with other residents living in the home. We observed one resident check with another if the music level was ok for them, as they were sitting closer to the speaker.
- We received four emails from relatives who were not able to attend the home on the day of our visit, and who wanted to share positive feedback about the home with us.
- Three relatives came into the home on the day we visited. They specifically wanted to speak to us and who gave positive feedback about the home and the care their loved ones received.
- The lounge area was cramped with chairs arranged around the walls; however, we observed residents talk to each other, both those beside them and those across the room. We observed that most were able to move from their chairs and we saw many of the residents switching their seats during our visit.
- All clocks that we saw in the home had a large face and showed the right time. Where relevant, the right date was displayed.
- We were told the home runs a quarterly 'friends and family' meeting which is hybrid face to face and online. The relatives meeting had happened on the Saturday before our visit. We were told that menus, forthcoming building works and preparations for Christmas were discussed. We were also told that a residents' meeting was held by the manager once a month

when residents had a chance to say what was going well and what might be improved.

- The home manager was consistently praised by residents and relatives for her management, her ability to get things done and her commitment to her role.

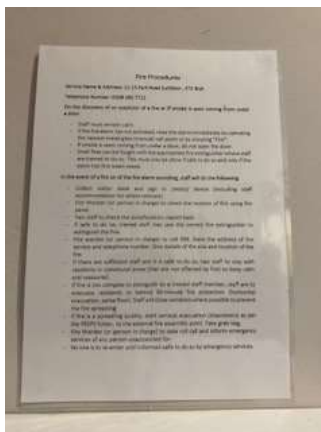
4.2 What could be improved

1. Areas of the environment needed an update, particularly the conservatory where the roof needed replacing. The Manager told us that these works were planned and gave us dates for the work, 3rd December 2024 through to early 2025. There were also plans to decorate the walls and redo the flooring of the dining room, and to replace table mats. Work to begin once floor is down, January 2025.
- One of the walls in the lounge near the window had peeling paint and some discolouration.
 - Some of the information displayed in the house, including about what to do in a fire was not easy to read, especially for someone with dementia.
 - The floor outside of the lift on the second floor had an unexpected slight hump that was hard to see with the naked eye.
 - All the communal toilets (and those in the rooms) had white toilet bowls with white toilet seats. Good dementia guidelines recommend different coloured toilet seats.
 - The home has a lack of storage areas which meant that wheelchairs had to be stored in the shower room on the top floor of the home, making it difficult for the residents in the rooms nearby to use which most affected those without an ensuite in their room. These residents then had to find an alternative facility, either along the corridor or down the stairs.
 - Overall, the home appeared very clean. However, we saw two vacuum cleaners left in communal areas. One was propped in the corner in the

hallway, while the other was left on the floor in the conservatory with the hose creating a trip hazard.

4.3 What we saw and heard

During our visit we took some photographs and spoke to three members of staff five residents and four relatives during our visit. We have captured some comments about the environment below.



Images shown above and below (left to right): the lounge with discolouration in the corner by the window; examples of information displayed in the home that is difficult to read; wheelchairs stored in the wet room blocking its use and an example of white toilet bowl and seat; vacuum cleaner with hose extended creating a trip hazard; and the dining room showing the wall to be decorated (above the radiator), flooring which is planned to be replaced and the corridor with the unexpected slight hump that is hard to see.



"It feels like home. The carpets on the floor are like their Victorian house." (Relative)

"Surbiton Care Home took all the emotional stress when my relative moved in." (Relative)

"Yes, quite pleasant, I'm happy here.... this is the only home I've been in.... everyone is kind and helpful." (Resident)

"Home from home – wonderful.... We're well looked-after, the staff are wonderful. If we have a problem, they are very caring and explain things. Up to the moment I wouldn't change anything. You can talk to staff if your family aren't around." (Resident)

"The manager made a booklet which enables the most common Korean phrases to be converted to and from English, and the Korean resident points to the phrase they want to use." (Staff member)

"I find it very, very good. It's excellent, the care I get is excellent. The staff are without exception, very pleasant and very caring, I'm very happy here." (Resident)





"There are generally four staff available at mealtimes to help residents. We discuss choices with them and always try to meet their preferences." (Staff member)

"On principle we try to encourage residents to do things for themselves if they can. This is good for them. We provide additional support for them if for example they are ill or have needs which constrain them." (Staff member)

"The residents are very well look-after. Staff are kind and helpful. If I had to be in a nursing home this is the one I'd like to be in." (Relative)

"They do a lot to make your stay pleasant." (Resident)

"Can you clone Heidi (the manager)? She should be rolled out to every care home in the country." (Relative)

"Everything seems to be on time – the meals..." (Resident)

"The manager is very good – she gets things moving. The staff are wonderful, Heidi (manager) is wonderful." (Resident)

"Can't get better than here – its family orientated; they make sure we're well cared for. It's my home." (Resident)

"I would not want to leave this company. They are good to work for." (Staff member)

"The staff team are really nice. It's a homely, warm environment and has a different feel to other care homes I've been to – a homely atmosphere." (Staff member)

"You're never lonely – we chat – you can tell staff if you've got a problem and they'll do their damndest to sort it. I've got a lovely room, it's home from home, staff can't do enough for you." (Resident)





"Staff are pleasant and attentive. The lounge is a bit cramped; it can be difficult to get up and down it." (Relative)

"I have nothing bad to say about the place. Heidi is very accessible, and the lead carer is very concerned. Staff seem to know all the residents' different characters." (Relative)

"The staff are always chatting, not for their sake, they are chatting for us (watching staff chat to a resident and a family member). You're never bored." (Resident)

"When I looked around for care homes, I had to make an appointment to come in and see it and couldn't just 'drop in.' This was the only home that was happy for people to drop in at any time – they don't put on a show for visitors." (Relative)

"We treat the residents like our parents, like our grandparents. We try to make their care personal to them." (Staff member)

"I use trust to manage my team. Some staff are first timers. We shadow them to make sure they know what is needed of them. I want carers to be praised for doing a good job. Be a team. Be pro-active. Be responsive." (Staff member)

"The residents come first. We do not have difficult residents because we make an effort to meet all their needs. Caring, compassion and above all patience. We do not impose. We treat them as if they do not have illnesses, although we know they may be." (Staff member)



4.4 Living Environment Recommendations

HWK living environment recommendations	Surbiton Care Home response
1. Highlight slight hump on second floor.	Signs are now displayed in two areas at the area of uneven floor. Completed
2. Make information more accessible.	There is no information around for dementia friendly Fire signs, we sought advice from our Fire Inspector and are looking at alternative signage by the end of January 2025.
3. Change the toilet seats to a different colour in line with NHS information ' How to make your home dementia friendly '.	Consideration will be given to replace these.
4. Ensure the completion of the works in the conservatory.	Roof has been replaced. Refurb and new furniture in progress.
5. Decorate the wall in the lounge that has peeling paint and a stain.	Complete refurbishment for lounge to begin in January 2025
6. Ensure the full refurbishment plan of the dining room is carried to fruition.	New floor is down, remainder of the work to begin January 2025.
7. Consider and create alternative storage space for wheelchairs housed in the top floor wet room.	We have located a solution for wheelchair storage. Completed
8. Ensure cleaning equipment is stored safely when not in use.	This has been discussed with housekeeping and care team. This is monitored during daily walk round. Completed

5 Mealtime experience

5.1 What worked well

- Residents were given the choice to eat in the dining room or the lounge. Most residents moved from the lounge into the dining room, many with support from a carer. Lunch started at 12.30 and residents started receiving their food at 12.45 through to 1pm if they had stayed in the lounge.
- Relatives were invited to join 'their' resident for mealtimes and were offered and provided with the same choice as the residents, making the visit feel like a more 'normal' event. We observed one resident having lunch with two relatives. They all sat in the conservatory around a table when eating.
- There seemed to be sufficient staff to cover the mealtimes, and we observed staff encouraging residents to feed themselves, offering to cut food smaller if required and helping to open packets where needed. We observed the use of specialised cutlery and cups. In the dining room there were four staff to eleven residents and in the lounge two staff to eight residents. Those in the lounge were mostly helped to eat after those in the dining room had eaten. In the dining room two residents needed direct support to eat, and in the lounge, we observed two residents needed support to eat.
- Staff were attentive to the residents' consumption of food, offering alternatives or further helpings if required. We observed one carer spending some time with one resident to ascertain if they wanted tea or coffee after their meal.
- The food was universally praised by residents, relatives and staff. We were told by residents, relatives and staff that the kitchen staff were very amenable to the residents' wishes.
- Menus for the day were on the tables. The menu was translated into Korean, and we were told that there were photos of the food available, but nobody required them (we did not see any photos of the food ourselves).

- We were told that one resident had requested 'more fish and chips' so they now had that at least three times a week, different to the rest of the residents.
- There was a happy atmosphere in the dining room with a good relationship demonstrated between the staff and the residents. The tone from the staff was affectionate throughout. All residents were offered sherry and a number throughout the lounge and dining room partook.
- One resident chose to eat in their room.
- Staff were cheerful and pro-active in meeting residents' needs. Wine and whisky said to be available. In the dining room residents discussed their liking /not liking for brandy.
- In the dining room music was played in the background, the channel chosen by negotiation between the residents (Classic FM was chosen). The television was also on at an unobtrusive volume.
- Eleven residents were observed sitting at three tables.
- Snacks were available in the lounge area for the residents whenever they wanted them. We saw a fruit bowl containing bananas and apples and bags of crisps on top of the piano.
- The chef baked a cake for afternoon tea every day which a number of residents mentioned favourably.

5.2 What could be improved

- On the day we visited the chef had baked flapjacks by special request from a relative who had seen his loved one had very much enjoyed them previously. Unfortunately, this batch was less moist than the previous batch which made it difficult for one resident to swallow. They had a relative with them who was able to oversee that they drank some water.
- Although other options were always on offer if neither of the two main choices were liked, there was no list that showed what they were.
- The fridge/freezer in the dried foods room needed defrosting.

5.3 What we saw and heard

During our visit we took some photographs and spoke to three members of staff five residents and four relatives during our visit. We have captured some comments about the mealtime experience below.



Images show (left to right): the freezer in need of defrosting; the menu translated into Korean, the food options available on our visit (rich beef and vegetable stew, pepper stuffed with savoury rice, fruit and ice-cream and lemon cake and custard); and the snacks available in the lounge.



"They eat and put on weight." (Relative)

"I enjoy the food.... I take what comes, most of it is quite pleasant anyway... food is always the right temperature. I enjoy the roast dinners." (Resident)

"Food is very good. Curries, egg, and chips are my favourite, food is good temperature. We can have snacks if we want." (Resident)

"The food is very good - except the dry flapjacks! I get to eat what I like; the choice is good, and the food is the right temperature. I'm very fond of salads. We can have food and drinks outside of meals, but I have a small appetite now. There's always fruit and a bowl of crisps." (Resident)

"Seating arrangements and menu choices are always made by engagement with the residents and their preferences and needs." (Staff member)

"I like the food here and we eat the same menu as the residents." (Staff member)

"Meals are personalised. One resident needs a thickener to be added to liquid foods, another needs low fibre foods. We can chop and mash foods if this is needed." (Staff member)





"We monitor residents' weight and overall wellbeing and adjust their foods if they are not eating. We talk to them about it."
(Staff member)

"Very good food – we get a choice the day before, can change our minds." (Resident)

"Good home cooking every day. It's very tasteful and if you don't like something they'll take it away and make something else." (Resident)

"My relative is not eating enough, staff have tried everything and referred them to the GP. When they put honey on the porridge it was wolfed down! One of the HCAs sings to them while supporting feeding to get them to laugh – and it works." (Relative)

"The chef makes cakes for the teatime at 3pm. They are very nice." (Staff member)



5.4 Mealtime experience recommendations

During our visit we were able to observe the lunchtime meal. Based on the enter and view visit to Surbiton, HWK has the following recommendations:

HWK mealtime experiences recommendations	Surbiton Care Home response
1. Ensure that cakes baked in the afternoon are not a swallow-risk for residents.	The chef is fully aware to serve only cakes that are not a swallow risk for the residents moving forward. Completed
2. Create a list of other menu options at mealtimes to help residents with their choice	New menus with more options now being used each day. Completed
3. Defrost the freezer in the 'dry foods' storage room regularly.	Completed

6 Meaningful activities

6.1 What worked well

- We spoke to the new well-being coordinator (full-time, 9am–5pm) who had just complete two weeks of training and familiarisation with working in a care home. They had just started their third week and had already created a basic activities timetable for the week.
- There had been five birthdays among the residents during the preceding week and the home were planning a birthday party for the following day. The afternoon activity was to make rice-crispy cakes for the party.
- One resident had been living there with their husband who had subsequently died. His birthday is still celebrated by the home. All residents can ask for their loved ones to be commemorated in this way.

6.2 What could be improved

Because the well-being coordinator was very new in post there was little to comment on. What we would wish to see on a further visit is:

- The current activities rota was out of date and some of it was obscured from view.
- More opportunities for the residents to leave the home (especially those whose were not able to go out with friends or relatives).
- More use of the garden for activities and more involvement of residents in gardening.
- We saw and heard no evidence that outside entertainers or activity leaders were brought into the home to provide variety for the residents.

6.3 What we saw and heard

During our visit we took some photographs and spoke to three members of staff five residents and four relatives during our visit. We have captured some comments about the activities provided below.



Images show (left to right); the activities noticeboard which is partially obscured and in need of updating; the garden which could be utilised more when the weather permits.



"They (the staff) keep (the residents) entertained." (Relative)

"The hairdresser is quite good actually." (Resident)

"I love reading (reading paper in chair)" (Resident)

"My relative is a keen gardener and would like to help in the summer." (Relative)

I knit – I'm about to start a cardigan for my daughter"
(Resident)

"I like cookery (cakes) when we do it here"
(Resident)

"I go out with my family; I go out with my relative." (Resident)





"We've only just got our activities lady. I enjoy painting. I can only go out in the wheelchair. I love cryptic crosswords and knitting. I've just made a blanket for my great-grand-daughter's baby's pram." (Resident)

"I enjoy quizzes." (Resident)

"We have a health and wellbeing co-ordinator. She is new. The HCAs do activities with the residents – singing and drawing, puzzles and reading. Sometimes we go out with residents. One resident likes to dance." (Staff member)

"Occasionally there are outside entertainers – a pianist, singers, tiny animals." (Staff member)

"There will be a party tomorrow for a few residents who have had birthdays recently. There will be five generations of one family all together. We will take photos and put them in a WhatsApp group which their families can access." (Staff member)

"I pick and choose the activities. I'm happy to be left alone with a book." (Resident) "I like cooking and doing exercises when I can. My back has improved since I've been here. I go out for walks with a family member." (Resident)

"I was told one resident asked to stroke an alpaca for their birthday, and the home arranged it!" (Relative)



6.4 Meaningful activities recommendations

During our visit we were able to observe the activities before and after lunch. Based on the Enter and View visit to Surbiton, Healthwatch Kingston has the following recommendations:

HWK meaningful activities recommendations	Surbiton Care Home response
1. Keep activities schedule up to date, remove objects obscuring it, continuing with the accessible format currently used.	Completed
2. Devise more outings for those unable to leave the home by themselves or with relatives/friends.	We have daily walks (weather permitting) with different residents each day. We take walks to the coffee shop around the corner. Next year we have plans to go further afield once the weather improves. This will be discussed in our resident meetings. Completed.
3. Plan more use of the garden and gardening activities for when the weather has improved.	Our garden is constantly in use in the Summer. It is also where we do our outdoor activities and residents are involved in gardening activities such as planting flowers, herbs, and vegetables. Completed
4. It was suggested to us that a memorial garden would be welcomed by the residents.	There is a space in the garden designated as a memorial. Completed
5. Consider hiring activity leaders on a regular basis to vary the	We have a monthly visit from an art group and local churches. We have developed robust links with local schools,

entertainment and activities for the residents.	colleges, and churches, with many activities planned for 2025. Once a month in 2025 we plan to have a main event of which there will be an entertainer. Completed
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7 Next steps

This report has been shared with SCH Care Home who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of SCH Care Home the next steps to be taken in response to outstanding recommendations and will work with them to ensure any agreed actions are followed through and implemented.



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