

Enter and View – Mealtime Visit Report

Name of establishment: Arkley Nursing Home,
140 Barnet Rd, Barnet EN5 3LJ

Staff met During Visit: Sarah Mair, Care Manager and
deputy home manager
Chef and Care staff

Date of visit: Monday 12 March 2018

Healthwatch authorised
representatives involved: Ellen Collins
Margaret Peart
Helena Pugh
Tina Stanton

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 assess 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 service and record their observations along with the feedback from residents, relatives, 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 Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Communities Committee, CQC, 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 lead by the Barnet Council Care 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 service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

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General Information

The team observed a weekday lunch at Arkley Nursing Home. This mealtime visit follows a previous more in depth Healthwatch Barnet Enter and View visit carried out in in May 2017; the [report](#)¹ of that visit can be viewed on the Healthwatch Barnet website.

The Team spoke to the Care Manager (who is also the deputy home manager), Sarah Mair, as the Home Manager, Sam Ndlovu, was on holiday.

The home was purpose built in the mid-1990s and is part of the BUPA UK group. All meals are produced in house. Breakfast is served from 7.30 and we were told that the majority of residents have it in their rooms. A two course lunch is served as the main meal of the day scheduled for between 12.15 to 12.30. It is served in two dining rooms as well as to some residents in their rooms. Drinks, cake and snacks are available at 11.00 and 4 pm in the kitchenettes on both floors and also in the “tea lounge” on the ground floor for residents and relatives. We were told that supper is served at 5 pm.

There were 34 residents (out of a possible 52) living at the home on the day of the visit. At present there are five residents receiving end of life care and seven residents who are PEG² fed. The manager mentioned that 3 of the residents have had a Deprivation of Liberty Safeguards assessment (DoLS).

Dining experience

The Team observed lunch in the two dining rooms (with the ground floor being for the more independent residents). However, we did not observe residents’ eating in their own rooms, so this report cannot comment on their experience. Both dining rooms have up to six tables with space at the side for the food trolley and a table with condiments. The rooms have wooden floors and were well lit. The team felt the upstairs dining room was too warm.

Tables were set out for lunch, with plain dark red linen table cloths. The plates were white so stood out on the tables. The downstairs residents had linen napkins while those upstairs were given linen bibs in addition to paper napkins. The Team would like to see all residents offered linen napkins.

¹ http://www.healthwatchbarnet.co.uk/sites/default/files/uploads/arkley_report_july_2017.pdf

² Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of **feeding** when oral intake is not adequate

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Although the majority of tables were laid prior to residents entering the dining room, we saw a few dirty plates left over from breakfast on one table which had to be moved before care staff were able to serve the lunch. In some instances, dirty plates from the main course were not removed before the dessert was served.

The Team did not see residents being encouraged to wash their hands prior to being served their meal; this may have been because some residents were helped to the dining room from their own rooms. Those who went to the dining rooms from the sitting areas were not offered a chance to wash their hands prior to eating. We suggest that residents either be encouraged to wash their hands before eating or perhaps use antiseptic gel as an alternative.

Residents clearly had places where they regularly sat and although we were told there are usually three or four people per table on the day of our visit, residents were largely seated at tables on their own. Some residents sat on dining chairs and several sat in bespoke wheelchairs. (The manager told us that the bespoke wheelchairs had been specially designed to meet the individuals' needs and that the residents needed to sit in them rather than on dining chairs). There was little or no communication between residents. Staff did not sit at tables to eat with residents, possibly because they had to serve lunch to many residents in their own rooms.

The menus were on display on dedicated notice boards around the home, and there were paper copies on each table. The manager told us the menus were issued from Head Office and they did not include pictures of the specific food on offer each day. It may be worth considering using pictures of food for some residents as this has been shown to encourage people to eat more.

A large heated trolley with the plated up meals was brought from the kitchen to each dining room and meals were then served to residents either in the dining rooms or in their own rooms. Drinks were readily available, with jugs of juice and water being poured on request. Salt and pepper and sauces such as mayonnaise and ketchup were available either when requested or offered where staff knew residents' eating habits.

Although we were told that lunch would be served between 12.15 and 12.30, on the day of our visit it was served a little later meaning some residents were sitting a while waiting for their meal. The Team saw one resident waiting for about 10 minutes to be served and assisted with eating their meal.

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On the whole once residents had finished their meals their plates were removed by the care staff. After the meal, residents left the dining room quite quickly with help if they needed it.

Whilst overall the care staff were friendly and supportive to residents, the Team felt that little effort was being made to engage the residents in the dining rooms in conversation. One resident told us that they did not feel there was anyone they could relate to in the restaurant and they would rather eat alone.

We were told that although residents are encouraged to eat lunch in the dining room, the home said it respected residents' wishes and supported those who chose to eat in their own rooms (even though the Manager acknowledged that it made more work for the care staff). On the day we visited we saw seven of the 34 residents eat in the dining rooms. The majority of residents eating in the dining rooms required assistance to get to the room. The Team understood that 12 of the residents were unlikely to come and eat in the dining rooms as they had additional needs (e.g. being PEG fed or receiving end of life care), but we were surprised that so many of the more able residents chose to eat in their rooms. Based on these numbers approximately a third of residents without additional needs ate in the dining rooms on the day of our visit.

We had been told that six residents always come to the upstairs dining room to eat yet we only saw four residents eating there. In addition, we were told that there are five independent eaters on the upper floor some of whom choose to eat in their rooms. On the ground floor we were told there are 12 independent eaters yet there were only three residents in the downstairs dining room on the day we visited. (We understood that one resident who usually eats in the dining room had gone out for the day.)

As a consequence of so many residents eating in their rooms, care assistants were continually entering and leaving the dining rooms taking food to them. This seemed to mean that staff had little time to chat with residents and so make mealtimes a pleasant social experience. We wondered if, with more encouragement or a different focus on lunch being a pivotal part of the day, more residents could be persuaded to attend.

Food

All meals are produced in house in the kitchen on the ground floor. Meals are plated up there and taken to the dining rooms on heated trolleys; from there they are served to those at the tables and delivered to the residents eating in their own rooms.

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There is a rolling four week menu designed at BUPA head office, but alternatives are always available. The main chef has been in post for 25 years and knew the likes and dislikes of individual residents well. In order to ensure that residents' dietary needs are met he meets with the nurse on a weekly basis and arranges to speak to new residents when they move in. Another chef, who has been in post for seven years, provides meals at the weekends and covers when the main chef is on holiday.

The Team felt that the presentation of the food was good, and the kitchen staff clearly go to a lot of effort to meet the residents' needs. Residents were offered gravy at their tables. We observed several residents who required puréed food. This food was also freshly prepared in the kitchen and served in moulded shapes representing the type of food, (i.e. meat shaped into slices and vegetables presented in portion sizes). The speech and language therapist determines which residents have puréed food according to their needs.

We observed drinks being topped up during the meal, either when requested or as staff noticed they were empty. We suggest that a jug of water be placed on each table to encourage residents to drink.

The manager described in detail how residents' weight is monitored, and food and drink charts kept in cases where there were concerns. If residents need to be encouraged to put on weight, thickeners such as powdered milk, butter and cream are used. Amendments to the menu are also made for those who need to lose weight.

Feedback from Residents

On mealtime visits the Team usually speaks to residents in the dining room about the food served. However, as we only managed to speak to four people eating in the dining rooms, we asked the manager if any of the residents eating in their own rooms would be willing to talk to us. The manager personally introduced us to a further four residents who invited us into to their rooms to speak to them.

In total we asked eight residents about their views of the food served. The majority of the residents we spoke to were independent eaters and did not need assistance with eating.

Half of those we interviewed said they were happy with the food, two of whom made a point of mentioning that the choice of food was good and suited them. One person stressed they were unhappy with it and said that 'breakfast is the only decent meal'. Two residents felt the temperature of the food was ok, however three said the food was sometimes cold. One person only ate half of their meal saying it was cold whilst another one

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told us that said the staff will always heat up the food for you if requested. Two people we spoke to were happy with the taste of the food, whilst two others felt it was 'bland with no seasoning' one of whom described it as 'too English'. The majority of those we spoke to felt the quantity of food on offer was fine apart from one who felt the portions to be too large and one who felt they were only given enough to eat half of the time. All the residents we spoke to felt they had enough time to eat their meals and that they had plenty of opportunities to drink throughout the day.

Residents said that the staff were happy to accommodate them if they chose to eat in their rooms. We spoke to four people who ate in their rooms, including one who was receiving end of life care. Comments included 'I always eat in my room, I've have eaten in dining rooms before and don't want to'; another resident, when asked if they ever went into the dining room replied, 'Not if I can help it!'

The lunch was sampled by Team members who felt that the meals were quite tasty and that the vegetables were freshly cooked. Some of the food was not as hot as it could have been, this may have been due to the taster meals being served at the end of the lunchtime period.

Choices

Each day two choices of main meal are offered for lunch. The Team viewed several menus for the four week period looking at both weekdays and weekends and felt there was a variety of food on offer. There are also always two choices for dessert. Residents are asked to choose their lunch by the Activities Co-ordinator each morning. If they do not fancy either choice they can ask for something different. The Chef clearly knew the preferences of the residents and was very flexible in his approach trying to accommodate requests such as poached eggs, salad or jacket potatoes. He is extremely accommodating using his budget in creative ways. Vegetarian and other diets can be catered for. Residents were asked which dessert they would like after they had finished eating their main course.

One resident was pleased with the variety of meals on offer whilst another said it was boring and there was too much beef, and that all the vegetables were leftovers and not fresh. (We were assured by the Chef that all food was freshly cooked each day.)

Residents described how the chef will offer to make something specially for them if they start eating something and do not like it. One resident said their favourite meal is salmon and that they were able to eat it even

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in it was not on the menu frequently. They were keen to let the Team know that 'it's always fresh, not tinned'.

Staff and staff training

The home employs up to four nursing staff (a senior nurse and RGNs), seven senior care assistants as well as care assistants. All care staff complete a three day BUPA training which includes mealtime training.

At meal times there are up to two senior care assistants with four care assistants and a nurse (in charge of risk of choking) on duty for the upstairs dining room; two to three care assistants are on duty for the downstairs dining room. On the day of our visit a resident who has a 1:1 carer who usually eats in the downstairs dining room was out for the day.

The care staff serve the meals to the residents, assist with eating and clear up afterwards. (If necessary the care manager or other staff will help out.) We were told that care staff record if residents are not eating or drinking on nationally devised spreadsheets. However, we did not observe any staff recording fluid or food intake. Any concerns are reported to the nurses who ensures that residents' diets meet their needs. (All residents are weighed every month, while others are weighed weekly if deemed necessary.) Care staff wore disposable plastic aprons in the dining rooms.

All the staff we observed were very pleasant and helpful. They provide support with eating where needed. We did not witness the support available to residents who ate in their rooms. There did not appear to be enough staff to sit with residents in the dining rooms, possibly because they were supporting those in their own rooms.

Engagement with relatives/residents

The residents are not involved in the planning of menus as these are designed by BUPA Head Office. The manager told us that despite being welcome, very few relatives visited to eat with and help residents at meal times on a regular basis. The home had recently made an anniversary celebration with food and wine for one resident and their family. This was much appreciated by the resident who is on end of life care.

Conclusions

The home provides good quality food to meet individual tastes. Overall residents were satisfied with the food, with a few concerns about the low temperature of some dishes. The Team felt that the presentation of the food was good although the dining room tables could be cleared more

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promptly. The chef had an impressive knowledge of the residents’ food needs as well as their likes and dislikes. We felt that in order to respect residents’ dignity, they should be offered linen napkins rather than bibs. We found that few residents chose to eat in the dining rooms and that there was limited social interaction at meal times even amongst those who chose to do so. Creating a greater community feel would help to encourage residents to eat together making mealtimes more of a social occasion.

Recommendations

1. Consider ways to encourage residents to eat in the dining rooms by e.g. having staff to welcome residents to the dining rooms, staff sitting at the tables and eating with residents; playing appropriate music
2. Offer linen napkins to all residents
3. Ensure residents to wash their hands before eating or perhaps use antiseptic gel as an alternative.
4. Ensure that food is hot when it reaches residents
5. Ensure that tables are cleared promptly after breakfast has finished and laid for lunch before residents enter the dining rooms, and that dirty plates are removed before the next course is served

Response from the home manager

The manager has set up an action plan to address the recommendations made in the report. Main details shown below:

Actions required:	Owner:	Update on expected outcome/s status:
Consider ways to encourage residents to eat in the dining rooms by e.g. having staff to welcome residents to the dining rooms, staff sitting at the tables and eating with residents; playing appropriate music	Registered Nurses/ Senior Carers	The Senior Care staff will continue to encourage residents to go to the dining room for lunch. The Manager will also complete an internal dining service audit

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<p>Offer linen napkins to all residents. Ensure residents to wash their hands before eating or perhaps use antiseptic gel as an alternative.</p>	<p>Registered Nurses/ Senior Carers</p>	<p>The Chef Manager and the kitchen team will ensure that residents are offered napkins. Staff encourage residents to wash their hands and the home has ordered wipes and antiseptic gel.</p>
<p>Ensure that tables are cleared promptly after breakfast has finished and laid for lunch before residents enter the dining rooms, and that dirty plates are removed before the next course is served</p>	<p>Chef and Kitchen Team</p>	<p>This was discussed in the Head of Department Meeting held on the 5th of April 2018. The Chef and kitchen team will ensure that dining rooms are checked daily before meals</p>
<p>Ensure that food is hot when it reaches residents</p>	<p>Chef and Kitchen Team</p>	<p>This was discussed in the Head of Department Meeting held on the 5th of April 2018. The Chef and kitchen team will ensure that the meals are hot at all times.</p>

Date April 2018