

Engagement (Enter and View) Visit Report - Summerdyne Nursing Home

Service Address: Summerdyne Nursing Home, Cleobury Rd, Bewdley, Worcestershire, DY12 2QQ

CQC Registered Provider: Heritage Manor Ltd

CQC Registered Manager: Mrs Tuula Page

Date and Time of Visit: Tuesday 27th January, 10 a.m. - 12.30

HWW Contact: Margaret Reilly

HWW Authorised Representatives: Sylvia Dyke, Mike Vials, Morag Edmondson, Margaret Reilly

Report approved by HWW: 8th May 2015



Acknowledgments

Healthwatch Worcestershire would like to thank the residents and staff at Summerdyne Nursing Home who gave us a warm welcome and spent time talking to us about their experiences of living or working at the home.

Thank you also to the manager of the home for helping us to arrange the visit, showing us round and providing relevant information about the home that had been requested by Healthwatch Worcestershire.

Our report relates to findings that were observed or were contributed in response to our visit. It might not therefore be a fully representative portrayal of the experiences of all service users, carers and staff.

Our findings need to be viewed in the context that some of the residents may have illnesses or disabilities, including a dementia related illness, which may have an impact on what they have said to us. We took account of this during our visit.

1. What is Enter and View?

One of the legal powers of Healthwatch Worcestershire (HWW) is to carry out Enter and View visits.

HWW authorised representatives carry out these visits to publicly funded health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

It is important to emphasise that Enter and View is NOT an inspection, it is an engagement activity. We do not have access to individual care plans or other confidential information. Enter and View is a way that Healthwatch Worcestershire can find out people's views and see for ourselves how services are provided.

2. What was this Enter and View visit about?

Healthwatch Worcestershire has a business priority of "Improving the Quality of Adult Social Care."

One of the ways that we are doing this is by undertaking a series of visits to adult residential and nursing home settings. We understand that all of these settings provide some level of publicly funded care.

The purpose of the visits are to:

- Understand how residents in these settings are being provided with meaningful activities that support their health and well-being.
- Identify examples of good practice

Meaningful Activity is "that in which one is engaged that which holds meaning and value for us engages our time, attention and environment"¹

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Meaningful activity may involve structured activities (e.g. arts and crafts, quizzes, discussion groups, music etc.), but as important can be people being involved to the level of their ability in activities of daily living (e.g. helping in the day to day running of the home) and

¹ Perrin, T. May, H. and Anderson, E. Wellbeing in Dementia

brief moments (butterfly moments) of connection, engagement and activity that are meaningful to the person concerned².

Statistics from the Alzheimer's Society show that 80 per cent of people living in care homes have a form of dementia or severe memory problems. The Worcestershire Residential Dementia Service Standard³ is used by Worcestershire County Council and the three Clinical Commissioning Groups. The aim is to promote care that is person-centred. Person-centred care considers the whole person; taking into account each individual's unique qualities, abilities, interests, preferences and needs, rather than focusing on their illness or on abilities they may have lost. Person-centred care also means treating residents with dignity and respect⁴. The Standard covers a range of areas, including meaningful occupation and a dementia specific environment. It is not a requirement for providers in Worcestershire to meet the Standard.

HWW Authorised representatives received, prior to the visits taking place, introductory training in meaningful activity (some of the content was based on the Worcestershire Residential Dementia Service Standard) and also on understanding people living with dementia, this included content on meaningful activity for people living with dementia.

3. How did we carry out this Enter and View visit?

Summerdyne is a nursing home providing accommodation, personal and nursing care for a maximum of 27 people. Along with other homes Summerdyne was selected for the visit simply on the basis of various criteria such as achieving a mixture of large and small homes, those that provide nursing care and those that do not, achieving a geographical spread across the County and a mixture of large and smaller providers. It was not selected on the basis of past or present performance.

Summerdyne does have the Worcestershire Residential Dementia Service Standard.

This was an announced Enter and View visit. We met with the manager prior to the visit to explain about Enter and View, and what we intended to do, this was confirmed in a letter. We asked Summerdyne to let people know we were coming and provided posters and a short questionnaire for residents or visitors to return if they were unable to meet with us on the day.

Prior to the visit we developed structured questions relating to meaningful activity and observation sheets to record what we saw. We developed prompts, based on the Residential Dementia Care Standard and our training, to help us to interpret our observations about meaningful activities.

² Adapted from SCIE guide 15, *Choice and Control, Living well through activity in care homes: the toolkit* (College of Occupational Therapists) and expert consensus]

³ This is based on the 50 Point Checklist authored by David Sheard in 'Inspiring, leadership matters in dementia care' (2008), published by Alzheimers Society.

⁴ Alzheimers Society.

Summerdyne provided us in advance with the names of people who had mental capacity and had given their informed consent to talking with us. We also asked for and were given information about activities provided at Summerdyne.

Our visit was mostly based in the main communal lounge area of the home, where 10 residents were present for most of our visit (other residents were helped in and out of the lounge during our visit). The visit was informal. We spoke with the Activities Coordinator, 1 member of staff and had structured conversations with 3 residents who had given informed consent, and spoke informally with other residents who were present. A large proportion of the information was gathered through observing what was going on and noting what we saw.

We explained to everyone who we were and what we were doing where appropriate.

Summerdyne were given an opportunity to comment on the final draft of this report and provide a response - see Section 6 for the response to our recommendations.

4. What were the main things we found out?

- Residents told us that they were happy at Summerdyne
- We saw and heard positive interactions between residents and the Activities Coordinator and care staff
- Residents that we spoke to told us that they had been asked about the sorts of things that they liked to do, and were aware of the activities that were available
- During our visit we saw a discussion group and exercise class take place. We were also shown the activities plan which included provision for both group and one to one activity.
- Staff were busy and some residents in the lounge spent significant periods of time without much interaction with staff or being engaged in a meaningful activity
- At the time of our visit there was a vacancy for a part time Activities Coordinator
- The Activities Coordinator described ways that activities are changed to meet individuals needs
- We saw that there were some resources to support meaningful activity available in the communal lounge area. We did not observe residents using these resources. We did not notice any tactile boards or rummage boxes appropriate for people with dementia available in the communal areas.
- Summerdyne has links with local high school and a local church and some volunteer support

5. Our findings and recommendations

Interaction between staff and residents

Residents we spoke to said that they were happy at Summerdyne.

We heard and saw care staff speaking to residents in their rooms and as they went about their duties. These conversations were positive, friendly and respectful.

The Activities Coordinator was actively engaging with residents when she was in the main lounge area, firstly through a discussion group and later through an exercise class. We saw good rapport between the Activity Coordinator and the residents joining in. She left the main lounge to spend some time talking to us.

During our visit we saw some limited interaction between nursing/care staff and residents in the main lounge (e.g. offer and provide a drink, settle people into a chair). We saw one member of staff changing the medical dressings of a resident in a discreet manner. She put an arm around the residents shoulder and took time with removal and replacement of the plasters. She then sat for a while with the resident before providing her with a drink.

One of the residents seemed tearful and upset at times, and a member of staff tried to distract and comfort the person. We later observed that the resident again became upset, and said they wanted someone to talk to. At that time there was no member of staff available to provide reassurance.

Other than on these occasion we did not observe care staff spending time with residents in the main lounge, or engaging them in activity or offering resources to people.

The Manager had told us that due to sickness there was one less member of care staff on duty than would normally be the case. Staff appeared to be very busy. We were told by the manager and a member of staff that in the afternoons there is more opportunity for care staff to spend time being with people.

HWW Recommendations

Summerdyne could:

- **Reassure themselves that sufficient staff are available to engage residents in meaningful activity, conversation or offering people a resource to provide comfort and stimulation**

Activities

Residents that we spoke to told us that they had been asked about the sorts of things that they liked to do, and were aware of the activities that were available. 3 of the residents said that they preferred to be in their own rooms rather than the lounge area and they liked to read, listen to music, complete puzzles or watch television. They did not want to take part in organised activities. Both the Manager and the Activities Coordinator told us that it could be difficult to get residents in the nursing home to engage in organised activities

In the conservatory area of the communal lounge at the start of our visit the activities we observed the Activities Coordinator engaging 5 of the residents in a discussion group. The newspaper was used to prompt discussion, people were encouraged to contribute and relate the day's news to their personal experiences. We noticed that these conversations continued between the residents after the formal activity had finished.

1 of the residents in the main lounge was watching television (which was on but with subtitles rather than volume). Other residents in the main lounge appeared to be either asleep or not engaged with any meaningful activity until the start of the exercise class later (approx. 1hr.10) into our visit. The Activities Coordinator was out of the room some of this time speaking with us.

The exercise class to music involved 8 of the residents. Most residents appeared to be engaged in the activity, although two residents appeared to find it distressing; one left the room, the other stayed and managed at times to join in the exercise. We were told that the exercises are assessed by an external practitioner to ensure that they are being presented correctly and in a way that benefits residents.

The Activities Coordinator usually works Monday - Wednesday 08:45 - 4.00 p.m. At the time of our visit there was a vacancy, which Summerdyne was recruiting to, for an additional Activities Coordinator to work Thursday and Friday. The Activities Coordinator was providing some cover on Thursday and Friday.

Summerdyne sent us their weekly activities planner for weeks beginning the 12th, 19th and 26th of January. These show the plan of organised activities that take place mornings and afternoons Monday - Thursday and on Friday mornings. The activities plan included some times for the Activities Coordinator to offer one to one engagement, including in people's rooms.

We were told that an entertainer comes into Summerdyne once a month. Summerdyne pays for an experienced aroma therapist to provide massage to 2 residents each week who benefit from this sensory stimulation.

We asked how activities were changed to suit individual needs, and in particular the needs of residents living with dementia. The Activities Coordinator gave a number of examples of the sorts of things that individual residents liked to do and of how she differentiated activity to suit the person. She talked about the importance of one to one time and capturing the interest of people at that particular time, even if this did not last for long. In the past doll therapy had been used in the home, and the Activities Coordinator had some training in this.

We were told that Google maps had been used to engage one resident living with dementia who was usually uncommunicative. Staff had looked up where the person previously lived on the map. The resident became animated and chatted for a while about their house and the place that they had lived.

We were told that during the summer residents use the garden area. There are raised flower beds accessible to residents who want to take part in gardening.

During our visit one resident was helped to go outside in order to have a cigarette, in line with their wishes.

We were told that each person's care plan contains a life history. Individuals and, where possible, their relatives, were asked about their likes and dislikes and what that person enjoys doing. This information is also recorded on care plans and all staff are encouraged to read this.

We asked how residents were involved in the day to day running of the home. We were told that one of the residents liked to get involved in tasks around the home (dusting, folding, laying tables). This resident is experiencing another time of her life and believes that she works at Summerdyne. Staff told us that there may be scope for more residents who are able to do so to get involved with day to day tasks.

Although not directly related to meaningful activity during our visit we saw residents being shown the two plates of food that were available to choose between for lunch, rather than this being written down or verbally described to people. This appeared to help residents with making their meal choice.

HWW recommendations Summerdyne could -

- Reassure themselves that sufficient meaningful activities are available when the Activities Coordinator is not available during the week and at weekends
- Consider how residents in communal areas not involved with organised activity can be engaged in meaningful activity in a way appropriate to their needs
- Consider how residents, who are able and choose to do so, could be encouraged to become more involved in the day to day running of the home

Resources and environment

We saw that there were some resources to support meaningful activity available in the communal lounge area. These included books, magazines, lava lamp, cuddly toys, music system, and an iPad. The Activities Coordinator pointed out further resources that were kept in closed drawers in a unit in the room.

We did not observe residents using these resources.

We did not notice any tactile boards or rummage boxes appropriate for people with dementia out in the communal area.

We were shown a sensory cushion (which had material with different textures, zips and buttons) that Summerdyne are trying out. The Manager told us that they would be getting more of these cushions.

In a small seating area by the entrance there was a fish tank. We did not notice residents using this area during our visit.

The Manager told us that bird décor (e.g. wallpaper with birds on it) was a theme in the home, and residents seemed to like this.

We saw lots of posters and pictures on the wall in the corridors and on the stairs. These appeared to be themed and could be used to generate conversation and interaction. We did not notice any sensory resources available in the corridor areas.

HWW recommendations

Summerdyne could consider -

- Whether existing resources could be made more easily available for residents to choose to use them, (for example by putting them closer to residents) or appropriately introduced to individuals more frequently
- Whether additional tactile/sensory resources could be made easily available and / or appropriately introduced more frequently to residents, particularly residents living with dementia

Involvement of relatives and the local community

We were told that relatives of residents had been asked about what people like to do; about their life histories and had been asked to provide photos and treasured objects. Relatives were welcome to visit at any time and in a survey had given positive feedback about the home. We were told that there are quarterly resident and relatives meetings and activities is one of the items discussed.

We were told that Summerdyne organises occasional trips and outings, with more of this taking place in the summer months. There is also an annual Fete which takes place in the grounds

We were told that a local church provides a service at the Home, and the local high school visits and provides entertainment.

We were also told that two volunteers came in to help with cake decorating and flower arranging.

HWW recommendations

Summerdyne could consider -

- Whether there is potential to use more volunteers to support residents to engage in meaningful activity, either on a one to one or group basis

6. Service Provider Response to HWW recommendations

Thank you for your draft report.

I feel it is a very fair and balanced account of the morning's activities during your visit. I am sorry that you couldn't spend a whole day as the afternoons are less busy and you would have had a better picture as to how our home meets our resident's needs and provides meaningful activities day to day.

Also on the day of your visit we were one carer short! Our sickness record is very low (I will work the level) in our small home one staff member being absent can make a big difference. I count myself very privileged to have such stable and dedicated staff and in the event of sickness we can normally get cover as long as we have sufficient notice.

Also the report failed to mention the lovely garden area which we use regularly in the better weather. We have several residents who cannot wait till the weather allows them to sit and socialise in our garden. For example this week we have had some lovely warm weather and several of our residents have sat outside and we offered them ice cream cornets which they thoroughly enjoyed. We have also recently completed a refurbishment of the home, which we believe now gives a homely and relaxing atmosphere for our residents.

We have now appointed a second activities co-ordinator which will provide some extra input for our residents' life style! In an ideal world we would love to have more carers at all times but the cost of such extra staff is unsustainable I will be seeking volunteers to join in at regular intervals to enhance our residents daily life in the home.

Most visitors comment that our home feels "homely" and with such a happy atmosphere, also that our carers look as if they enjoy their work". This consequently helps our residents experience a more fulfilled life within our home.

We are keen to continue to improve the care we provide, and ensure that all our residents will feel well supported in every way by listening to them and finding out as much as possible about their lifestyles and interests thus making them the centre of our home life.

We have achieved Gold Standard Framework in End of life care recently, a highly coveted award reflecting the quality of our care, which helps our home to ensure our residents have a good life to the end.