



Enter and View - Food and Drink Visit Report

9
Place of Visit: Symonds House

Service Provided: Residential Care

Service Address: Symonds Lane, Linton, Cambridge, CB21 4HY.

Service Provider: Raveedha Care Limited

Date and Time: Friday 22 September 2017 at 11:30am

Authorised representatives:
Brian Walker, Pat Kohler and Rosemary Scott

Report published 9 November 2017



About us

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time. This report relates to the visit on Friday 22 September 2017 between 11:30am and 1:30pm.

The visit also takes into consideration the fact that the majority of the residents spoken to may have a long-term illness or disability, including advanced dementia, which will have an impact on the information that is provided.



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Summary of findings

The home specialises in dementia care for older people, 27 of whom were in the advanced stages of dementia. Of the remaining 15, some were visiting the day care centre and unavailable to chat with us.

- Residents often find the picture menus confusing and to make a meal choice, plates of food are shown.
- Menus were written and discussed individually with the resident each day for choice. An option of baked potato, omelette or salad is always available.
- Staff were seen to interact well with the residents and were aware of their individual eating habits.
- Modified crockery and utensils available for residents who need assistance to dine independently.



Purpose of the visit

The need to tackle malnutrition in older people living in residential care has been nationally recognised by the Department of Health and the Nutrition Summit stakeholder group. They have encouraged local authorities to ‘champion good nutritional care’ in local homes.

We wanted to know what local care homes were doing to make sure that people can choose from a healthy and varied diet that meets their needs and cultural diversity, especially when increasing frailty and health problems can make eating and drinking harder.

To do this, our volunteers visited three care homes in Cambridgeshire. On some of the visits they joined residents for a meal in the home and talked to them about the food and drink they get.

We wanted to know if residents liked the food, how much input they get into planning the menu, and whether they get any help they need to eat and drink. We will also eat with the residents if the care home invites us to.

What we did

These visits are being carried out using our power to Enter and View. This is Healthwatch's legal right to visit places that provide publicly funded health or adult social care services to see and hear how people experience those services. Each visit is carried out by a team of trained volunteer Authorised Representatives. Our Authorised Representatives are the only people who can undertake a visit using our power to Enter and View local health and care services.

A survey was produced to help us talk with the residents and staff, and to make observations during the visits. The team were invited to stay for lunch with the residents.

We selected the care homes we visited at random. We notified the Care Quality Commission and the contracts team at Cambridgeshire County Council of our visits.



Findings: survey and observations

The home had a welcoming environment and we were met and greeted by the Day Care Centre Manager.

The Manager of the home gave a tour of the different units, giving introductions to staff and residents available to chat with us. At the time of our visit, 42 residents were living at the home, with 15 having the capacity to engage in conversation.

The Day Care Centre attached to the home runs three days a week and some of the residents attend to watch the entertainment, returning to their home unit for their meals.

What we observed:

- We noted staff engaging and interacting with residents in a courteous manner, using soft tones and listening carefully to what they were being told. Staff were calm and empathic in their approach to the residents being patient and gentle.
- When staff were making contact with the residents, they made a point of getting into their eyeline to make interaction possible.
- Staff were aware of the residents needs and supported them when necessary, for example cutting up food and gentle coaxing then to eat, but not pushing if they refused. Staff encouraged residents to try another choice of food if they wanted.

What we were told by staff and residents about food and drink:

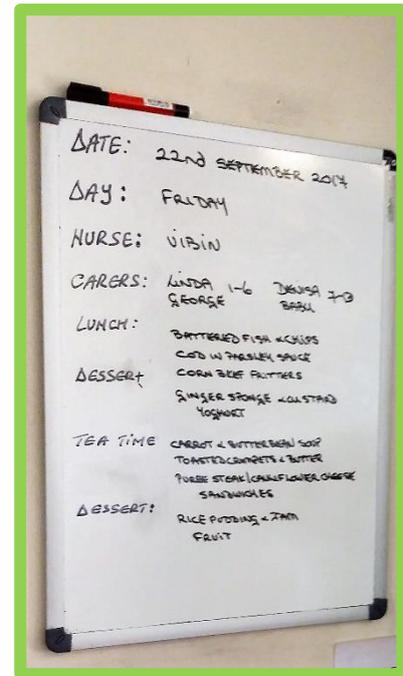
The menu runs for four weeks, which is regularly reviewed by a residents' committee and changed where possible to incorporate suggestions.



On a daily basis, there are three choices of mains and two puddings as well as an option of a personal choice. These are discussed individually every day with each resident.

Alternative food and drink choices were available to meet the needs of people's varying diets, including soft food options.

We were told that picture menus were not always understood and that residents found them confusing. When a resident is unsure what they would like to eat or what the meal is like, actual plates of food are shown for choice.



A daily white board is used to list what food is being served and on each dining table a menu is available. A small glass of sherry is an option at lunchtime for all the residents.

A resident told us that the home was comfortable and that they liked it and the food was fine.

During the lunch service residents were seen to tuck into their food and enjoy what they were eating. Some residents had plates with sides to help them capture food and eat independently.

All food was covered until served and was distributed from heated trolleys.

Residents are weighed monthly to keep a track of their weight and to ensure that they are eating enough. Food and drink intake is also observed daily by staff.

We were told on occasion a resident who attends the day care centre can fill up on biscuits and not eat their main meal.



The mealtimes are not protected but it is unusual for relatives to be present. Relatives were seen to leave when the lunch was served.

All staff were fully involved with the meal service, helping residents to eat. The staff wore aprons and gloves, with the gloves being changed for the pudding service.

Residents were encouraged to eat on their own, staff helped by moving the plate and utensils into their line of vision and when needed placing the utensils in their hands.

There are kitchenettes in each unit serving a variety of drinks and snacks, these are available at all times during the day for the residents and any visitors.

The dining rooms were all nicely set out, with small round tables of four, laid with cutlery, serviettes and condiments.



Residents could choose where they would like to sit in the dining room, or remain in their own room or the lounge.

Modified cups were in use for anyone having difficulty with drinking.

Staff were seen to be caring and attentive to a resident who spilled food on their clothes. Aprons are available for residents to protect their clothes from spills.

As agreed at a residents' meeting, the television was switched off during the lunch service.

Visitors and day centre members can join the residents in the larger dining room at a small charge.

The kitchen has a list of allergies, dislikes and residents requiring meal supplements.



Ideas to take forward

The ideas to take forward are developed through our observations and what staff and residents told us. They aim to build on the positive findings. Based on this, we recommend:

We were very impressed with the lunch time service and the care given to residents during our visit.

We were not present at the home for any other meal services and have no recommendations to make.



Response from Symonds House

No comment was received from Symonds House.



What is Enter and View?

Part of Healthwatch Cambridgeshire and Peterborough's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see 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.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

Acknowledgement

Healthwatch Cambridgeshire and Peterborough would like to thank the residents and staff at Symonds House who spent time talking to us.

Thank you also to the Manager of the home for helping us to arrange the visit and inviting the team to stay for lunch.

We recognise that providers are often able to respond to us about any issues raised and we include their responses in the final report.

Contact us



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