Enter and View – Visit Report

Name of establishment:	The Cedars Care Centre (Forest Healthcare), 42 Richmond Road, New Barnet, EN5 1SB
Staff met During Visit:	Manager, Fran Walsh Deputy Manager, Ahmad Sookheea Senior Clinical Lead Nurse; Chef
Date of visit:	13th June, 2018
Healthwatch authorised representatives involved:	Linda Jackson, Ellen Collins, Marion Kafetz, Derek Norman

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.***

Executive Summary

The Cedars Care Centre is situated in a pleasant suburban road, and consists of two remodelled older houses with an extension. There is a large attractive garden at the back. Accommodation is on two floors.

The Home provides nursing with care for 39 residents with different stages of dementia, Parkinson's Disease, stroke and physical medical conditions.

The atmosphere in the Home was warm, friendly and inclusive with good rapport between management, staff, relatives and residents. Relatives we spoke to were satisfied with the care their relation received.

Meals take place in three different areas. Catering is in-house and taken to the dining rooms in a heated trolley and distributed by staff. Residents can choose to have meals in their rooms. Meals are staggered so that staff can help residents who need assistance in their rooms.

The main dining room was laid before the meal, and meals on trays were taken to the residents in the lounges. These were laid with mats, paper napkins and plates, but not in dementia appropriate (contrasting) colours. Cutlery was difficult for some residents to handle.

General Information

The Cedars Care Centre is a part of the privately owned Forest Healthcare Group. It is situated in a pleasant suburban road, and consists of two renovated houses and an extension. The Home has capacity for 41 residents, but at present has 39 residents. 34 rooms are en-suite with a

toilet, and 3 rooms are shared. The Home provides nursing with care for residents with Parkinsons Disease, Stroke, Dementia and Physical Disability. Accommodation is on 2 floors with stairs and lift, in 3 separate units. The Dementia Unit is on the first floor.

There are three eating areas on the ground floor: a dining room with tables and chairs, and two lounges with individual seating and small tables. Special diets and pureed, thickened and soft foods are catered for when the need arises, and religious or medical menus are provided. Food preferences are ascertained when the resident moves in, and the staff update the information when needed.

The Home feels it is important to provide as familiar an environment as possible, and will allow pets to accompany residents, if they are suitable. At present one resident has a dog, which is allowed access to the garden, and another has a cat.

Mealtime Environment

Residents can choose where they sit, if they have the ability, but more often are assigned seats based on their mobility and compatibility with their neighbours. We were told that the Home's aim is to provide a good mealtime experience for all.

The Home has in-house catering providing 2 hot meals a day, teatime with homemade cakes, and a light supper. Breakfast consists of a full English breakfast, with a choice of eggs and accompaniments, various cereals, toast or bread. Lunch is two courses, a main dish and dessert, and supper is sandwiches, soup, or an egg dish. Pureed and thickened food, or soft food is provided where necessary. The team were hospitably offered lunch, which was quiche and salad that day, and it was of a good standard. Tea and coffee are served with the meals and during the day. Soft drinks or water are served continuously. There are cold drinks machines located in three areas downstairs. A relative said that there was always a drink in front of her relation. Mealtimes are 8.30am for breakfast, 12.30pm for lunch, and supper at 6.00pm.

The Team observed a lunchtime session. We were told that Residents are given the opportunity to wash their hands, or provided with wipes. Residents are assisted into the dining room, or if they are sitting in the

lounges, they are prepared for the meal, and small tables are drawn up to their chairs. Cloth bibs were provided for residents who needed them. We noticed that wheelchair users tended to stay in their chairs if they fitted under the table. We were told that many of the residents' own wheelchairs were too big to fit under the dining room tables, and those residents had to sit in the lounge. Staff put on disposable blue plastic aprons to serve the meals but we did not observe them washing their hands. The atmosphere in all three dining areas was calm and relaxed. Pureed food is plated up in the kitchen, and the other food is brought into the dining room in a heated trolley, plated up by the kitchen staff and served to the residents by the carers. We were told that 10 carers and 2 nursing staff and 1 or 2 activities co-ordinators assisted at the mealtimes, and on the day we visited there appeared to be plenty of help. We noticed that there was congestion round the trolley with staff waiting for meals to be plated up. Residents were seated a long time (approximately 15 minutes) waiting for their meal. We also noted that some residents did not get a serving of a vegetable that other residents received, and were told that one vegetable container had been missed by the member of staff serving up. Meals were also brought to people sitting at the same table, at different times.

Staff sat down beside residents who needed assistance with feeding. They were calm and patient, and did not hurry the resident, but they tended to get up and down and not stay all the time with the resident. We did not see a great deal of verbal interaction, talking to the resident, or describing the food as it was fed to them. However, the residents appeared to have a good rapport with the staff.

Dining Room

The Home has three eating areas: a dining room for more mobile and able residents, a large lounge which is used as an eating area, and a smaller lounge for residents needing more assistance and supervision with their eating from nursing staff. All rooms looked over a patio and an attractive garden. Staff try and persuade residents to go out after a meal on a fine day.

Delivery of meals for residents in their rooms is staggered, so that meals are delivered hot to residents who need assistance. Staff go upstairs to help depending on their availability after the downstairs mealtimes.

The dining room was quite small but light and airy with an attractive skylight in the ceiling. The floor was wooden, and the furnishings quite plain. The Home's wheelchairs are stored in the same room behind a screen. The tables were already laid up with red tablecloths, thin white paper napkins, cutlery, tumblers or easy use beakers, and salt and pepper. Multicoloured mats were laid at place settings. These seemed to puzzle the residents, although we were told that they had helped to choose them from a catalogue. Residents asked for and were provided with different sauces. There were also vases of artificial flowers on each table, but these were removed in some cases. There were menus on each table, but these were printed on plain white paper in very small, joined up script, and we did not see residents using them. We noticed that some residents had trouble using the knives provided, dropping them on the floor or trying to use them upside down. They were finally persuaded to use spoons and forks, and have their food cut up for them.

The larger lounge had the residents' chairs or wheelchairs arranged in rows in front of a large television, and they ate from, or were assisted to eat from little tables drawn up beside them. The furnishings in this room were attractive, but getting shabby. The television was on and quiet music was playing. We were told that Residents like to watch the news. The room was large and airy with doors to the patio but was also used for storage of the Home's zimmer frames.

The smaller lounge was used by residents with more advanced disabilities and was supervised by nursing staff. The television was on showing a loud and fast paced comedy programme. Loud music was also playing. We were told that this was for the benefit of one resident who became distressed and disruptive if the television was not on. The tables were not laid up in either lounge, and meals were brought in on trays laid with white paper mats, white paper napkins and white flat plates.

Choices

Some Residents are given a choice of where they would like to sit for their meal, but more often they seated according to physical or mental capacity, or compatibility.

Staff go round to residents the day before to ascertain their choices verbally from the menu. The residents are then asked to confirm or change their choice the next day after breakfast. If they again change their minds when they sit down, they are offered alternatives, such sandwiches, salad or an egg dish.

Residents also can choose to have their meal in their room, but unless they are unwell, staff will attempt to encourage them to come downstairs. On the day of our visit, 10 residents had lunch in their rooms, and 7 of those needed assistance depending on assessment. We were told by a relative that their relation often chose to have breakfast in their room.

Staff

The staff's approach to the residents was calm, respectful and friendly. It was apparent they knew the preferences and habits of each resident. They did not rush the residents when assisting with their eating, but encouraged with a smile or stroking their cheeks. They sat beside the resident they were assisting, but one or two tended to move away for a short while before returning. We were told that staff were entitled to a meal whilst sitting with a resident, but were quite often too busy. Staff eat their own food in their breaks.

Staff assist the residents into the eating areas, and make sure that they are seated on a chair or wheelchair. They then assist them from the dining room when the resident has finished their meal.

Staff Training

The Home has installed a new person-centred software system which includes monitoring food and fluid intake. Staff have been trained to enter a residents' food and fluid intake on a mobile sized tablet which is stored on a central computer system with the residents' other daily data. This can be accessed by entering the residents' personal barcode.

Staff also have training in food hygiene, assisting residents with aphasia and dysphasia, swallowing, speech and language.

We were told that the chef was going to receive training in the use of moulds for pureed food in order to present pureed food in a naturalistic way. The kitchen staff also receive training in food hygiene, and the kitchen has a 5 star rating for food hygiene.

Food

The Team observed the plating up of food from the trolley. The food looked plain, but was arranged well on the plate. We understood that most residents preferred and were used to traditional British food. However one relative told us that her relation did not like this type of food, and on the day we visited she had brought in a steak, which the chef was quite happy to cook. The relative did not think that her relative's preferences were catered for, but understood that it would be difficult. She also said the portions were quite large. We noticed that many residents appeared to be eating most of their meals. The kitchen did cater for special medical diets, for example diabetes, and religious diets when this was needed.

Engagement with Relatives/Residents/ Carers

The Home employs an open door policy, with access to the management to relatives and residents at all times.

There are resident and relative meetings once a month. The chef will go round to the residents for menu and food suggestions. He will also attend the resident/relative meetings to find out menu and food preferences. A resident suggested scampi, and this was provided.

Residents have a party on their birthdays. These are treated as social occasions, and the chef will make the food and birthday cakes.

The Home's policy on welcoming relatives as much as possible was demonstrated by allowing a relative to spend the day with their spouse every day, and providing free meals. They were both very happy with the care and food.

Feedback from Residents and Relatives

The Team spoke to 4 relatives and 1 resident. They all had positive comments about the care their relation was receiving. "I can think of nothing but good" "I have booked my own room here!" They felt the food was bland, but it seemed to suit their relation.

Relatives are encouraged to be pro-active in helping their relations to eat, depending on dependency needs. Relatives felt welcome and included in their relation's care.

The Team did not see any volunteers in the dining areas, but met one volunteer belonging to a charity, who was involved in activities.

A relative said that the Home's policy on allowing residents to keep their pets "if suitable", was the reason they initially chose the Home

Conclusions

The Team were impressed by the open and inclusive attitude to relatives, and this had a positive effect on the residents. We felt that the atmosphere of the Home was warm and welcoming.

The staff were friendly and respectful, and knew the preferences of the residents. The staff were obviously valued by the management and residents.

Some residents brought into the dining room and lounges were left in their wheelchairs. As far as possible we felt it would be preferable to transfer residents to different chairs for the mealtime.

We felt that the delivery of plated food from the hot trolley could be better organised, although residents did not appear to mind waiting. Although the staff's approach to the residents was quite tactile, we felt that they could engage more verbally.

The printed menus with difficult to read script, was ignored by the residents.

We felt that the colour of napkins, mats and plates could have been more contrasting so as to be dementia friendly. Some residents wore cloth bibs, and where the paper napkins were used they tended to disintegrate

before the end of the meal. Although some residents wanted to use knives and eat independently, they had trouble handling the cutlery.

The noise and distraction from the television and music in the small lounge, was not providing a calm mealtime environment for the majority of residents, who had quite advanced dementia.

Recommendations

1. Look into providing mats for trays, deeper plates and napkins in dementia appropriate colours.
2. If practicable transfer residents to different seating for mealtimes.
3. Provide better quality paper napkins, or cloth napkins.
4. Provide easy to use cutlery for residents with mobility or dementia issues. Plates with deeper rims would also help.
5. Study a more effective way of serving food at mealtimes.
6. Look into a way of providing the resident who needed the television on during the mealtime, with what was required, without affecting a calm and quiet mealtime environment for the other residents.
7. Design a menu, possibly with some pictures and better use of colour that will be noticed and engage residents with dementia.

Response to the report from the Home Manager

1. We have now sourced different mats for trays, and got deeper plates and napkins in different colours.

2. It is not practical to transfer residents to different seating for meal times due to their sitting posture as it is not safe to seat them in a dining chair, as this would increase their risk of falling. We will continue to ensure that all able residents are sitting in a dining room chair.

3. We have sourced better quality napkins and cloth napkins

4. We have and will continue to try different cutlery for residents with mobility or dementia as well as plates with deeper rims and plate guards.

5. We have and will continue to try different ways for serving food with one person allocating tables in rotation to minimise delays and to assist residents who need assistance.

6. In relation to the resident who requires the television on due to his dementia we have reduced the volume during mealtimes to ensure the meal time experience is quiet for all the other residents.

7. Menus are in the process of redesign and we are waiting for draft menus from the printers.

Date August 2018