

## Enter and View – Visit Report

Name of establishment: Henry Nihill House

Staff met During Visit: Catherine Campbell – Service Manager  
9 Residents, one relative  
2 other members of staff

Date of visit: 11 June 2018

Healthwatch authorised representatives involved: Tina Stanton  
Sara Ali  
Derrick Edgerton  
Helena Pugh

### 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.

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**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.***

### **General Information**

The team observed a weekday lunch at Henry Nihil House. This mealtime visit follows a previous more in depth Healthwatch Barnet Enter and View visit carried out in in June 2015; the report of that visit can be viewed on the Healthwatch Barnet website.

The Team spoke to the Service Manager, 9 residents, one relative and two further members of staff during their visit.

The home was purpose built in the mid-1990s with its own driveway which provides parking facilities for visitors and staff. There is a front garden with some pots and plants and a garden at the back with a conservatory area, which opens out on to a paved patio.

There were 29 residents (out of a possible 30) living at the home on the day of the visit. One resident is PEG<sup>1</sup> fed, with 8 residents receiving fork mashed pureed food. There are five residents with diabetes. Two of the residents eat in their rooms. 23 of the residents have or are in the process of applying for a Deprivation of Liberty Safeguards assessment (DoLS).

### **Food**

All meals are cooked fresh on site by a long time contractor; there are two chefs who cover the preparation of the week's food between them. Managers from the contractor visit from time to time to monitor this.

A two course lunch is served as the main meal of the day with two sittings, one at 11.45 for residents who require support with eating. This is conducted in a more private way and the home does not normally allow visitors to come in to the dining room at this sitting. The second lunch is

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<sup>1</sup> **PEG** stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible **feeding** tube is placed through the abdominal wall and into the stomach. **PEG** allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and esophagus.

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for residents who are more independent at 12.20 pm where some relatives support people to eat.

Breakfast is served at 8.30 which many residents have in their rooms. There is a mid-morning snack; and tea, cake and fruit is served in the afternoon at 3.30. The evening meal is at 5.15pm which normally offers options of soup, sandwiches, or eggs with one hot, light meal. 12-14 residents generally eat in the dining room and more people eat in their rooms than at lunchtime. Residents are able to have a hot drink and snacks during the evening after this, sometimes at 10.00pm. Many residents are asleep by 8.30pm.

For pureed food the home have recently started using a new system which doesn't use moulds; but the food is piped by hand with gel being added so they can make sandwiches, scones etc. We were shown some sandwiches that had been made this way which looked very realistic.

The Team felt that the presentation of the food was good. Many of the residents at the first sitting ate pureed food which was plated by the chef and the care staff then serve to residents. At the second sitting vegetables were places in serving dishes on the table with the main dish and potatoes being ready plated.

Drinks were readily available, with a choice of three fruit juices and water being poured on request. There were condiments on the table but we did not observe any being used. We noted that the salt and pepper looked identical and wondered if they could be differentiated in some way to make it easier for residents. There were small sachets of various sauces in pots which we thought might be difficult for residents to access. Mint sauce was in dishes on the table and this was offered to residents with their meal.

### **Dining experience**

The Team observed both sittings of lunch but did not observe residents' eating in their own rooms so this report cannot comment on their experience. The dining room has wooden floors and was well lit. There was music playing throughout, mainly songs from the 1960's .

Tables were set for lunch, with plain coloured linen table cloths. The plates were white so stood out on the tables.

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All of the residents at the first sitting were wearing cloth bibs as were some of the residents at the second sitting, with other residents using linen napkins. The team felt that the use of the cloth bibs was appropriate. There were paper napkins provided on all of the tables.

The Team did not observe 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.

We also did not observe any staff cleaning their hands before entering the dining room.

Residents clearly had places where they regularly sat, and the Manager told us that staff were aware if residents did not get on and made sure they were seated separately. Some residents sat on dining chairs and several sat in bespoke wheelchairs. Some residents sat in standard wheelchairs; the Manager told us that these residents were not moved into dining chairs as the majority would need hoists to do this, and some preferred the flexibility of being able to propel themselves around in their chairs.

There are two relatives who regularly come to eat with some residents and sometimes they eat in the conservatory. Relatives are not trained to support with mealtimes, but many of them were used to doing this as they had been supporting their relatives at home before they moved to the nursing home.

Staff did not sit at tables to eat with residents; we found the majority of them to be helpful and supportive to residents. We observed one lady sitting in an adapted chair who was given a tray of food whilst she was asleep in her chair, she waited 10 or 15 minutes before she was helped to eat, by which time the food would have been cold; she did not appear to eat very much.

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The weeks' menu was on display in the dining room and the manager told us that residents were given the menu a day in advance to choose their meals from a choice of three different dishes. If they didn't want this on the day, they would be able to choose something else. Staff support the choosing, and were aware of which food could be pureed.

There was a smooth transition between the two different sittings in the dining room. Residents from the first sitting were taken to have their tea in either the lounge or their rooms. On the whole once residents had finished their meals their plates were removed by the care staff. After their meal, residents left the dining room quite quickly, with help if they needed it.

### Feedback from Residents

On mealtime visits the Team usually speaks to residents in the dining room about the food served and we spoke to 9 residents in all. The majority of the residents we spoke to said they were happy with the food,

When we asked:

#### What do you think of the food here?

- I find the food excellent, wonderful, the chef is first class; the staff are first class. I love fish and chips, it's my favourite with carrots.
- The choice of food is good and suits me
- The food is very good and the portions adequate.
- Its ok, but repetitive
- My wife comes every day to eat with me; both my wife and I love to eat here.
- Personally I would say enough variety

Another resident said: **Taste:** I would say average; **Temperature:** could do with being warmer; **quantity:** perfect; **help given if needed:** Yes; **Enough time to eat:** Not rushed at all which is nice ....

#### Can you always get access to a drink if you want one?

- I like to have apple juice.
- Oh yes the choice of juices is excellent.

#### Do you feel happy with the food in general?

- Yes

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- Yes. Overall I would say yes I am happy with everything; staff trying their best.

#### **Can you have a meal privately in your room if you want?**

- I don't know – I've not tried...
- Don't want to. I eat in the dining room all the time.

Residents told us that they were able to go out for breakfast every week at 9.30 on a Thursday at a local Morrisons, and also visited the Harvester for meals out.

One relative told us that their family member was very fussy and difficult about food but said they were offered acceptable alternatives; and overall they were very happy with the home.

The lunch was sampled by Team members who felt that the food was 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.

#### **Staff and staff training**

The care staff serve the meals to the residents, assist with eating and clear up afterwards. The care staff who were serving food from the hatch wore blue disposable plastic aprons, but not those who assisted residents. On the day of our visit we observed nursing and care staff assisting at lunchtime when medicine was also dispensed.

Assisting with food is included during induction for new staff who are trained in a 'supported to eat competency' this is also covered in NVQ modules.

The manager explained that all food and drink served to residents is recorded on a 'food/fluid intake/output chart', which she showed us. If residents need to be encouraged to put on weight, supplements such as powdered milk are added. Records show where half, third or quarter of food is eaten or fluid drunk. Care assistants give a report to the shift leader at 1-2pm so that they can monitor residents closely and encourage people to drink.

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We were told that care staff record if residents are not eating or drinking on nationally devised spreadsheets.

All the staff we observed were very pleasant and helpful and were providing support with eating where needed. The staff were wearing newly selected coloured uniforms which they could choose the colour of themselves, these were printed with their job title on the uniform. We spoke to one member of staff who had been there for 10 years and said that they enjoyed the work and the Home was a good employer.

### **Conclusions**

The team felt that this home provides good food to meet individual tastes. Overall residents were satisfied with the food, and service provided. The following suggestions would enhance the experience for the residents.

### **Recommendations**

1. Ensure residents have the opportunity to clean their hands before eating or perhaps use antiseptic gel as an alternative.
2. Ensure all staff clean their hands and wear disposable aprons before assisting with meals.
3. Ensure that all residents are ready to eat, and staff are available to support them, when their food is served.
4. Where appropriate, ensure that residents have the option to move from their wheelchairs to a chair at lunchtime.
5. Ensure that all food is served at the correct temperature.
6. Consider displaying a menu on each table as a clear reminder to residents of the food available.
7. Consider making condiments more accessible for residents; replacing use of small sachets and differentiating salt and pepper pots.

### **Response from the home manager**

1. We have put in place that handwipes are to be offered to residents prior to eating.

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2. The care assistant who is serving is now responsible for ensuring that staff supporting residents in the dining room are wearing blue aprons.
3. The care assistant serving is now also responsible for ensuring that residents are being supported appropriately and in a timely manner with their mealtime.
4. This option is not appropriate for the residents that we have at present but has and will be an option if appropriate.
5. We will be monitoring food temperature when it is in the dining room
6. The daily menus are now on display.
7. The sachets were put in place after feedback from residents and relatives that the sauce bottles were difficult to manage.

**Date: September 2018**