

Enter and View – Visit Report

Name of establishment:	Sydmarr Lodge Residential Home 201 Hale Lane, Edgware, HA8 9QH
Staff met During Visit:	Julie Davey – Service Manager Care and catering staff.
Date of visit:	Tuesday 19 December 2017
Healthwatch authorised representatives involved:	Linda Jackson Derek Norman Lisa Robbins (Healthwatch staff member)

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 is the first visit that the team of E&V Representatives have 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,

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visitors and residents who met members of the Enter and View team on that date.

Executive Summary

Sydmar Lodge is a residential home observing Jewish religious requirements. Food is prepared under the rules of Kashrut (kosher). The brief of the visit was to observe mealtime provision.

Lunch is the main meal of the day, served in the restaurant, or else in resident's rooms. The restaurant is a large, well-lit, pleasant room. The tables were laid with fabric tablecloths and napkins, contrasting colour plates, and condiments. The meals are brought from the kitchen in a heated trolley, and the food is then brought to the tables and served to the residents already seated. Residents had a choice of dishes from the menu, or could order something separately. Some residents required pureed food, and this was moulded into appropriate shapes to make the serving more attractive.

Serving staff waited on the residents, and assistance was available on a one to one basis to residents who needed it. Relatives can assist and eat with residents. None of the care staff are Jewish, but are trained to observe Jewish religious requirements. The atmosphere was pleasant and unhurried. Residents mostly liked the food and the choices provided. Preferences are discussed at resident's meetings.

General Information

The team observed a weekday lunch at Sydmar Lodge residential home in Edgware. The home is a Jewish Care Home and the communal areas observe Jewish traditions and the food is prepared under the rules of Kashrut (kosher). There were 47 residents living at the home on the day of the visit.

Mealtime Environment

Lunch is served at 12.30 each day, and all residents who wish to, eat together in a large bright dining room on the ground floor. The dining room is known as the restaurant. Some residents choose to eat in their rooms but on the day we visited we saw 36 of the 47 residents eat in the restaurant. There was pleasant appropriate music playing as the residents

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began gathering for lunch, and there were a number of staff available to help residents get seated and to welcome them. Some residents required assistance to get to the room, but many were able to get there independently. The music was turned off at a resident's request once the meal started. The team felt the room was a bit too warm, and some residents also commented on this, although others said it was OK. Tables were set out for lunch, and residents clearly had places where they regularly sat, and seemed comfortable with this arrangement. The people we spoke to said they could move if they wished but enjoyed sitting where they were and seeing friends regularly. A variety of drinks were already ready for people in their places. Some residents with particular preferences or needs were seated at tables on their own and seemed very comfortable with this.

Dining Room/Restaurant

The catering service had been outsourced to an external company until July 2017, when it was brought back in house. The manager and catering staff find this a much better arrangement which is more flexible and seems to be more popular with residents.

The tables were set with dark red table cloths and white plates (with red edge pattern) making them stand out. Napkins were of red cloth and white paper napkins were also available. Salt and pepper were available on the tables, and sauces such as mayonnaise and ketchup were available either when requested, or offered where staff knew residents eating habits.

A small number of residents who needed more support with eating used dark red tabards to protect their clothes. This group of residents were seated together at one table where additional care staff supported them to eat where needed. The support staff talked to the residents and encouraged them to eat well.

The menus were on display on a dedicated notice board outside the dining room, and there were paper copies on each table. The manager and chef told us they had tried using pictorial menus but they had been quite difficult to produce in a meaningful way, and had not been popular. They had also tried various stands for displaying the menus on the tables, but again they had not been popular so they have gone back to producing paper copies of a written menu. Many of the residents were able to read

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the menu and all seemed able to understand when it was explained to them verbally.

Each person was able to choose their preference as the food was served, and due to prior knowledge of eating habits we were told there was enough of each option to accommodate everyone's choice.

All residents were offered a disposable hand wipe to clean their hands prior to the meal starting. These were used by all and the used wipes were collected by waiting staff.

Once residents had finished their meals their plates were removed by the waiting staff. They were taken to a separate trolley which was kept outside of the dining room, minimising the noise of clearing and storing dishes.

After the meal finished those who wished to leave the room were assisted to do so, whilst those who wished to stay were made comfortable.

We were told the carpet in the dining room is shortly to be replaced with plain wood effect laminate flooring which will be much easier to keep clean.

We observed one resident who was feeling unwell during lunch and she was assisted to leave the room and go to her room at her request. She was offered alternatives to the main lunch before leaving the room.

Choices

Lunch is the main meal of the day and consists of three courses. There was a soup starter, a choice from two main courses, and a choice of desert on the day we visited.

Residents were given choices from the menu, and where appropriate shown the plated up food. Where a different combination was requested this was readily accommodated, and clearly the staff knew the preferences of the residents and did their best to accommodate these.

There was complete flexibility with this, and some extra requests such as omelette were accommodated. Soup was served in cups for residents who wanted a small portion.

Each food course was completed and plates removed before the next course was served.

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Staff

The home employs 3 waiting staff who serve the meals to the residents and clear up afterwards. These staff wore brightly coloured t-shirts which made them distinctive from the other staff. Support with eating where needed is provided by care staff. The manager was present throughout the meal and helped serve the residents and managed the mealtime. The chef and his team brought the large mobile heated trolley with the meal up from the kitchen and served all of the meals individually. All staff serving food were wearing disposable plastic aprons.

Staff Training

As Sydmar Lodge offers Kosher food and follows Jewish Traditions it is important that the staff are trained to understand these. There are no care staff from the Jewish Community but the activities co-ordinator, who is Jewish, undertakes training with all staff to ensure they appreciate the requirements for the residents. The catering staff are fully trained and aware of the requirements from their perspective.

Food

We observed a small number of residents who required pureed food. This food was prepared and pureed in the kitchen and frozen in moulded shapes representing the type of food, (ie chicken was shaped into chicken breasts, peas into a portion of peas). It was then defrosted and plated up as a meal, and served to the residents. We were told that this had greatly assisted one resident in particular who able to recognise the food she was eating and increased her food intake very significantly. The team felt that the presentation was excellent and kitchen staff had clearly put in a lot of effort to meet the residents' needs.

We observed drinks being topped up during the meal, either when requested or as staff noticed they were empty. We did not observe any staff recording fluid or food intake.

Engagement with Relatives/Residents/ Carers

Residents meetings are held every 2 months and food is a regular item on the agenda. The residents had raised a lot of issues when the catering was outsourced, but seem to be much happier with the current arrangement, which allows for much more flexibility.

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Relatives are welcome to eat with their relations at the home.

We observed two relatives who were present during the mealtime to support their relatives with eating. We were told that this was quite unusual. Both of the residents required support with eating which was provided by their relatives, with help from staff members. As the two residents were seated at the table with others who required support, the table appeared slightly crowded.

We felt that it could be helpful if space could be made available at the table for relatives to sit comfortably with their relatives to support them. The atmosphere in the dining room was calm and unhurried on the day we visited. The staff assisting with feeding were engaged with, and talking to person they were assisting.

Feedback from Residents

We spoke to a number of residents about the food and the vast majority were very satisfied and complimentary. Several told us how flexible the staff were and that they could arrange alternative meals if they did not feel like those on offer on the menu. Two told us they would prefer to have their main meal in the evening as that is what they are used to, but understand that the routine at Sydmar is to have the main meal at lunchtime. Some told us that they found the vegetables cold when they received them, though we were told that they are kept at the same temperature as the rest of the food in the serving trolley.

Conclusions

The team felt that the dining experience for the residents of Sydmar Lodge was very pleasant and inclusive. The preferences of the residents were taken into account, and they were treated with friendly respect. The staff obviously knew the residents well and tried to cater for them.

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Recommendations

1. To ensure that relatives/friends are fully supported and advised of best practice when they come to the home to help their family member/friend eat, and that space could be made available at the table for relatives to sit comfortably with their relatives to support them.
2. Look into methods of ensuring that all the food on residents' plates is of an even temperature.
3. To ensure that an immediate record of food and fluid intake is kept for those residents who require this.

Response to the report from the Home Manager

The manager was very pleased with the overall report.

In response to each of the recommendations:

1. We are hoping to work with the Care Quality team to provide information about best practice at mealtimes to relatives/friends who support residents at mealtimes. It can be difficult to find space whilst staff support residents but where possible we will try and support this.
2. All the dishes are served from the same trolley and kept at the same temperature. Vegetables will go cold before the meal or potatoes due to the consistency of the food. We have spoken to the residents and we have agreed to put the vegetables in the microwave to heat further if they wish.
3. The food and fluids charts are completed **immediately after** the service to enable the care staff to spend quality time with the residents and avoid tasks during the mealtime experience. The care staff discuss amongst themselves as to who ate and drank what, and record this as soon as possible.

Date 25 January 2018