Observation of Care Report

Name of Service: Ashwood Care Centre
Date of visit: 8th December 2015
An Outline of Enter and View

Healthwatch Hillingdon is an independent organisation, that was established by The Health and Social Care Act 2012.

The role of Healthwatch Hillingdon is to give local people the platform to improve how their health and social care services are delivered, monitor local services and where necessary, use statutory powers to hold those services to account.

Within the Healthwatch Regulations, the Government has imposed a duty on certain commissioners and providers of health and social care services to allow Authorised Representatives from Healthwatch to enter premises that providers own or control (with some exceptions) to observe the nature and quality of services.

Healthwatch Hillingdon’s Authorised Representatives undergo a local training program aligned to the framework provided by Healthwatch England.

Enter and View is the opportunity for Healthwatch to:

- go into health and social care premises to see and hear for themselves how services are provided
- collect the views of service users (patients and residents) at the point of service delivery
- collect the views of carers and relatives of service users
- observe the nature and quality of services - observation involving all the senses
- collate evidence-based findings
- report findings and associated recommendations, to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners
- develop insights across multiple visits to inform strategic decision making at local and national levels

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Foundation Trusts
- NHS Trusts
- Local Authorities
- Persons providing primary medical services (e.g. GPs)
- Persons providing primary dental services (i.e. dentists)
- Persons providing primary ophthalmic services (i.e. opticians)
- Persons providing pharmaceutical services (e.g. community pharmacists)
- Persons who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres)

Reference documents for Enter and View are:

- Health and Social Care Act 2012
- The Local Authorities (Public Health Functions and entry to premises by local Healthwatch Representatives) Regulations 2013
- The arrangements to be made by Relevant Bodies in respect of Healthwatch Regulations 2013
- Healthwatch Hillingdon Enter and View Policy & Procedure
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Details of Visit

Date of visit: 8th December 2015
Type of visit: Announced Enter and View visit to observe mealtime provision
Service visited: Ashwood Care Centre
1A Derwent Drive,
Hayes,
Middlesex,
UB4 8DU
Telephone: 020 8573 1313
Website: http://www.lifestylecare.co.uk

Ashwood Care Centre is run by Lifestyle Care Management Ltd
Person responsible for services: Robert Weir Stevenson Stafford
Registered Manager: Mrs Lourdes Ecle Pascua
Type of service: Accommodation for persons who require nursing or personal care
Specialisms/services: Caring for adults over 65 yrs; Dementia
Provider registered to accommodate a maximum of 70 service users.
Local authority: London Borough of Hillingdon
To view the Care Quality Commission report for this home please click [here](http://www.lifestylecare.co.uk)

Visiting team: Joan Beavington
Nicola Brightman
Graham Hawkes
Turkay Mahmoud

Acknowledgements

Healthwatch Hillingdon would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.
Observation of Care Report

Introduction

Ashwood Care Centre was inspected by the Care Quality Commission (CQC) in March 2015. Following publication of the CQC’s findings in May 2015, the home put in place a number of plans to improve their service.

One of the areas which the home was looking at was meal time provision. The Quality Assurance team at the London Borough of Hillingdon recommended to the home that Healthwatch Hillingdon would be able to support their improvement plan by carrying out an independent observation of the meal time service. This would provide feedback to the manager which could be incorporated into staff training and improve service provision.

Please Note: At the time of the CQC visit the home was run by Life Style Care (2011) PLC. This changed on 4th November 2015, prior to our visit, when the Local Authority appointed Lifestyle Care Management Ltd to run the service.

Purpose of the visit

- To gather the views of residents, relatives and staff in relation to their experiences and views of the meal time services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to care home residents, and understand their interactions with staff and the surroundings.
- Provide feedback which could be incorporated into staff training

Methodology

- Authorised representatives split into 2 teams to carry out independent mealtime observations on 3 floors, to gain an understanding of the experiences of residents during the lunchtime provision.
- Residents and staff where approached at the care home to informally ask them about their experiences of the lunchtime provision.
- Each team was provided with observation guidance adapted from the CQC dignity and nutrition inspection programme.
- At the end of the visit findings were communicated to the Manager

Summary of Findings

Ashwood Care Centre was very clean and welcoming, with all rooms being very light and airy. The gardens are well maintained and tidy. The home felt very calm and relaxed.

Meals are prepared on-site. The kitchens are clean and tidy and very well equipped. The dining rooms were also clean and the tables were well laid.
Residents take their meals in 3 areas; the dining room, communal areas and bed rooms. Generally, the home does their best to look after the requirements of the residents, whatever they might be. The kitchen can cater for all special diets, including soft food diets and cultural requirements.

Staff are very supportive and flexible during the mealtimes and we saw evidence of staff interacting with residents positively and regularly. Our overall impression was that the home was operating to a very good standard of care with regard to dignity and respect.

Residents advised that they had no complaints about the food and the majority of them told us it was ‘excellent’.

Results of Visit

Are people given a choice of suitable food and drink to meet their nutritional and religious or cultural needs?

Residents advised that they are asked what they would like to eat the day before and given a choice between 2 different meals.

We observed this choice seeing a contrast on the day between a soft meal and textured meal being available.

We saw one gentleman being provided with a meal that met his cultural needs. Staff did advise that there was a limited choice of cultural foods.

The lady in room 4 was bedbound and she advised us that she had been on a self-imposed special diet for over 20 years and was very pleased that the home supported her in this decision by meeting her dietary needs.

Many residents informed the team that they had plenty of choice and had no complaints about the food.

Are people supported to eat and drink sufficient amounts to meet their needs?

All residents were supported to meet their needs. This included the setting as well as assistance with feeding.

Residents are encouraged to eat together in the dining rooms but we also saw people being given the choice to eat in communal areas, if they felt more comfortable there.

Residents were also supported to eat in their rooms.

We observed that support was given to those that needed assistance to eat in all three settings, including people being directly fed by staff.

Some people were also offered and provided with seconds on the ground floor.

Staff were fully aware of their resident’s requirements, likes and dislikes, and fed them accordingly.

How long did people wait for help to eat/drink?

Overall residents were served in an ordered and timely fashion.

Floor one had the longest waits with 2 people waiting at their table for about 15 minutes.
Residents in their rooms requiring assistance to eat were fed last to ensure sufficient staff were available.

Staff advised us that on occasions there was not enough staff available to meet resident’s mealtime needs in a timely fashion especially when somebody calls in sick.

**Is the lunch at set times or flexible?**

Mealtimes are at a set time. Lunchtime is at 12:30pm. We were advised that there is flexibility for residents to be fed outside of these times.

Residents who wished to eat in the dining room were taken there in time for lunch to be served for 12:30pm

**Is the temperature of food appropriate?**

All meals were of the appropriate temperature. All but one resident said they were happy with the temperature.

One resident said that sometimes the food is not hot enough. They advised they understood why and that it was not a problem.

**Listen out for the way people are spoken to; is it appropriate and respectful?**

We observed a patient and sympathetic workforce, who treated the residents with dignity and respect.

Residents requiring assistance were spoken to and encouraged to eat, in a very respectful manner.

**Other notes and Observations**

The tables in the dining rooms were well laid out.

There was a pleasant atmosphere with piped music in the dining rooms which created a nice environment to sit and eat.

After meals residents were not rushed to leave the dining room.

We observed a number of residents who appeared to have large portion sizes but they did finish their meals.

We also noted that a number of desserts did remain partially or completely uneaten.

**Recommendations**

Overall the Enter and View team found a lunchtime provision that was very good and met the needs of its residents.

It was delivered in a precise, effective manner and it was easy to see how the resident and staff experience could be affected when fewer staff were available to assist during the meal time period.

On this occasion the only recommendation made was for the home to look at its provision of culturally tailored meals to ensure there was a variety for residents.
Service Provider response

Respondent
Mrs Lourdes Ecle Pascua, Registered Manager

Clarifications
The visiting team asked for confirmation on meal prepared.

All meals are prepared on site in the main kitchen, however some families may prepare food for their relatives and bring them to the home which needs to be reheated prior to serving.

Recommendations
In response to Healthwatch Hillingdon’s recommendation it was stated:

At Ashwood we offer appetising, freshly prepared home-style food from a varied menu, with specific requirements or dietary needs catered for.

We endeavour to meet all cultural preferences and we regularly incorporate residents’ favourite dishes into the menu.

Meals can be taken in one of the dining rooms or in the privacy of the individuals own room.

END

For copies of this report please visit the Healthwatch Hillingdon website: www.healthwatchhillingdon.org.uk

or contact:

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