



Enter and View - Food and Drink Visit Report

Place of Visit:	Rheola Care Centre
Service Provided:	Residential Care
Service Address:	Broad Leas, St. Ives. PE27 5PU
Service Provider:	Excelcare Holdings
Date and Time:	Wednesday 25 May 2017 at 11:00am
Authorised representatives:	Jane Belman, Jane Garside, Anne Aldred and Mary Whitehand

Report published 5 July 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 Wednesday 25 May 2017 between 11:00am and 1:30pm.

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

The following updates were made to this report on 10 July:

- Page 6, clarify the sentence about staff monitoring residents' nutrition and hydration needs.
- Page 7, explain the 'Resident of the Day' scheme.
- Page 8, clarify that our volunteers observed residents' eating but sat separately so they did not disturb protected meal times. Gave more information about the meals pictured.



Contents

About us	1
Contents	2
Summary of findings	4
Purpose of the visit	5
Findings: survey and observations	6
Ideas to take forward.....	10
Response from Rheola Care Centre.....	10
What is Enter and View?.....	11
Acknowledgement.....	11
Contact us	12



Summary of findings

This is what we found as a result of speaking with the residents and staff at the Rheola Care Centre on 25 May.

- Residents told us they were given a choice of meals for breakfast, lunch and tea, and they could ask for drinks and snacks at any time.
- The menu runs four-weekly and is designed with pictures and words. This helps residents with speech or language difficulties or memory problems understand the options available.
- Staff told us when they have concerns about hydration for a resident they use fluid charts to monitor daily fluid intake.
- All staff receive mandatory training on food and drink. This gives them the knowledge to understand the importance of a nutritious diet and fluid intake for residents.
- Residents can vary the times of their meals and where they take them.
- Staff were observed to be responsive to the needs of the residents, chatting and helping in a supportive and courteous manner.

Overall, we think our findings make a positive contribution to good nutritional care for the residents.



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 want to know what local care homes are 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 will be visiting care homes in Cambridgeshire over the next three months. They may join residents for a meal in the home and talk to them about the food and drink they get.

We will be wanting to know if the residents like the food, how much input they get into planning the menu, and whether they get any help that 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 a member of staff. Our identification was checked and we were asked to sign in. Staff photographs were displayed and their names visible for residents to see on their uniforms.

Making food choices

The home uses picture menus to show residents what the food options for each day are. This helps residents who cannot read the words, understand the options available. The menu is rotated every four weeks.

There are two choices a day for lunch, and the menu is planned to vary with the season.

The food orders are taken in the morning to allow for meal planning. If people are unable to decide which option they want, they are shown the two dishes at the meal time and can then make the choice.



Staff told us they monitor residents' individual care needs and dietary requirements. This includes hydration, food allergies, a need for soft food or food sensitive conditions like diabetes.

There is a kitchenette for residents to make their own drinks or snacks if they wanted them. Jugs of water and juice were available in all the residents' rooms.

Tea parties for birthdays are often requested by families for their relatives, and these are accommodated by the staff.

Staff told us, "we cater for individual needs, mealtimes are flexible and residents can choose where they would like to eat."



We asked if meal times were flexible. Both residents and staff told us they can have their meals anytime and in rooms other than the dining room.

Staff told us good nutrition and meal times are an important part of care. Food needs to be tasty, attractive and tempting. But equally important is the environment for our residents, and the availability of staff to assist and encourage them to eat and drink.

Protected meal times means that meal times are valued. This is involves preventing or minimising unnecessary interruptions and distractions, ensuring all residents enjoy their food and eat as well as possible. By prior arrangement, families are welcome to join their relative and eat a meal with them.

It creates a more relaxed and calm atmosphere, giving residents time to socialise and digest their food. Residents who are able to, are encouraged to use the dining room to eat their meals in a more sociable eating environment.

We asked residents if they could sit anywhere in the dining room. We were told by some residents that they sit where they are put by the staff and other residents that they can choose where they would like to be seated.

Residents told us there are a range of menu options and always something to eat. If they would like a 'take-away', for example, a curry, the home will organise this for them.

Once every month, each resident has a day when they are 'resident of the month'. This is done on a rota basis. On this day:

- Individual care plans are reviewed with residents. Family are invited to be part of this.
- Their rooms are given a deep clean. This includes wardrobes and drawers emptied, sorted and cleaned.
- Residents are asked if they would like to do anything extra special, for example an outing or a special meal.



Residents told us:

- *“the food is acceptable, but I don’t like it. I had soup which is not on the menu”*
- *“I come here regularly for respite and the food is very edible; the dining room is immaculate, very clean and I am happy with it”*
- *“food is okay”*
- *“like the food, my only criticism would be that they serve beans sliced and I would prefer them whole”*
- *“some things you like, others less so”*
- *“staff are helpful and very considerate”*
- *“I like having the same person come to help me”*

A resident told us that relatives could bring in food if they wanted.

During the lunch service, we noted that residents were encouraged to eat and drink on their own.

Staff kept checking and ensuring that the residents were able to manage, and time was given to enable those eating slowly to finish off their main course and pudding.

The dining areas were all quiet and calm. They were well organised and nicely laid out with tablecloths, napkins and cutlery.

The team observed the residents at their tables for lunch in the dining areas, and sampled the choices available that day.



Our volunteers all enjoyed their lunch. Images shown are of the meals served to our volunteers who sat separately to the residents so they did not disturb their lunch.



A resident said, you could ask for tea or coffee for you or your guests at any point. They said, they had their own jug of water and saw the importance of drinking - but felt that residents weren't encouraged to drink particularly or that their drinking was monitored. Another told us, they have ice lollies when it is hot.

We noted staff chatting and listening to residents in a courteous and respectful manner, calling them by name or using terms of endearment. One resident who has difficulties moving told us *“they try to help, but it can be difficult sometimes”*.

Staff told us:

- *“not really time to eat with the residents, as we are too busy”*
- *“the residents like routine”*
- *“we use fluid charts to ensure residents are drinking enough during the day”*
- *“everyone has mandatory training on food and drink”*
- *“dietician will advise when special diets are required for a resident”*
- *“lots of veg”*
- *“many breakfast choices”*
- *“drinks are available throughout the day; residents are able to make their own milkshakes and jellies. Fruit cocktails are made to encourage people to drink and staff regularly top up drinks”*
- *“all the meals are made from scratch, with the exception of sausages and specialist diabetic and soft option foods”*



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:

- Including residents' home-grown foods in the menu. We noted the activities programme included a residents' gardening club. It would be a good idea if this could include the residents growing some of their own vegetables, for example, tomatoes, beans and peas, which could then be picked and eaten at meal times.
- A member of staff joining the residents for a meal. In the dining room, there was little conversation between the residents. A staff member chatted to residents whilst serving the food. If staffing allows, we recommend a carer to have their meal with the residents to help provide conversation and interest.
- Developing some activities to talk about food and drink choices with the residents. We recognise the importance of engagement and participation of residents in their lives and care. Would it be possible to include activities to talk about food and drink choices to get residents interested and make them aware of the importance of nutritious food and fluid in-take?

Response from Rheola Care Centre

We are pleased with how the report reads and we found your visit very useful, it's always good to have others look at a service to gain new ideas.

Thank you very much for your time and please pass on our thanks to the whole team.



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 Rheola Care Centre 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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