



Enter and View Report: Meyer House

About Healthwatch

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Bexley works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Bexley is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

About Healthwatch Bexley

Healthwatch Bexley is the independent health and social care watchdog and the voice of local people in ensuring that health and social care services are safe, effective and designed to meet the needs of residents, social care users and carers.

Healthwatch Bexley gives children, young people and adults a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bexley provides a signposting service for people who are unsure where to go for help. Healthwatch can report concerns about the quality of health care and social care to Healthwatch England, or directly to the Care Quality Commission.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are 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 but, 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.

Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Bexley would like to thank Meyer House, their residents and staff, for their valuable contribution and for participating in this survey.

Disclaimer

Please note that this report relates to findings observed on the specific date set out below. Our report is not a representative portrayal of the experiences of all patients, only an account of what was observed and contributed at the time.

Details of the visit:

Name and address of premises visited	Meyer House, Meyer Road, Erith, Kent, DA8 3SJ
Name of Service provider	Nellsar Ltd
Nature of service	Residential and Nursing
Registered Manager	Gillian Ann Redsell
Date and time of visit	2 nd March 2016 10.30am-12pm.
Authorised Representatives	Tanya Harris, Gill Davies and Jacqui Wheeler

Methodology

This was an announced Enter and View visit.

Upon arrival, a member of management was approached and the authorised representatives (ARs) held a short and informal introductory meeting explaining the reasons behind the visit. Information about residents was also obtained, such as people with hearing, vision and learning disabilities to be made aware of.

The ARs approached residents as they were seated in the communal areas and explained the reason behind Healthwatch visit. Residents were asked if they were willing to participate before the survey was conducted jointly between the AR and the participant. All participants were reassured of anonymity. The questionnaire generally related personal choice and to what extent residents feel in control over every day matters that are important to them. In total, the ARs spoke with eight residents about their experience of living at Meyer House, of which five were males and three were female.

General observations were also made by the ARs, whereby checks of facilities, including toilets, communal areas and dining areas, in addition to resident information displayed on the notice boards. General observations of staff interacting with patients were also made.

Purpose of the visit

- To collect feedback from residents to assess to what extent they are satisfied with the service they receive
- Identify examples of good working practice
- Identify gaps in service provisioning
- Observe care home in operation
- Capture the experiences of residents and any ideas for change they may have

Summary of Survey

1. Satisfaction with staff and overall feelings of living at Meyer House

The majority of residents (7/8) stated that they like living at Meyer house, with one residents declining to answer.

The majority of residents call on staff if they cannot sleep at night and feel supported.

All residents reported being happy with the staff and the help they receive, although one person said they had to wear a pad “just in case” as they have to take turns to go to the toilet, and the resident wished she didn’t have to wear a pad.

2. Personal choice

Five out of eight residents reported choosing what clothes to wear each day, with two people saying the carers helped them and one person stating they had no choice.

Half of the residents get help from a family member to buy new clothes, with one person using the clothing company who makes regular visits.

The majority of residents use the in-house hairdressers, with two people using their own and one person not having their hair done.

Six out of eight residents said they choose what time they go to bed, with two declining to answer.

Half of the residents reported not being able to choose when they get up in the morning and said they had to wait for when the carers come.

All of the residents reported being satisfied with the food, portion sizes and food choices on offer, with one person saying that puddings are can sometimes be small.

All of the residents stated they are able to get food and drinks outside of mealtimes should they wish to.

All the residents said there was entertainment provided on a regular basis with six residents saying they enjoyed what was on offer.

3. Access to community networks and facilities

The residents predominately go out of the care home to attend hospital appointments, with two residents going out accompanied by daughter and carer respectively.

Half of the residents get support from family when buying birthday and Christmas cards including presents.

Six of the eight residents stated they had hobbies before moving to the care home with five residents saying they are not able to continue with their hobby in the care home.

None of the residents stated that they currently attend church/religious services with one residents saying they had until they moved into the care home and now someone from church comes in to visit.

Additional feedback

The residents were given the opportunity to reflect on any changes they would like to see at their care home. Five residents said they were happy with how things were, although one respondent said they had not lived at Meyer house for long enough to say. One person requested a wish for stronger lighting, whilst another expressed a need for more care. One resident said they wish they could have their pub friends come to visit at the care home.

The residents were asked how it was decided that they should come and live at Meyer house and in most cases it was due to an increased need of care, often following falls and

hospital admission. One resident stated they did not want to be a burden to the children whilst another expressed a need for more care.

The residents were asked to describe their life at Meyer house and how they felt about living there. Half of the residents reported feeling happy and content, with two people saying they were comfortable and liked being in company. Two residents it was “ok” and “don’t know” respectively.

General observations

The overall impression of Meyer House was very good.

Residents were clothed in a dignified manner and facilities were clean and odour free. The Staff were well presented and spoke to the residents in a respectful/friendly manner by coming down to the resident’s level.

There seemed to be enough lounge chairs to accommodate all 26 residents within the two lounge areas, one of which was a quiet, low lit area where residents had the option to watch TV. At any one time, there was between 5-10 residents participating in activities. Residents were engaging and enjoying the activities as laughter and reminiscing could be heard. Upcoming activities were displayed in large card form within the lounge area. Any residents that did not wish to participate could sit within the dining area, quiet area or stay in their room.

Other areas included a conservatory, which looked out onto a patio area at the back of the building and a larger patio area with seating (only 10 chairs) which looked out onto the car park. The staff spoken too seemed to have a clear knowledge of the resident’s needs.

Items for consideration

1. Organise a “pop-up” shop where residents can choose and buy cards and presents for loved ones.
2. Review morning routine so that residents have a greater say in when they can get up
3. Regular feedback collection from residents to highlight additional needs and wishes, such as the use of pads, extra lighting and additional care.