Enter & View Report

Chelston Park Care Home, Wellington

Enter & View Visit on 1 March 2011

Your voice on local health and social care

Somerset LINk Enter and View

Chelston Park Care Home
Enter and View Visit
on the 1st March 2011

Acknowledgements

The Somerset LINk would like to thank the owner and staff of Chelston Park Nursing and Residential Home for their support and commitment to the Enter and View visit. Our most particular thanks must go to members of the Somerset LINk Enter and View team and to the residents and visitors of Chelston Park Nursing and Residential Home.

Contents

Introduction

- What is Somerset LINk?
- What is Enter and View?
- Project Overview

Aims

Dignity in Care

Methodology

The Visit

- Service overview
- The premises
- Arriving at the home
- Initial observations of the home
- Hospital discharge
- Staff
- Activities
- Choice and control
- Communication in Practice
- Eating and Nutritional Care in Practice
- Hydration.
- Pain Management in Practice
- Personal Hygiene in Practice
- Social Inclusion in Practice
- Privacy in Practice
- Practical Assistance in Practice

Summary

Highlighted Good Practice and Recommendations

Appendices

Appendix 1: Dignity in Care: The Dignity Factors
Appendix 2: 'All About Me' form (courtesy of Grovelands Care Home.)

Introduction

What is Somerset LINk?

Somerset LINk, (Local Involvement Network) is a government funded project, set up to give local people a say in how health and social care services are designed and delivered within Somerset. There is a LINk set up by every local authority with health and social care responsibilities in England.

In Somerset, the LINk team is made up of a body of local people and a staff team who are called the host organisation. The host is made up of four people who are employed by a charity called Help and Care to support the development and work of the Somerset LINk.

What is Enter and View?

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services, and want the opportunity to express their view as to whether their expectations were met. To enable a LINk to carry out their activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people who are directly using those services.

Project Overview

It is important that those who carry out Enter and View have an appreciation of what is good about care homes as well as what is not so good. The Somerset LINk Enter and View team (E+V team) recognise that many concerns and fears exist about the quality of care in care homes and how these might impact on the dignity of people who live in residential care settings.

Using the 'Dignity in Care Factors' to provide a framework for this report and detailed in *appendix 1,* The Somerset LINk E+V team continue their visits of care homes across Somerset highlighting innovative and good practice examples that relate to the 'Dignity in Care Factors.' These examples of good practice and innovative solutions will then be shared with other care home providers. In this way it is hoped that practices that enhance the dignity of residents will become more common and wide spread across Somerset.

Aims

The aims of this project are;

- Capture an overview of Chelston Park Residential and Nursing Home as observed and discussed with staff, residents and visitors to the home;

- Identify good practice relating to the provision of care in the home;

- Identify good examples of dignity in care as outlined by the Social Care Institute for Excellence publication: 'The Dignity Factors'; and

- Seek ways to ensure these are shared among care home providers.

- Make recommendations for investigation or improvements as and where observed.

Dignity in Care

Dignity in care means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect. (*The Social Care Institute for Excellence.)*

The Social Care Institute for Excellence (SCIE) is an independent charity, established by government and funded by the Department of Health, the Northern Ireland Executive and the National Assembly for Wales. SCIE aims to improve the quality of care in England, Northern Ireland and Wales through the evaluation and dissemination of good practice in social care.

SCIE's research has highlighted eight main factors that promote dignity in care. Each of these 'Dignity Factors' contributes to a person's sense of self respect, and SCIE states that all eight factors should be present in care. For more information on the Dignity Factors, please see Appendix 1.

Methodology

The Somerset LINk Enter and View team agreed a project to look at the quality of care in care homes. It was decided that particular attention would be paid to identifying examples of good practice by observing issues relating to dignity in care.

Prior to the Enter and View visit the team met to agree a structure to the visit.

Questions were formulated from four perspectives:
- Observer
- Resident
- Visitor
- Staff

It was agreed that the team would use a conversational approach and use the questions as prompts where required. The team was accompanied by a member of the LINk Host team who supported the team to meet the requirements of Enter and View guidance and provide support as needed during the visit.

Time was allotted for the team to provide verbal feedback to the Manager at the end of the visit on the findings of the team.

The Visit

Service details

Name of Service: Chelston Park Nursing and Residential Home
Name of Manager: Mrs. Joanne Girdler
Category: Specialist residential care
Number of places: 36 places. Old age not falling in any other category.

The Enter and View visit was conducted on Tuesday 1st March 2011 between 11am and 2pm

Based on the size of the service it was decided that an Enter and View team of two people would be sufficient to observe the home while minimising any disruption to the service. The Enter and View team were:

- Elaine Hodgeson
- Eileen Tipper

The team were supported by Jonathon Yelland LINk development officer from the Somerset LINk host Organisation Help and Care.

Members of the Enter and View (E+V) team spoke to 11 residents over lunch. The team interviewed 1 visitor, 1 member of care home staff and 1 member of the nursing staff. The E+V team also spoke at length to the Manager and the Quality and Services Development Manager.

The premises

Chelston Park Nursing and Residential Home stands within large landscaped gardens near Wellington. The home was adapted and extended to become a care home in 1986. The Home is an impressive grand house which affords spectacular views across the Blackdown Hills. Also in the grounds stands Chelston Gardens which is a separate purpose built home providing residence and support to up to 50 people with dementia. Chelston Park has a

total of 31 bedrooms, 9 of which are double bedrooms. We were told that 30 people were living in the home on the day of our visit.

Bedrooms vary due to the age of the building. Some are much larger than others and some have views or en suite facilities while other don't.

Arriving at the home

The Enter and View team (E+V team) was greeted by a member of the staff team, the home Manager and the Quality Service and Development Manager. After signing the visitors' book we were then shown to the office. The Enter and View team were given the opportunity to discuss the visit with the Manager and the Quality Development Manager.

The E+V team were keen to ensure that their presence should not interfere with the provision of care. The E+V team were informed that all of the residents had been notified that we were coming. A letter explaining the purpose of our visit had been e-mailed and distributed in advance.

Upon arrival it was noted that a mini bus was outside of the home. The E+V team were interested to find out how a home in a rural location supports residents to get out and about and access community shops and services. Although Chelston Park does not have its own transport it was explained that they use the local stroke club's minibus for outings which has anchorage for wheelchairs. At least one member of care staff or a member of activities staff always accompanies residents on outings. For hospital or other appointments either, an ordinary taxi or a wheelchair taxi would be used and an escort arranged as appropriate. There is one person currently who attends a day centre regularly on a Friday who has transport and carer arranged through a separate care agency. The Quality and Service Development Manager also explained that public transport is not currently used as there is no direct bus route that passes the home. Support is offered to residents and visitors to access the 'Slinky Bus' service.

Initial observations of the home

The team noticed that laminate wood flooring had been laid throughout the home which probably contributed to its clean and fresh atmosphere. The home appeared warm and welcoming upon arrival. The furnishing and decoration appeared in good order. Staff were observed to be in the communal living rooms engaging some residents in an activity.

Hospital discharge

Hospital discharge had been identified as problematic among other care homes and the team took the opportunity to ask the Manager about the Home's experiences in this area.

The Manager noted that this had been variable. Some of the problems relating to hospital discharge were discussed as listed below:

- Residents sent home without the correct medication.
- Home not informed of change of medication.
- One resident was not able to be discharged with the drug Temazepan due to hospital policy restricting tranquilising drugs being given at the point of discharge. The manager felt that Individual circumstances were not taken into account. This led to the home having difficulty in obtaining medication over the weekend. This was needed to help the patient maintain reasonable anxiety levels.
- No input from the community psychiatric team on the point, or after, discharge.
- There were concerns noted that 'Mental Capacity forms' and 'Deprivation of Liberty Guidance' was not generally used by hospital staff.

The E+V team thought that the setting up of a formal agreement relating to Hospital discharge and the home, involving a tick list of actions that the hospital need to take prior to discharge may help reduce some of the issues experienced. A document could also be developed by staff at the home to inform hospital staff of an individual's likes and dislikes and requirements during a hospital stay. (see Appendix 2 'All About Me' Courtesy of Grovelands Care Home – Somerset Care.)

Staff

1 Care Staff and 1 nursing staff were interviewed by the team.

- Both staff seemed happy in their role and one staff noted she was able to carry forward suggestions be autonomous and make improvements when identified. She said that she had not felt that she was able to do this in previous employment.
- The E+V team were also told that students on work placements complimented the team.
- The Quality Development and Service Manager noted that they had hoped to use volunteers such as a befriending service offered by age UK but had observed that volunteers were much stretched of late.
- It was noted that Chelston Park belongs to a small group of care homes and have access to a training department and training rooms. All staff are trained in the following subjects by an in-house nurse trainer:
    - Care Code of Conduct
    - Confidentiality
    - The Rights of Residents
    - Health and Safety
    - Food Hygiene and Safety
    - Personal Care Tasks
    - Care Assistants Responsibilities
    - Infection Control
    - Nurse Call System
    - Fire Procedures

- Manual Handling
- First Aid
- Fire Safety
- Continence and Personal Care
- Dementia Care Planning and Personalisation.
- Mental Capacity Act
- Infection control and COSH
- Palliative Care and Medication
- Safeguarding Adults

The E+V team would recommend that training be offered to all staff in Equality and Diversity Issues. This training is available from SREC (South Racial Equality Council.)

Activities

- The manager informed the E+V team that the home employed an Activities Co-ordinator.
- A list of regular activities was included in the residents guide and regular trips out are arranged and paid for by either the resident or Residents Fund.
- The manager informed the E+V team that individual activities are arranged and the Residents Guide made reference to staff being encouraged to support residents with life long hobbies which helps to ensure that personal interests and skills are maintained. One resident was spoken to who used to be a professional singer. She said that she still gets opportunities to sing, on occasions.

Control and Choice:

- Dementia UK has hailed the use of life story books. These are personal history books that offer an individual perspective on the lives of the book owner and their families. They can provide a unique picture of the individual and can offer care staff a deeper understanding of the person they care for. The E+V team were informed that some work on life story books had been done and noted that individuals may choose to opt out of this, sometimes remembering can be painful. Also discussed was the importance of family and friends input and how a care co-ordinator could play an active role
  The team would encourage the home to actively encourage staff and residents to develop these while respecting the wishes of residents who prefer not to disclose this information.
- No one currently uses direct payments although the manager said that one person had been offered direct payments but had declined.
- The home has 9 double rooms and one resident couple spoken to remarked on how good it was to still be together.
- A Visitor told the E+V team that she was welcome to visit her relative at any time and that she had been able to view the home at any time prior to choosing it for

her relative. This had made her feel that the home was very open and influenced their decision.

- A visitor commented that her relative had regained lost skills since moving into the home and seemed happy and well cared for.
- Each room has a call bell connected to a system which has the facility to record staff response times and the busiest times. It was noticed that the relatives and friends questionnaire (December 2010) detailed a visitors comment that the call bell was not always answered promptly.
  As the 'Call System' has the facility to monitor response times we would recommend that regular monitoring is carried out and discussed at staff meetings to aid the continued improvement of response times.
- Details about how to complain were included in the residents pack and it was observed that there was a comments box. Also included were contact details of other key services such as Age UK and the Care Quality Commission.
- **Information about Advocacy services were available but it was thought this could be included in the residents pack along with information about The Somerset LINk and other local services in leaflet format where possible.**
- A church service was held at the home monthly.

Communication in Practice

- The team noted that a 'Friends and Relatives Questionnaire' was conducted quarterly and a recent copy of this was included in the residents pack.
- Residents meetings are planned monthly but the E+V team were informed that sometimes due to frailty or lack of interest the home have found a 1 to 1 approach sometimes works best.
  Previous Enter and View visits have observed that often the most successful residents meetings have involved speaking to residents and visitors to compile a list of agenda items. This agenda has then been given to residents and visitors in advance of a meeting time. Involvement of kitchen staff and activities staff in meetings is also recommended.
- Staff were observed supporting residents during lunch in a friendly and respectful manner. Residents were asked if staff could help them before help was given.
- The team noted that there was no hearing loop available in Chelston Park (hard wired). The Quality and Service Development manager noted that a hearing loop existed in Chelston Gardens but they did not have one in Chelston Park (although a portable loop system was available. The E+V team noticed that several residents had difficulty with hearing and that many visitors may also have hearing difficulties.
  The team commented that a hearing loop, audible aids and specialist advice may still be able to enhance the communication of some residents and visitors and that the home should seek advice from the Royal National Institute for the Deaf about this.

Eating and Nutritional Care in Practice.

- Snacks and drinks are available all day via the servery.
- Dinning chairs were noted to have wheels on them so that they can be easily moved. They are designed to anchor when someone puts their weight on them. However, when one of the E+V team sat on one it did not anchor but instead moved backwards.
  We would recommend staff are made aware of potential problems and check the anchoring operation of these chairs regularly.
  - Several residents commented that the food was always good. And it was observed that fresh vegetables had been used.
  - In the document "A Residents Guide to Chelston Park" it notes that; 'dietary needs and preferences will be met' but in the same document it later states; *'If a resident is unable or disinclined to eat the food on the menus and prepared at Chelston Park or bought in as part of Chelston Park's catering arrangements, the cost of these meals or food will be met by the resident.'* **This statement was seen to be in conflict with the earlier statement saying dietary needs and choice will be met. We recommend this comment is revised or emitted from the Residents guide**.
  - A good choice of either wine or soft drinks was offered to residents.
  - Residents were able to take meals in their room if they wished.
  - The visitor spoken to said she was always welcome to stay to lunch and eat with her relative.
  - 1940's big band style music was playing quietly during lunch helping to make a social atmosphere.
  - On the day of the visit St David's day was being celebrated and tables were decorated with yellow napkins and daffodils. The E+V team thought that seasonal markers such as these helped residents to have an awareness of the seasons and time of year.

Hydration.

- The 'zip' water heaters are instead of a water boiler or normal electric kettle. They dispense hot or cold water but are safe to have available in the servery because of the control system which requires cognition and dexterity to operate.
- Other comments.

Pain Management in Practice

- No comments or observations have been made about pain management due to the Enter and View visit concentrating on communal areas in the time allotted.

Personal Hygiene in Practice

No comments or observations have been made about personal hygiene due to the Enter and View visit concentrating on communal areas in the time allotted.

Practical Assistance in Practice.

- The home has a good relationship with local GP's who visit regularly.
- One resident had been offered direct payments but had refused.
- Staff were observed offering physical support showing dignity and respect.

Privacy in Practice

- Staff were observed asking a residents permission to enter his room.
- It was noted that doors could be locked and we were informed that valuables could be locked away.
- There were no concerns or comments identified by the team about privacy.

Social Inclusion in Practice

- The Manager told the E+V team that public events such as car boot sales have been organised at the home with profits going to the Residents Fund. This was seen as a good way to provide an activity that brings members of the community to the care homes.
- The home makes use of it's three activity co-ordinators and recourses external to the home.
- Events are organised such as fireworks displays and barbeques. This was seen to be a good way of involving family and friends of residents.
- Children's games are available and they are welcome to play in the gardens. Many residents are likely to take great pleasure watching their grandchildren at play.
- The service makes use of visiting services such as the Donkey Sanctuary and a visiting pet service.
- Local organisations are encouraged to participate in the home's activities such as a pantomime, the local choral society, the majorettes and the cub scouts.
- A Heritage box is obtained from the local library and circulated among residents.
- Recently a talk was arranged for relatives and carers on the subject of mental capacity and delivered by a local mental capacity advocate.
  Other visiting services the home may wish to make use of are, Clothes Direct; The old Fashioned Sweet Shop.

Summary

Chelston Park Residential and nursing home offers a quality service in a beautiful rural setting. The home was seen to be an open and honest service that tries hard to seek the views of residents and visitors. The E+V team felt that the service was trying hard to make continued improvements.

Residents appeared to be cared for with respect, dignity and privacy was respected. The Enter and View team found many examples of good practice relating to the 'Dignity in Care Factors' and a few recommendations all of which are summarised below.

Appendix 1 details the dignity factors highlighted by SCIE (Social Care Institute for Excellence).

Good Practice and Recommendations

Hospital Discharge: Recommendations

- The team noted that the setting up of a formal agreement relating to Hospital discharge and the home, involving a tick list of actions that the hospital need to take prior to discharge may help reduce some of the issues experienced.
- Develop a form called 'All about me' which accompanies any resident being admitted to hospital. This contains details of the person such as, their likes and dislikes, their wishes and their preferences. (*see appendix 2)*

Staff – Good Practice

- Staff were observed to keep a presence in or near communal areas at times when Residents were present in these areas.
- Staff given authority to carry forward good suggestions and challenge existing Practices. Using staff skills and knowledge to help the service develop.
- Involving students and volunteers in addition to usual staffing .
- All Staff are trained in the following Subjects by an in-house nurse trainer:
    - Care code of conduct
    - Confidentiality
    - The Rights of Residents
    - Health and Safety
    - Food Hygiene and Safety
    - Personal Care Tasks
    - Care Assistants Responsibilities
    - Infection Control
    - Nurse Call System
    - Fire Procedures
    - Manual Handling
    - First Aid
    - Abuse Awareness.

Staff – Recommendations

- The E+V team would recommend that training be offered to all staff in Equality and Diversity Issues. This training is available from SREC (South Racial Equality Council.)

Activities Good practice

- Employment of an Activities Co-ordinator.
- A list of regular activities included in the residents guide.
- Arranging fund-raising activities such as car boot sales which contribute to the Residents Fund which can then be used to pay for trips out and additional activities or equipment.
- Staff given time to arrange individual activities for residents.
- 'Residents Guide' refers to staff being encouraged to support residents with life long hobbies which help to ensure that personal interests and skills are maintained.
- Staff seek opportunities for Residents skills and knowledge to be used in a meaningful way such as playing the piano for other residents or helping with gardening.

Control and Choice: Good Practice

- Provision for double rooms provided where possible
- Prospective relatives and residents invited to view the home at any time without the need to give notice.
- Supporting residents to maintain or even regain lost skills.
- Including details about how to complain or comment in the residents information pack.
- 'Residents Information Packs' include contact details of other key services such as Age UK and the Care Quality Commission.
- Holding a church service at the home.

Control and Choice: Recommendations

- As the 'Call System' has the facility to monitor response times we would recommend that regular monitoring is carried out and discussed at staff meetings to aid the continued improvement of response times.
- Information about Advocacy services were available but it was thought this could be included in the residents pack along with information about The Somerset LINk and other local services in leaflet format where possible.

Communication: Good Practice

- 'Friends and Relatives questionnaire conducted quarterly and a recent copy included in the residents pack.
- Residents meetings are planned monthly and 1 to 1 time offered to those who are too frail to attend
- Residents were asked if staff could help them before help was given.

Communication: Recommendations

- Previous Enter and View visits have observed that often the most successful residents meetings have involved speaking to residents and visitors to compile a list of agenda items. This agenda has then been given to residents and visitors in advance of a meeting time. Involvement of kitchen staff and activities staff in meetings is also recommended.

- The team commented that a hearing loop, audible aids and specialist advice may still be able to enhance the communication of some residents and visitors and that the home should seek advice from the Royal National Institute for the Deaf (RNID) about this.

Eating and Nutritional Care: Good Practice

- Meals available for visitors to dine with their friend or relative.
- Snacks and drinks are available all day.
- Residents and visitors can make themselves hot drinks using 'Zip' safety water heaters..
- Several residents commented that the food was always good. And it was observed that fresh vegetables had been used.
- A good choice of either wine or soft drinks was offered to residents.
- Residents were able to take meals in their room if they wished.
- 1940's big band style music was playing quietly during lunch helping to make a social atmosphere.
- Seasonal meals with celebrated themes such as St David's day

Eating and Nutritional Care: Recommendations

- We would recommend staff are made aware of potential problems with chairs and check the anchoring operation of these chairs regularly.
- Review the wording of the statement in the residents guide in the 'Financial Arrangements and Fees' Section relating to residents needing to pay additional costs if residents are disinclined or unable to eat the food provided. This statement was seen to be in conflict with the statement saying dietary needs and choice will be met, and requires revising.

Hydration: Good Practice.

- The use of safety water boilers so that able residents and visitors can independently and safely make hot drinks as and when they choose.

Hydration: Recommendations

- None identified

Pain Management in Practice: Good practice

- None Identified.

Pain Management in Practice: Recommendations

- None identified.

Personal Hygiene: Good practice

- None identified

Personal Hygiene: Recommendations

- None Identified.

Practical Assistance: Good Practice

- Building and maintaining a good relationship with local GP's who visit regularly.
- Staff were observed offering physical support showing dignity and respect.

Practical Assistance: Good Practice

- None identified.

Privacy in Practice: Good Practice

- Staff were observed asking a residents permission to enter his room.
- Resident's room doors can be locked and valuables can be locked away.
- There were no concerns or comments identified by the team about privacy.

Privacy in Practice: Recommendations

None identified.

Social inclusion in Practice: Good Practice

- Holding public events such as car boot sales or fireworks displays at the home with profits going to the Residents Fund. This was seen as a good way to provide an activity that brings members of the community to the care homes.

- Organised events such as fireworks displays and barbeques are a good way of involving family and friends of residents.
- Availability of games for children. Many residents are likely to take great pleasure watching their grandchildren at play.
- Making use of visiting services such as the Donkey Sanctuary and a visiting pet service.
- Local organisations are encouraged to participate in the home's activities such as a pantomime, the local choral society, the majorettes and the cub scouts.
- A Heritage box is obtained from the local library and circulated among residents.
- Giving talks to educate and inform relatives and carers about key subjects such as mental capacity.

Social Inclusion in Practice: Recommendations

- **Other visiting services the home may wish to make use of are, Clothes Direct; The old Fashioned Sweet Shop.**

Appendix 1
Dignity in Care: The Dignity Factors

Control and choice in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop 'life story books'.
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Do not assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person's previous history, preferences and habits' can be used by staff to support 'choices consistent with the person's character'. (Randers and Mattiasson, 2004).
- Identify areas where people's independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format
- Do not assume you know what people want because of their culture, ability or any other factor – always ask.
- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions.
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents meetings) and respect individuals contributions by acting on their ideas and suggestions.

Eating and nutritional care in practice

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this
- Refer the person for professional assessment if screening raises particular concerns for example speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture.
- Make food look appetising. If the texture of food needs to be modified seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- If necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it.
- If there are insufficient staff available to support those who need it, introduce a system of staggered mealtimes.
- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background – people should be asked about their preferences.
- Ensure all staff involved in care, including caterers have access to training.
- Raise awareness of the risk of malnutrition and the importance of providing good nutritional care.
- Ensure that staff have the skills to communicate with people who have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Ensure that home care staff all have sufficient allocated time and the skills to prepare a meal of choice for the person, including freshly cooked meals.
- For residential and day care, implement best practice in food procurement ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
  Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.

Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.

- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, fore example breakfast cereals with milk, soup, fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration – but there may be other causes that should be investigated.

Pain management in practice

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment.
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day.
- Use assessment guidance to support professionals to assess for pain in people with communication problems.

Personal hygiene in practice

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration – respect their choice of dress and hairstyle, for example.
- Don't make assumptions about appropriate standards of hygiene for individuals
- Take cultural factors into consideration during needs assessment.

Practical assistance in practice

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage home owners and landlords to carry out external repairs.

Privacy in practice

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.
- Ensure single-sex bathroom and toilet facilities are available.

Social inclusion in practice

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.

About this report

This report was produced by the Somerset Local Involvement Network (Somerset LINk), 2, Bowden's Business Park, Hambridge, Taunton, Somerset, TA10 0BP. For more information about the Somerset LINk see **www.somersetlink.org.uk.**