

Somerset



Your voice on local health and social care

## **Somerset LINK Enter and View**

**Sydenham House Care Home  
Enter and View Visit  
on the 1<sup>st</sup> December 2010**

## Acknowledgements

The Somerset LINK would like to thank Somerset Care 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 staff, residents and visitors of Sydenham House Care Home.

# Contents

## Introduction

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

## Aims

## Dignity in Care

## Methodology

## The Visit

- The premises
- Arriving at the home
- Initial observations of the home
- Residents' views
- Visitor view
- Communal facilities
- Bedrooms
- Bathrooms
- Care of residents
- Hospital discharge
- Life in the home
- Meals
- Visitors
- Staff

## Good Practice and Recommendations

## Summary

## Good Practice and Recommendations

## Appendices

- Appendix 1: Visitor interview by John Hawkins (Enter & View Team)
- Appendix 2: Dignity in Care: The Dignity Factors



## 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 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. Somerset Care Ltd. has 26 care homes across the South West and considers itself to be one of the largest not-for-profit care providers in the UK. Somerset Care states that:

*'The Somerset Care Group aims to deliver quality assured, seamless services within a culture where quality is everyone's responsibility and there is an ethos of continuous improvement.'*

*(Somerset Care - Delivering Quality Assurance 2010)*

The commitment to quality and the opportunity to identify examples of forward thinking and good practice have influenced the Somerset LINK's decision to approach Somerset Care Limited.

## Aims

The aims of this project are:

- capture an overview of Sydenham House Care 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.

## 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 2.

## Methodology

The Somerset LINK Enter and View team agreed a pilot 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.

Members of the Enter and View team met with Somerset Care to gain an overview into their aims and philosophies as well as the services they provide.

Members of the Enter and View team were given the opportunity to visit two of Somerset Care's homes for a tour of the facilities. These were Southlawns Care Home in Street and Sydenham Care Home in Bridgwater.

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 worked in pairs observing the care home from different perspectives. 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 debrief at the end of the visit before providing verbal feedback to the Manager at the end of the visit on the findings of the team.

## The Visit

### Summary

<b>Name of Service:</b>	Sydenham House Care Home
<b>Service Provider:</b>	Somerset Care Ltd.
<b>Name of Manager:</b>	Jeanette Martin
<b>Category:</b>	Old age, not falling within any other category
<b>Number of places:</b>	51 (all over 65)

The Enter and View visit was conducted on Wednesday 1<sup>st</sup> December 2010 between 11am and 3pm.

The Enter and View team were:

- John Hawkins
- Eileen Tipper
- David Boyland
- Brian Ducker

Members of the Enter and View team spoke to 13 residents, 1 visitor and 1 member of care home staff. The team also spoke at length to the Manager and the Operations Manager.

### The premises

Sydenham House was built in the 1970's and is a purpose-built residential care home for older people. The home is located in a residential area on the outskirts of Bridgwater. It is

close to shops, public house and a family centre. It has a small car park. Owned by Somerset Care Ltd, the home is registered to accommodate 51 persons aged over 65 years for personal care. It also provides intermediate care for up to six persons within the overall capacity in a separate unit called the Willows.

### Arriving at the home

The team was greeted by a member of the care staff, the home Manager and Operations Manager. After signing the visitors' book we were then shown to a small lounge area which is one of five in the home. We were given the opportunity to discuss the visit with the Manager and the Area Manager.

The Enter and View team were keen to ensure that their presence should not interfere with the provision of care. The team were told that all of the residents had been given a copy of a letter explaining the Somerset LINK and the Enter and View visit along with a Somerset LINK leaflet. The letter also asked residents and visitors if they were interested in becoming a LINK Care Home Champion. This is a volunteer role to support and encourage communication between residents and their visitors and the Somerset LINK. The role helps to ensure that those in care homes have access to information and can voice their comments to the Somerset LINK.

### Initial observations of the home

The home appeared fresh, clean, warm and welcoming upon arrival. The furnishing and decoration appeared in good order. There was a computer set up in the large entrance hallway showing a slide show of recent pictures taken in the care home and playing popular music from the 1950's and 1960's. The computer was available for residents to use and it was explained that residents could be supported to talk to family and friends with the aid of Skype which is a video phone application.

The dining hall and main lounge were visible from the hall allowing care staff to observe both of these areas from the hall. Several care staff were observed engaging and assisting residents in the entrance hall, main lounge and dining area. The attire and appearance of the residents suggested that they were well cared for. The overall impression was that of a busy and yet friendly environment.

There was a notice board in the foyer which showed the weather summary for the day together with other information. **This would be a good place to consider displaying photographs of the staff that were working various shifts, to give residents more information.**

### Residents' views

All of the residents spoken to said they had either chosen the home themselves or that their family had chosen it for them having visited other care homes.

Some of the comments received included:

*'I felt very welcome when I first came here. Staff were friendly and I felt safe.'*

*'It just seemed right when I arrived.'*

One resident said that the transition into the care home had gone very well and said she could always find support when needed.

The team spoke to one lady who had recently come to the home. She said that she was not aware of some of the activities and services in the home. For example, she was not aware church services were given at the home periodically. Most information was available on notice boards and we were assured that key information would have been discussed when the person arrived. **The team felt that a leaflet giving details of key times and information about meals, phone calling facilities and activities similar to the way information is made available in hotel rooms) would be a good idea.** The Manager confirmed that this was something they were looking into and that they had already compiled an information guide. She also said that a two week trial was recommended for new residents.

### Visitor view

The visitor spoken to said that the home felt warm and friendly when they first arrived. (*Appendix 1. Visitor Interview summary*)

### Communal facilities

There is a large dining area and separate large living room with a television. The television was large and residents told us it is sometimes used for screening films and sporting events. The television was on, however, no one appeared to be watching it. The residents spoken to said that they weren't interested in the television. One resident said that she would prefer to listen to the radio. The team were informed that music is often played in the sun lounge and that residents can listen to music in one of the smaller lounges or their room.

The dining area had tables of different sizes enabling people to have a choice in where they sat and who they sat with. Some residents were engaged in jigsaw puzzles and card games in the dining room when the team arrived.

There were five smaller lounges situated nearer the bedrooms. Residents were observed using these areas and the team felt that they provided a good degree of choice and privacy when receiving visitors as well providing a quiet or social space for individuals or small groups of friends.

A computer was also situated on the first floor and the Manager told us that it was available for staff use. This gave the staff the option to use the computer to alleviate the need to return to the office. This allowed staff to be more readily available to residents on the first floor and reduced unnecessary movement within the home that might disturb residents and appear intrusive.

The gardens were accessible to residents and appeared well kept. A resident explained that he had helped with the gardening and said that the home had won a Somerset Care gardening competition.

The home also had lots of books and magazines which residents told us they were encouraged to borrow.

The Enter and View team asked the Manager if residents could get involved with things like cooking. She explained that, due to health and safety concerns, residents could not help with meals in the kitchen but could make snacks in their room if it was safe to do so. In the Willows Intermediate Unit meals can be made to maintain skills and abilities in preparation for going home.

## Bedrooms

The viewing of bedrooms was not included as part of the formal Enter and View visit, however, the Enter and View team had looked at a bedroom during the informal tour and also spoke to residents and visitors about their bedrooms.

Thirty-one rooms (which included all the intermediate care beds in the Willows unit) are en suite. Communal Bathrooms are located near to the other bedrooms. We were informed that one double room was available, although currently there are no couples residing at the home.

The room seen had adjustable radiators and the windows could be opened, limited to a window restrictor.

Residents confirmed that they were able to bring their own furniture and decorate with the help of their family if they wished. The Manager informed us that decoration usually takes place prior to a new resident moving in. Residents also had the option to change rooms as and when they became available.

Residents were welcome to have a fridge, kettle or microwave in their room, if they wished. We were informed that some residents had also fitted their own telephone and line with the support of the staff. Staff could also take a cordless telephone for residents to use.

All rooms were lockable if the residents wished and all rooms had a lockable drawer. All bedrooms had emergency pull chords.

All the residents who commented on bedrooms said the space was sufficient and that they had been able to bring all they wished with them when they moved in. At least one resident remarked on how comfortable the bed was.

## Bathrooms

The bathrooms were well equipped and included hoists. Residents commented that they were spotless and well kept and that they could use them easily, although sometimes required staff support.

One resident commented that they wished the toilets downstairs near the communal area, (of which there were two) were assigned for either male or female use. The Manager explained that there were usually staff there to assist and that it was not practical to have a male and female toilet. **The team felt that perhaps residents should be consulted on this issue and invited to comment on possible solutions. Although a vacant/engaged sign existed it may be worth examining if the installation of an illuminated 'Engaged/Vacant' sign might provide a solution.)**

## Care of residents

The Manager informed us that all residents have a care plan which is part of SAT (Single Assessment Process) which includes information given by their GP and/or social worker as well as family. The team did not ask to see any care plans but were told they were reviewed monthly and that relatives were invited to take part in that review or comment on the most recent review if they were not available at the time.

All residents have a nominated keyworker and residents spoken to were aware who their keyworker was. Residents also commented that other staffs, who they knew well, were regularly involved with care-giving. Consistency in care and support was noted as being a valued practice.

The home had a hairdressing area and was looking at changing the use of utility space to make a hair and beauty salon. Other services such as chiropody and dentistry visited the home regularly. The Manager told us that most patients from the East of Bridgwater were able to keep their GP but that those from other areas had changed their GP. There were no problems noted about GP visiting the care home.

No comments on language or communication difficulties were raised by residents, visitors or staff. The homes' Manager stated that if they were to arise, then staff would make an effort to learn elements of another language and that written materials could be translated. The Enter and View team would be keen to learn how translations would be obtained and also how it would be managed if residents had difficulties understanding staff due to language barriers.

The Enter and View team were shown how medicines are administered and managed using a 'Proactive Care System' (PCS). This is a hand-held computerised system which is linked to pharmacies. The assistant Manager told us that PCS greatly reduces the risk of human error in giving the wrong medicine. It is regularly backed up by pharmacies and although it is an expensive system, its benefits saved staff time and improved the management of medication. Staff who were spoken to who used the system said it made things very safe and efficient and that they would not wish to go back to using the old MARS (Medical Administration Sheets) sheets.

The Enter and View team witnessed staff supporting a resident with their appearance and dress in a subtle and dignified way.

### Hospital discharge

Hospital discharge was discussed with the Manager who identified that there had been occasional difficulties in this area. The Manager would like the home contacted and staff given prior warning of when a resident is going to be discharged from hospital. This would enable the implications on care and care provision to be discussed before the resident arrives back at the home. The Manager commented that this rarely occurs and sometimes the resident will be on hospital transport returning to the home before the home is informed of their discharge. This creates various problems which could impact on the ability of staff to cope with additional medical needs and the health and safety of the resident. Additionally, there have been problems with residents being discharged from hospital without appropriate medication.

### Life in the home

The home is non-smoking. Only one resident smoked, who the Manager informed us was happy to go outside for a cigarette. No designated or covered smoking area was observed. The home is not licensed but alcohol is permitted. There is a church service held regularly and members of different churches have offered to take residents to church.

There is no residents' committee but the team were told that there are regular residents' meetings and family members are also invited to attend. Topics such as activities are discussed.

Residents seemed to be given a lot of choice about what they could do, where and with whom they could undertake activities. Going out and coming back to the home was not restricted but in some instances consideration was taken to safety of the residents. Some of the residents spoken to mentioned that they did not leave the home very often as it was too expensive to get a taxi and get into town especially if a wheelchair-adapted taxi was needed. Bridgwater no longer has a Shop Mobility scheme which used to provide wheelchairs and mobility aids to help disabled shoppers. The home used to have a minibus but no longer does due to financial constraints in addition to training and licence and insurance difficulties. As a consequence of these issues, some of the residents felt it

was too difficult to access shops and facilities in the community without the support of family. Other residents relied heavily on the services provided in the home.

All the residents the Enter and View team spoke to said that support was easy to find and readily available when needed, but not intrusive. The team observed this balance was reflected when looking at the availability of hand hygiene gels which were placed in all areas. These were not advertised with posters or placed in obtrusive places and so did not give the impression of an institutionalised home.

### Accessibility

There were no problems raised or observed with residents having difficulty in physically accessing the home. One resident made a point of commenting how easy it was to get around in the home.

The team did observe that several of the residents found it difficult to hear them speaking to them, even with the help of a hearing aid. Background noise from other residents, staff and the television made it very difficult for them to clearly hear what people were saying to them. The team were informed by the Manager that some of the residents had a portable loop system. **The team felt that despite this, a home of this size should look into providing a hearing loop system in communal areas. This would lessen the need to talk loudly and minimise the risk of having private conversations overheard.**

### Meals

The team joined the residents for lunch. Residents were asked by staff where they wished to eat their meals, either in the dining room, their own room or one of the smaller lounges. The staff joined residents at the dining table and one member of staff was observed joining one lady who was sitting on her own. This was identified as a good practice and a further opportunity to be approachable and chat to residents in a social way.

There was a choice of a meat or vegetarian dish and a wide choice of puddings. The food was hot and tasty. One resident felt that the portions were too large, however other residents were seen asking for a small portion so it seemed likely that this resident, who had not long moved into the home, wasn't aware they could request a smaller portion. Residents commented that the food was great and there was lots of choice.

### Visitors

It was observed that there were plenty of places for visitors and residents to sit in comfort and privacy if they wished.

The Manager confirmed that visitors are welcome at any time and they can stay for meals if they wish. There is no overnight accommodation for visitors, although visitors could sit all night with a sick relative if they wished.

One visitor was spoken to and seemed very complimentary of the home.

## Staff

Seven members of staff work mornings and five work afternoons; there are three members of staff who work nights. Some members of the team were unsure if a ratio of 3 staff to 51 residents on a night shift was sufficient; however, none of the residents raised staffing levels as a concern. The Manager told the team about the staff turnover levels and it was thought that this was relatively low for a care home of this size. The team observed NVQ certificates for the staff displayed on a wall. A staff training session on the subject of vulnerable adults was taking place on the day of the visit.

The team noted that they had observed that at least one member of staff was always present in communal areas and were busy talking to or supporting residents with their needs. The staff were friendly and yet professional. There appeared to be enough staff on this shift to cater for residents' needs.

A member of staff interviewed by two members of the Enter and View team had been trained as a dignity champion. She said that she was a key-worker for five residents. A key-worker has specific responsibilities for ensuring care plans are up to date and acts as a central point of communication for that resident. She enjoyed spending time talking to residents and would have liked more time to do this, although times, such as assisting with bathing, were noted as a good opportunity to chat to residents and get to know them better.

## Activities

Each Somerset Care Home has an Activities Coordinator. The team met the Activities Coordinator who was new in post. Activities arranged for residents include birthday and seasonal parties, movement using a parachute, visiting entertainers, Nintendo Wii fitness and many other activities. Some of the residents remarked that there was always a lot going on although some of the activities could be repetitive. Another resident spoken to said that she had been a swimmer and would love to be able to go swimming again. The activities co-ordinator said they would investigate this possibility.

Other residents said they enjoyed listening to the radio, playing Scrabble, card games or reading.

The team were not made aware of activities arranged outside of the home and none of the residents spoken to mentioned this.

Staff and residents raise money for additional activities in a number of creative ways and the team noted a selection of knitted items and other crafts available for sale.

There were clearly lots of activities available in the home and the activities co-ordinator seemed very busy speaking to the residents.

## Summary

Sydenham Care Home is a friendly and welcoming purpose-built care home. It is well decorated and maintained. Although a large care home, the home was observed as being homely. The staff are friendly and considerate yet professional. Residents appeared to be happy and are cared for with dignity and respect.

Appendix 2 details the dignity factors highlighted by SCIE (Social Care Institute for Excellence).

Using these factors the Somerset Enter and View team have highlighted the following examples of good practice which were observed during the Enter and View visit. Recommendations and areas to look into are also given below for each dignity in care factor.

## Good Practice and Recommendations

### Control and Choice: Good Practice

- Time taken by staff using personal care times and meal times to get to know residents.
- Residents treated as equals with staff ensuring they are in control of what happens to them. For example, residents were asked where they would like to eat their dinner. Staff not making assumptions.
- Opportunities for residents and family members to participate in regular residents meetings
- A range of comfortable seating areas each with a television.
- Easy access around the home.
- Residents have life story books and a book called 'Somerset Centenarians' has recently been published by Somerset Care.

### Control and Choice: Recommendations

- Continue to seek opportunities to involve residents in staff training and induction.
- Televisions in communal areas to be switched off if no-one is watching them.

- Continue to raise awareness of Somerset LINK and local advocacy services and ensure residents know how to access them.

#### **Communication: Good practice**

- The Enter and View team observed that effort had been made to ensure that all residents had received notification of their visit and information about Somerset LINK.
- Availability of Internet access for residents and support in using it.
- The information board in the lobby showing activities for the day.
- Availability of information in accessible forms (e.g. one resident was observed listening to the local paper on cassette).

#### **Communication: Recommendations**

- Develop a “welcome” leaflet detailing key services and information about the home such as meal times and arrangements, residents’ meetings, church services, and other contact information such as advocacy organisations and LINK. Ensure all new residents are supported to access this information.
- Show names and pictures of staff and staff on duty on the main notice board.
- Continue to find ways to obtain the views of people. Encourage residents and visitors to be a LINK Champion.
- Ensure that visitor and resident suggestions are discussed in residents’ meetings. Record any actions taken and give reasons if suggestions are not possible.
- Seek advice about installing a hearing loop in communal areas.
- Regarding the difficulties mentioned about hospital discharge, the Enter and View team would recommend that the home should agree a hospital discharge notification protocol with relevant NHS trusts to ensure early notification.

#### **Eating and nutritional care: Good practice**

- The staff were observed as being social and supportive at meal times, joining residents at tables.
- Choices are offered in where and with whom to eat. Dignity preserved for those who may have eating difficulties and prefer to eat in private.
- Snacks and fresh fruit were available between meals. Residents can make snacks in their room.
- Drinks regularly offered to all residents.
- Food was hot, tasty and appeared nutritionally balanced.
- Vegetarian choice offered.
- Meals available to visitors.

#### **Eating and nutritional care: Recommendations**

- Ensure regular consultation with residents about menus.

- Ensure residents are aware they can request portion sizes and other choices when they arrive at the home.

#### **Pain management in practice: Good practice**

- The use of PCS (Proactive Care System) is understood to reduce human error, save staff time and help to ensure that medicines are administered more efficiently. Use of pain killing medication administered on a PRN (Pro re nata (as needed)) basis was also managed by the PCS system.

#### **Pain management in practice: Recommendations**

- No recommendations identified.

#### **Personal hygiene: Good practice**

- There was wide availability of alcohol hand gel dispensers throughout the home. It was felt that there was a good balance between their visual availability without drawing attention to them with signs or large posters and therefore distracting from the homely appearance of the home.
- Staff were observed wearing latex gloves when assisting with personal care.

#### **Personal hygiene: Recommendations**

- None identified.

#### **Practical assistance: Good practice**

- Staff were trained in NVQ level 2 or above + Vulnerable Adults training was ongoing.
- Computers were available for staff use on each floor improving their access to residents' records and helping to ensure they were more available to residents.
- Staff observed were always available to residents in communal areas.

#### **Privacy in practice: Good practice**

- Availability of private pay phone area and option for residents to have their own phone line.
- Residents have the option to lock their room and have a place to lock away valuables.
- Staff observed during the informal tour of the home knocking and gaining permission before entering a resident's room.

#### **Privacy in practice: Recommendations**

- Discuss with residents the possibility of communal toilets being designated male and female or installing toilet engagement signs. If this is not a practical or desired option, ensure care is taken to explain this to residents and record why this is not possible.

#### **Social inclusion in practice: Good practice**

- Availability of a suggestion box for residents and visitors.
- Resident involvement in gardening creating opportunities to meet residents from other homes through this activity.

#### **Social inclusion in practice: Recommendations**

- Investigate use of a local swimming pool such as the Quantock Lodge pool or similar for an activity.
- Build links with Active Living Centres to create more social networking opportunities and broaden activities.
- Encourage links and communication with the local community centre and schools to increase social contact between people of different generations.
- Investigate the availability of volunteer transport schemes and support to enable residents to visit the town for shopping trips and other activities thus supporting more participation in the wider community.
- Ensure that opportunities for residents to participate in service planning are available and recorded.

## Appendix 1

### Visitor interview by John Hawkins (Enter and View Team member)

During the hours of the E&V visit, only one visitor was available to two members of the E&V team.

The visitor, the son of a very elderly home resident (90 plus) visited regularly, although he lived a long way from Somerset. He was very happy to participate and discuss a variety of subjects relative to his mother, a resident of about 12 months.

He was very satisfied with Sydenham and considered that he and his mother had made the right choice from a selection of local homes having done the necessary groundwork etc. The transition had been a successful one with a suitable room in size, decoration and furnishing, the only complaint being the mattress which was replaced with a new one.

Other subjects discussed included; shopping in the local community; events organised by the home in and outside the home; caring and attentive staff.

The quality of the food was praised and residents were able to eat at other times of their own choosing, snacks etc.

The interview was carried out in the available dining room without the resident present and lasted around 20/25 minutes. It involved two members of the E&V team (John and Brian). The interview was based on and around the prepared questions in the form of a general discussion preferred by the interviewers. It was preferred not to further extend the interview and deprive the resident - waiting patiently in a nearby room - of her visiting son.

*John Hawkins*

## Appendix 2

### 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, for example breakfast cereals with milk, soup, and 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](http://www.somersetlink.org.uk).