

Somerset



Your voice on local health and social care

# Enter & View Report



## Grovelands Care Home, Yeovil

Enter & View Visit on 28 February 2011

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## **Somerset LINK Enter and View**

**Grovelands Care Home  
Enter and View Visit  
on the 28th February 2011**

## Acknowledgements

The Somerset LINK would like to thank Somerset Care for their support and commitment to the Enter and View visit. Particular thanks must go to members of the Somerset LINK Enter and View team and to the staff, residents and visitors of Grovelands Care Home.

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## 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. Somerset Care Ltd has 26 care homes across the South West and considers itself to be one of the largest non-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 Grovelands 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.
- 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 were 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:** Grovelands Care Home  
**Service Provider:** Somerset Care Ltd.  
**Name of Manager:** Jacqueline Howells  
**Category:** Specialist residential care  
**Number of places:** 61 places. (30 Dementia) (30 Old age not falling in any other category.) (1 Respite.)

The Enter and View visit was conducted on Monday 28<sup>th</sup> February 2011 between 11am and 4pm and concentrated on the 'Petals' dementia care unit.

Based on the size of the 'Petals Dementia Unit' 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
- Brian Ducker

Members of the Enter and View team spoke to six residents, 1 visitor and 1 member of care home staff. The team also spoke at length to the Manager and the Operations Manager and Deputy Manager. In addition the team spoke to a Specialist Care Development Advisor (Somerset Partnership) who was visiting the home.

### The premises

Situated in a residential area of Yeovil, Grovelands has been rebuilt and refurbished over recent years to provide purpose built accommodation. The Dementia care unit is split into two levels each providing accommodation for 15 residents. There is a separate lounge area and dining room on each floor and all bedrooms have en suite facilities. There is also a bathroom with assisted bathing facilities and disabled toilet on each floor.

## Arriving at the home

The team was greeted by a member of the staff team, the home Manager and Operations 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 Operations manager and the deputy 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 notified that we were coming and observed that Somerset LINK leaflets were on display in the foyer.

## Initial observations of the home

The home appeared, warm, fresh, clean and welcoming upon arrival. The furnishing and decoration appeared in good order. The hand hygiene gel dispenser had run out but was attended to promptly when mentioned.

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.

## Hospital discharge

Hospital discharge was discussed with the Manager and staff and it was noted had there had been difficulties when residents were discharged from hospital. Sometimes discharge from hospital would go smoothly but often problems regarding the following issues were experienced.

- Residents sent home without the correct medication.
- Residents discharged from hospital with mobility problems without sufficient time for the home to assess the implications and risks.
- Hospital staff not sufficiently trained in dementia awareness. (on one occasion a Zero tolerance policy was evoked due to hospital staff failing to recognise a persons behaviour was a symptom of their dementia)

The home has had regular liaison with ward staff but continue to experience problems and concerns in this area. Much has been done by the home to limit these problems such as regular conversations with nursing staff prior to discharge as well as frequent conversations with social workers, district nurses and families. The team also noted that Grovelands had taken pro-active steps to limit problems occurring by developing 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.

## Staff

During the visit it was observed that there appeared to be sufficient staff to assist residents as required and that staff kept a presence in communal areas where residents were present. Staff wore uniforms were observed to be cheerful and respectful to residents.

We were informed by the manager and the staff member we spoke to that there were many training opportunities and that training was integral to the care they provided. A person visiting a resident made a point of telling the Enter and View team that the staff at Grovelands received lots of training and that it was reflected in the quality of care and dignity they gave. When asked why she chose this home over others she had looked at she said; *Training is everything and it shows*. Below is listed some of the training undertaken by staff noted as having particular relevance to dignity in care.

- Best Interests Guidance (helping to ensure those who lack capacity have their opinions sought and their wishes acted on.)
- NVQ level 2 (90% of all staff)
- Dementia awareness (all support staff)
- Palliative care.
- Life story books.

The Enter and View team were fortunate in managing to talk to a visiting 'Specialist Care Development Advisor who works for the Somerset Partnership NHS Foundation Trust. She explained that her role was to liaise with Specialist residential units giving advice and helping to co-ordinate specialist care where needed. She also noted that all specialist residential beds are block contracted and that the Somerset Partnership manages the waiting list. It was observed that there was a good relationship between Grovelands Care Home and the Somerset Partnership.

## Activities

Each Somerset Care Home has an Activities Coordinator. Activities arranged for residents include birthday and seasonal parties, visiting entertainers, Drumming workshops, singing and quarterly trips out to places such as garden centres. There were also regular visits made to the Alzheimer's coffee morning. In addition, the team were told about many visiting services that come to the home examples having been given in this report under the sub heading of Social Inclusion

The team were informed by the manager that many visiting services come to the home such as Pets at Home, The Guides who provide a postal service and entertain residents with singing. It should be noted that these visiting local services help to maintain connections between the care home and the local community and helps to lessen

isolation of the home and its residents. Other visiting services include the Donkey Sanctuary (who visits the home with donkeys), chiropody, opticians, guide dogs, old fashioned sweet shop and clothes direct. A visiting therapist also offered head massage to residents

### 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. Life Story Books have been used at Grovelands but the manager informed us that these have not always worked. Some residents may be reluctant to talk about their past or have difficulty in remembering. However when new residents are admitted, staff spend allotted time with them in their room finding out about them as a person and assisting them to settle in.
- All Staff who work in the 'Petals Dementia Unit' have had 'life story book' training via Fiona Mahoney from 'Reminiscence Learning'.
- The manager informed the team that advocacy services have been provided by Age UK and noted that this information was contained in a residents information pack. One Resident came to Grovelands after having been supported to choose a care home by IMCA (Independent Mental Capacity Advocacy Service) due to them having a limited mental capacity.
- A post box and corner shop facilities were supplied giving residents not only the choice of available goods but also the independence use these facilities.
- It was observed that hand rails ran along the corridor and continued across doors where areas such as staff office and broom cupboards were. This helped to ensure that residents were able to wonder around the home while minimising the risk to themselves and the chances of wondering into unfamiliar areas.
- Somerset Care has commissioned research with Exeter University into the use of colour relating to dementia. It was found that yellow and red were the last colours to fade from vision for people suffering with Alzheimer's. Grovelands have painted corridors yellow and toilets are decorated with the colour red. Even the toilet seat is red. It was explained to the team that this enables people to be able to see the areas where they may wish to wonder and limits any other areas which may be unsafe. This results in residents having more freedom to wonder safely. Also noted was the red decorated fishing net suspended above the assisted bath. Staff explained that this provides a simulating focus for residents to look at while bathing.
- The space outside of people's rooms had been personalised with either memory boxes (display wall mounted boxes containing items from the residents past) or in some cases large visual clues which were personal to the resident helping them to recognise their room. A trail of large musical notes was seen leading to a room belonging to a resident who had a passion for music.
- Also noted were tactile wall hangings and boxes containing tactile objects which were placed in corridors. Residents could pick up these objects or interact with tactile wall hangings which can reduce anxiety and stimulate the senses.

- Walls of corridors leading to bedrooms had been painted depicting landscapes scenes and animals. These had been done by a member of the care staff who had consulted with residents to make pictures near their room personal to them. One man had pet Alsatian dogs prior to living at Grovelands and an Alsatian dog had been painted by the entrance to his room. These paintings helped residents to feel they were involved in the home and also helped them to recognise their room. In Addition it gave the staff member who painted them a way to find out more about the residents they cared for.

### Communication in Practice

- The team were shown a form used by staff to help ensure that everything is done to ensure residents who may sometimes lack the capacity to make decisions have every opportunity to do so. The form is called the 'Mental Capacity Best Interest Check list' and prompts the staff to ensure they have acted in the best interests of a resident and helped them to re-gain capacity.
- Regular residents meetings take place and food and activities are popular topics. The cooks and activities co-ordinator attend these meetings as a matter of course. Visitors are invited to these meetings.
- Information about the Home and other services were found in an information pack given to residents and their families. Although the pack was not entirely Jargon free, efforts had been made to present this in an appealing way and the team were informed that staff spend time going through the pack with each new resident and their families which also would help them to get to know a resident better. The pack was noted to contain information about the Somerset LINK and advocacy services. Complaint forms were also present and comments boxes were seen giving residents and visitors a chance to highlight comments anonymously.
- Skype Video phoning was available for residents to contact family and friends although it was noted by staff that residents who had used it had found it difficult to understand or comprehend it due to the effects of dementia on their cognitive ability.
- Staff spoken to felt they had enough time to handover information at shift changes and the manager ensured that some staff remained available in communal areas during these times
- The team noted that there was no hearing loop (portable or hard wired available) the manager felt that this was not an issue and few of the residents used hearing aids.  
**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

- The Manager informed the team that routine nutritional screening would be noted as part of a residents care plan and received on admission.
- The team shared a meal with residents and noted that a choice of meals was offered and the plated meals were shown to residents making it easier for them to make informed decisions about their choice from the menu.

- One resident spoken to said he always has wine with his lunch which his wife brought in and was served by care staff. He noted that little things like this made such a difference.
- Snacks and drinks are available between meals and offered regularly, the in house corner shop also stocked a variety of snacks.
- Staff were observed to ask a resident at lunch if they wished for help with eating their meal. The help was offered at intervals throughout the meal and each time the resident was asked if they wanted help. This was seen as good practice, it was not assuming and the resident was given the choice each time and the option to try independently.
- Another resident appeared distressed and shouted after entering the dining room Staff were seen to be quick to offer her the choice to eat outside in a quieter environment and settled her in a chair with a table. The staff were then observed to check on her often offering assistance as needed.
- One member of the team commented on the design of the dinning room chairs which had a wooden plate fitted to each side at the base of the legs. This made them not only easy to move but also very stable.
- One resident was observed to be enjoying dinner with his wife who was visiting the home. Both commented that the food was of good quality and that visitors were always welcomed to stay and eat. They noted that this was very important as meals are a social time to be shared with friends and family.
- The manager informed the team that fresh fruit smoothies were offered at breakfast time as a natural alternative to vitamin supplements.
- All the cups and condiment holders were also noted to be a bright yellow colour. One resident required a plastic cup and it was noted that this looked almost identical to the yellow china cups that others were using. Much effort had been made to ensure that specific aids blended in and looked normal to help residents to maintain their dignity.
- The team were informed by the manager that guidance provided by 'Food Links UK' called 'Best practice in food procurement' is followed. This means that meat and vegetables are locally sourced and sustainable practices are used to transport ambient and frozen foods.

### Hydration.

- The manager noted that individual routine monitoring of hydration and nutrition needs was carried out as needed.
- Drinks were offered regularly and there was a kitchen for residents who were able and visitors to make drinks. A specially adapted kettle was used which required a degree of dexterity and cognitive ability to use thus minimising the risk of less able residents scalding themselves.

### Pain Management in Practice

- Staff told us that they hoped to soon be using a Proactive Care System (PCS). This is a hand-held computerised system which is linked to pharmacies. It is a hand held tool used for administering medication. The team had spoken to staff in another care

home who were using this and were informed 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.

- The manager said that all staff including night staff were trained in pain awareness.

### Personal Hygiene in Practice

- 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.

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

### Practice Assistance in Practice.

- The service has a good relationship with local GP's who visit regularly. + CPN There are also visiting health services such as chiropody, opticians and a visiting therapist also offers head massage to residents.
- No residents are receiving a personal budget or direct payments to the homes knowledge.
- The home has a hair dressing salon and residents own hair dressers may use this area enabling residents to maintain consistence by being able to continue use the hairdresser they chose to use when living in their own home.

### Privacy in Practice

- It was noted that doors could be locked and that staff had a master key. We were informed that valuables could be locked away.
- Residents were observed finding their own space away from others if they wished. Each floor has a dining room and lounge area and seating was provided in the corridors.
- There were no concerns or comments identified by the team about privacy.

### Social Inclusion in Practice

- Grovelands support people to access the wider community by making use of community transport, arranging quarterly trips out, supporting residents to access local coffee mornings and a club for the blind.
- The Team were informed by the manager that many visiting services come to the home such as Pets at Home, The Guides (who provide a postal service and entertain residents with singing.) It should be noted that these visiting local services help to maintain connections between the care home and the local community and helps to

lessen isolation of the home and its residents. Excluding visiting health services other visiting services include the Donkey Sanctuary who visit with donkeys, guide dogs, old fashioned sweet shop and clothes direct.

- One room has been turned into a 'Bar' and had started to be decorated like a pub. Residents can socialise here, and play pub games such as play darts or table skittles. The home is not licensed to sell alcohol but residents and their families can bring drinks which are labelled with the residents name and keep them in the bar. The bar was locked when not staffed.

## Summary

Grovelands care Home 'Petals' Dementia Unit is a friendly and welcoming purpose-built care home. It is well decorated and maintained. It has a busy and yet homely atmosphere and staff were observed to be dedicated, motivated and well trained in care and dementia awareness. The staff are friendly and considerate yet professional. Residents appeared to be happy and are cared for with dignity and respect. The visitor spoken to noted the staff were dedicated and highly skilled and paid compliment to the environment of the home.

Many examples of good practice relating to the '*Dignity factors*' were found a number of which noted as being innovative or having particular benefits as detailed in the report. We have highlighted some of the key examples below along with any identified recommendations.

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

The Somerset Enter and View concluded that Grovelands care home provides a quality residential service and that resident's dignity and respect is preserved and enhanced through any number of good and innovative practices. The 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 key areas and each dignity in care factor.

## Good Practice and Recommendations

### Hospital Discharge: Good Practice

- 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.
- Discussions are common practice between the care home and hospital staff relating to the appropriateness of hospital discharge. Early liaison with social workers and district nurses are also seen as important factors to help limit some of the problems experienced.

### Hospital Discharge: Recommendations

- **None identified. Although problems still exist it was recognised that the staff of Grovelands have put many initiatives in place to limit these.**

### Staff – Good Practice

- Staff kept a presence in or near communal areas at all times when residents were present in these areas
- Staff training in;
  - Best Interests Guidance (helping to ensure those who lack capacity have their opinions sought and their wishes acted on.)
  - NVQ level 2 (90% of all staff)
  - Dementia awareness (all support staff)
  - Palliative care.
  - Life story book training.
- Staff encouraged to use their talent and skills in creative ways to help meet the needs of residents and enhance their environment.

### Control and Choice: Good Practice

- Support to help residents who lack capacity to access IMCA (Independent Mental Capacity Advocacy service) when life changing decisions need to be made. Advocacy services are also offered by age UK
- Staff given time to help new residents settle in and get to know them.
- A post box and corner shop facilities supplied, giving residents not only the choice of available goods but also the independence use these facilities.
- Hand rails continued across doors where areas such as staff office and broom cupboards were helping to ensure that residents are able to wonder around the home

while minimising the risk to themselves and the chances of wondering into unfamiliar areas.

- Use of yellow and red paint in communal areas where residents can safely wonder.
- Personalised space and walls out side of people's rooms and a choice of colour paint for bedroom doors.
- Specialist Residential Care unit provides tactile wall hangings and boxes containing tactile objects in corridors which can reduce anxiety and stimulate the senses.

### Control and Choice: Recommendations

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

### Communication: Good practice

- Opportunities for residents and family members to participate in regular residents meetings.
- Involvement of cooks and activities co-ordinators at residents meetings.
- Use of the form '*Mental Capacity Best Interest Check list*' to prompt staff to ensure they have acted in the best interests of a resident and helped them to re-gain capacity.
- Residents Information Pack includes information about all aspects of the home, meals, activities and how to complain or raise concerns including information about Advocacy services and the local LINK
- Skype Video phoning was available for residents to contact family and friends.

### Communication: Recommendations

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: Good Practice

- Vegetarian choice offered.
- Meals available to visitors.
- Choices of plated meals are shown to residents, making it easier for them to make informed decisions about their choice from the menu.
- Snacks and drinks are available between meals and offered regularly including an option for residents own snacks and drinks preferences to be stored and served by care staff.

- Staff offer assistance at intervals throughout meals in a non assuming way giving the resident choice and the option to try independently.
- Choice offered to residents in where to eat with staff offering assistance as required.
- Dinning chairs easy to move while maintaining stability.
- Visitors always welcomed to stay and eat. Meals are recognised as a social time to be shared with friends and family.
- Fresh fruit smoothies offered as a natural alternative to vitamin supplements.
- Much effort had been made to ensure that specific aids blended in and looked normal to help residents to maintain their dignity.
- 'Food Links UK' guidance on 'Best Practice in Food Procurement' are followed.

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

None identified

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

- Use of Proactive Care System (PCS) soon to be introduced
- Training in pain awareness given to all care staff including night staff

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

- None identified.

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

- None identified

### **Personal hygiene: Recommendations**

- None identified.

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

- Staff observed were always available to residents in communal areas.

### Privacy in practice: Good practice

- Maintaining a good relationship with local GP's who visit regularly.
- Regular visiting health services such as chiropody, opticians and a therapist also offers head massage to residents.
- Residents were able to lock their doors from inside. And valuables could be locked away.

### Privacy in practice: Recommendations

- None identified.

### Social inclusion in practice: Good practice

- Supporting people to access the wider community by making use of community transport, arranging quarterly trips out, supporting residents to access local coffee mornings and a club for the blind.
- Visiting services come to the home such as.
  - Pets at Home,
  - The Guides (who provide a postal service and singing entertainment),
  - The Donkey Sanctuary who visit with donkeys,
  - Guide dogs,
  - Old fashioned sweet shop
  - Clothes direct.
- One room has been turned into a 'Bar' and had started to be decorated like a pub. Residents can socialise here.
- Hair dressing salon provided. Residents own hair dressers may use this area enabling residents to maintain consistence by being able to continue use the hairdresser they chose to use when living in their own home

### Social inclusion in practice: Recommendations

- Build links with Active Living Centres to create more social networking opportunities and further broaden activities.

## 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 Mattiason, 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).