



Barnet Health and Overview Scrutiny Committee

Wednesday 21 November

Title	Healthwatch Barnet Enter and View Report – Mealtime Visits to six Care and Nursing Homes
Report of	Healthwatch Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Summary of Enter and View visits on Mealtimes
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Summary

The Committee requested that Healthwatch Barnet attend the meeting and provide them with an update on the following pieces of work:

Mealtime Visits to six Care and Nursing Homes

This update has been provided by Healthwatch Barnet and details are provided in Appendix A. Representatives from Healthwatch Barnet will be in attendance at the meeting to present the report and respond to any questions from Members.

Officers Recommendations

1. That the Committee note the reports on six Mealtimes Visits to Care and Nursing Homes

1. WHY THIS REPORT IS NEEDED

- 1.1 The Committee requested an update on the work of Healthwatch Barnet which is relevant to the work of the Health Overview and Scrutiny Committee.

2. REASONS FOR RECOMMENDATIONS

The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The views of the Committee in relation to this matter will be considered.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

The Health Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

There are no financial implications for the Council.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution Article 7 – Committees, Forums, Working Groups and Partnerships sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.”

5.5 **Risk Management**

5.5.1 There are no risks. Not receiving this report would present a risk in that the Committee might not be properly apprised of the work of Healthwatch Barnet.

5.6 **Equalities and Diversity**

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 Corporate Parenting

5.7.1 Not applicable.

5.8 Consultation and Engagement

5.8.1 Not applicable.

5.8 Insight

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 None.

INTRODUCTION

Healthwatch was established through the Health and Social Care Act 2012. Through this, Healthwatch have a legislative right to enter any health and social care setting for adults announced and un-announced to review the quality of care provided.

All Enter and View visits are undertaken in accordance with a structured set of questions (defined in advance); visits are usually announced and managers are provided with the draft report to check for factual accuracy and to respond to the recommendations. Once the Service Manager has responded to the report recommendations, the reports are sent to senior managers in the Care Quality Commission, Barnet Clinical Commissioning Group and Barnet Council and then uploaded onto the Healthwatch Barnet website.

This report provides details of the

- Healthwatch Barnet Enter and View reports to a number of visits to residential Care and Nursing Homes reviewing mealtimes.

This link goes to the Healthwatch Barnet website, where all the Enter and View reports are located.

[Healthwatch Barnet Enter and View Reports](#)

KEY FINDINGS

Care and Nursing Homes

Between June and November 2017 Healthwatch Barnet staff and volunteers met with six Care or Nursing Home Managers and 40 Care or Nursing Home staff to ask a series of structured questions on their work experiences. Some of the Homes had 'registered charity' status and provide other support to local residents in Barnet and others were private companies. We used an online survey and paper questionnaires and contacted Care and Nursing Home workers across the Borough as we wanted to engage with as many staff as possible, irrespective of whether they worked for one or more Care or Nursing Home.

Aspects that worked well, from the home care staff point of view were as follows:

- Overall support from the office staff and training. This can be seen in comments “they support you whether through spot checks or by being at the other end of the phone” and “My employer helps me do the best I can in my job by giving me support via talking or practical problem solving”.
- Training was also received positive feedback: “The training provided here is very good” and “Training is good”.
- Other areas that worked well were the flexible hours (especially for those who had young children) and getting additional opportunities, such as being invited to health and social care talks and events.

When asked what could be improved, the responses were as follows:

- The majority of improvements related to travel costs
- Pay was another significant factor.
- Recognition for their work was raised by staff.
- Providing an effective service, in terms of integrated (join-up services) with other providers.
- Being able to provide continuity to their clients were also seen as needing improvement.
- It’s interesting to note that home carers also thought that more social events for carers and being able to tell agencies about personal health conditions that affected their work were important – aspects that could be implemented by agencies, to support workers in their demanding roles.

Meal-time Review in Care Homes

These visits were developed in liaison with Barnet Council Adult Social Care, Care Quality Commission. The LBB Adult Social care staff delivered an information session for the staff and volunteer team, prior to undertaking the visits.

In general, lots of good practice was observed, which included the following:

- Relaxed and pleasant atmosphere at most mealtimes, with music where wished for by the residents
- In the best instances a nominated person managed the whole process keeping things moving at a pace that was appropriate.
- Many examples of staff who were clearly very aware of the residents’ likes and dislikes and supported them to eat and drink with care and compassion.
- Pureed food being moulded into the shape of the food (e.g. peas having been pureed, and poured into a mould shaped like peas, frozen, and then reheated and served to look like peas). This was very well received and we thought more food was eaten as a result.
- Tables laid in an appropriate way with contrasting colours and condiments offered where appropriate.
- Plenty of drinks were offered and were topped up when requested.
- In most cases we observed notes being taken of how much was eaten and drunk by residents where there were concerns, and when we did not observe this we were assured it was done immediately after service.
- Managers told us that they regularly talked to residents and relatives about the food and took on board any suggestions they could.

There were some areas where we felt improvements could be made and discussed these with the managers at the time. Some of these were:

- Residents were not always actively encouraged to eat communally in the dining rooms, but ate in their rooms. We felt that it would be beneficial to try and engage more residents to

come and eat in a communal room and socialise with other residents rather than remaining in their rooms to eat. We appreciate that there may be medical reasons for this and it may be the preference of the individuals, but if the mealtime could be more sociable, more people would join in and benefit from the social interaction.

- Enabling the resident's relatives to help residents who need support to eat can be very beneficial. In some cases this was not offered as training had not been given and extra space was not immediately available, but we thought that this would be beneficial for all concerned.
- Some residents were confused by the meal names on the menus and would prefer to have plainer descriptions of the meal being offered e.g. lamb tagine was not understood by the residents – though they enjoyed it when it was served!
- We saw some examples of large bibs and paper napkins being used which we felt were not good practice and caused a lack of dignity. The paper napkins disintegrated.
- Some residents told us that the food was not hot enough. One home undertook to look into buying a heated trolley to resolve this and others were looking at how they could address this.
- Some residents also suggested they would like to be able to access more/better quality drinks between meals e.g. ground coffee.
- A small number of residents felt the choices were insufficient or dull. All of the food we tasted was good, but it is important to cater for individual tastes and cultural requirements.

All the reports have been circulated to LBB Adult Social Care Quality team and the CQC. They will also be discussed at the quarterly meeting between us all.