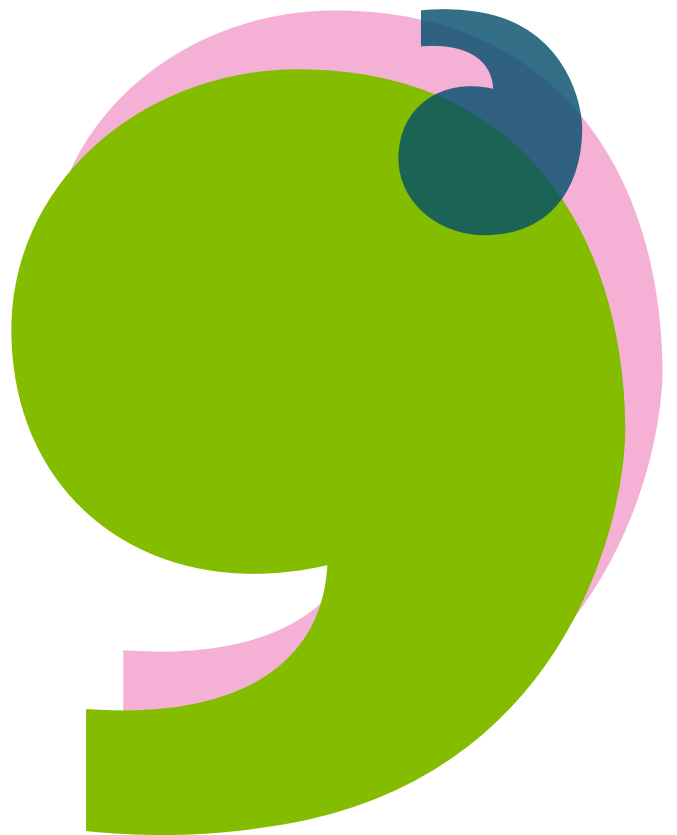




Highclere Care Home

Review of Residents' Social Wellbeing

January 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Highclere Care Home
Date and Time	10:30 - 1:00, Thursday 17 January 2019
Authorised Representatives	Gill Needham and Diane Barnes

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, service users and staff for their contribution to this Enter and View visit, notably for their helpfulness, hospitality and courtesy.

1.3 Disclaimer

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



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

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

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

2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with residents, their relatives or carers, to explore their overall experience of living in Highclere Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity



2.2 Strategic drivers

As social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits to Care Homes across the Borough and explore with residents their experiences of social life in such settings.

We know that, just because people were living in homes with other residents, did not mean that they were somehow immune to loneliness or social isolation. It's important to understand the distinction between loneliness and isolation. Age UK defines 'isolation' as separation from social or familial contact, community involvement, or access to services, while 'loneliness' can be understood as an individual's personal, subjective sense of lacking these things. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.¹

There is a link between poor physical health and increased isolation as loss of mobility, hearing or sight can make it more difficult to engage in activities. It is, therefore, important to explore how residents of care homes in Milton Keynes are able to access physical activity alongside social activity.

Milton Keynes Council shared with us a list of care homes receiving council funding from which we randomly selected sixteen homes to visit over the course of the next few months. When all sixteen visits have been completed Healthwatch Milton Keynes will collate themes of experience that are found to be common across the settings visited and provide a summary set of recommendations which will be provided to all Care Home providers across Milton Keynes.

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>

2.3 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The 2 Authorised Representatives (ARs) were in Highclere Care Home from 10.30 am to 1.00 pm.

On arrival the ARs met the Manager and provided her with a letter confirming the purpose of the visit. The home was fully prepared for the visit and an explanatory poster was displayed on the reception desk. Having been shown around the home by the Manager, the ARs were then free to move around all the communal areas and into private rooms with the specific consent of residents. It was recognized that, because many residents have impaired cognitive capabilities, there would be a limited number of people who would be able or willing to engage with an interview or detailed conversation. It was agreed that staff would be able to give advice on this

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mostly in their own rooms. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

A total of 5 residents took part in these conversations.

3 were aged 80+; 2 were 90+.

4 were females

One was there for rehab; one had recently arrived; three were longer term residents.

One member of staff, the activities co-ordinator, was also interviewed

The findings below are based on these interviews and observations in the home over a two and a half hour period.

At the end of the visit, the Manager was verbally briefed on the overall outcome.



3 Main findings

3.1 Summary

On the basis of this visit Highclere is observed to be a very well run home which places considerable emphasis on the social engagement and general wellbeing of its residents.

Highclere is a care home registered for both nursing and residential care as well as provision for respite and rehabilitation. It is a two-storied building with 38 bedrooms, including a number of double rooms. Not all rooms are occupied currently. The Manager explained that she was about to leave her post.

The overall ethos and policies of Caton House were demonstrated a commitment to minimising social isolation. The following aspects were considered:

- Social Opportunities
- Staff Interaction
- Meal time and Food
- The Premises

Notable positive findings

- Staff were observed to be friendly, considerate and respectful to residents
- An attractive, homely environment with very large well laid out communal space
- A varied programme of daytime activities and entertainment seven days a week including community engagement and outside visits
- Light physical exercises included in the activities programme including outside activity such as walking in the garden.



4 Social Opportunities

Weekly activities include crafts, physical exercises, cognitive games, musical entertainment and gardening when the weather permits.

There are regular visits from children in the local community - the nursery school, the school and the Brownie group - to join in and share activities with residents. Young volunteers (e.g. from Duke of Edinburgh scheme) sometimes come and help at weekends.

There are occasional outside visits, but this is dependent on voluntary help. A shopping trip, including lunch at Nandos, was organised at Christmas for four residents. Trips in the past have included Castle Ashby and the gardens at Woburn.

The Activities Room is extremely well resourced. A collection of resources called Active Minds is used.

Residents interviewed said they found out about planned activities, either from the newsheet displayed on the notice board (see Appendix B), on an individual sheet delivered to each room or by word of mouth.

Residents either spend time in their rooms or in the large lounge area. The lounge was seen as a social place to go and talk, with references to playing I spy and board games together, as well as watching films on the TV.

None of the interviewees said they were lonely, and it was evident that their friendships were very important. Two longer term residents had formed a close bond and evidently enjoyed spending time together in the lounge, chatting together and with others

“I like little chats, mainly with [another resident] - and others - you soon get talking.”

“I come in here [the lounge] and join in with what's going on.”

“Having a good friend by your side is a big help.”

“I was friends with one lady - we had lunch together and talked about TV. But she moved to another home. I did think of moving there too but they look after me well here.”



Inevitably, not everyone is so enthusiastic about taking part in activities.

“I feel it’s not for me.”

“There are different things but I don’t do them.”

“I don’t like videos on the TV - I prefer to watch my own TV. I don’t go for children coming in for a sing song.”

Social interaction depends very much on individual circumstances and needs. One interviewee, admitted for rehabilitation following a long-term hospital stay, said she was generally happy spending time in her room but also has daily visits from her husband. She found she had only limited opportunity for social engagement.

It is always a challenge in care homes, where many residents have little or no ability to communicate, to ensure that everyone else is encouraged to engage socially.

“There are only a few of us who are “with it”. A lot aren’t mentally up to it.”

“I go and sit around in the chairs and then come back here. I have a little chat with the lady across there, but most of them are in cloud cuckoo land.”

Highclere has an open-door policy for visiting relatives and friends.

Residents whose families live locally spoke of going out to eat or shop. Some mentioned going to church every Sunday by car - it was not clear who took them. However, one said she would like more organised trips out. The extensive garden was appreciated

“I like nature, so I enjoy walking around the garden”

Interviewees were asked if there were things they would like to do but were no longer able:

“There’s not enough music for me - I come from a musical family and I do miss it”

“I’d like more speakers coming in.”

5 Staff Interaction

The ARs observed good practice in the way staff interacted with residents. The atmosphere appeared to be warm and friendly. A resident, who was recovering from a stroke and was clearly distressed, was observed receiving very sensitive care and attention from a number of staff members. The Manager frequently walked about and interacted with individual residents. Because the lift had broken, staff had to carry meals up to residents living on the upper floor at lunch time. This was being done calmly. There were also plenty of staff involved in serving lunch in the dining room and supporting individuals who needed help to eat.

Comments about the staff from the interviewees were invariably positive

“They’re ever so good - every one of them is absolutely fantastic - they’re lovely.”

There were no issues raised about laundry or the time taken to answer call bells.

“Every need is provided. Hair, feet, nails, bath”

6 The Premises

The ARs found the premises spotlessly clean, tidy and well decorated with furniture and carpets in good condition throughout. The décor was clean and bright but also homely.

The communal areas were large and well furnished. They have a variety of smaller areas with clusters of armchairs providing maximum opportunity for social engagement. The lounge contained a large fish tank and shelves with books, magazines, CDs, jigsaws and board games. There was a large TV with Classic FM playing. Windows and French doors open onto a large garden/patio and the lounge opens into the dining area.

Residents’ rooms (on two floors) were pleasant and personalised with their own items of furniture and pictures. Some have an ensuite.

There is a small kitchen/lounge on the first floor, mainly for serving breakfasts. Room doors were open onto the corridor but it was very peaceful.

There is a well-equipped activities room which doubles as a hairdressing/nail salon and a small cosy sensory room for residents and visitors



7 Meal time and Food

The dining room was bright and welcoming with tables laid for 4 with table cloths. A menu was displayed at the entrance to the dining room giving the main options and alternative choices.

Mealtimes with carefully allocated seating provide important opportunities for social interactions.

“I have lunch down there. I have got to know other people.”

“Four of us sit together for dinner and we have a little chat.”

“I enjoy meal time - we all get to know each other.”

There was unanimous praise for the food - both the menu and the quality.

“10/10! The food is good - very edible. I enjoy my meals.
There's always a choice.”

“The food is excellent - I have a cooked breakfast every day. The food is always very nice, all freshly home cooked and you have a choice.”

Because of the broken lift (repairs were expected within the next few hours) residents who live upstairs could not come down for lunch as usual, so we did not see a normal mealtime. We observed that staff knew which residents had difficulty with eating and were giving those help. One resident with particular eating difficulties reported special provision:

“They liquidise food for me. I can't eat sandwiches, so they do me scrambled eggs”



8 Recommendations

On the basis of this short visit no significant issues or areas requiring improvement were identified through the interviews and observations.

The forthcoming departure of the Manager will inevitably bring about changes, so our recommendation would be for the Highclere management to ensure a smooth transition in order to maintain the present high standards and ethos.

The activities coordinator might like to get in touch with an organisation such as U3A or AgeUK Milton Keynes to source speakers on interesting topics or invite some local bands or music groups to further enhance the activities and entertainment already on offer.



9 Highclere Response

Good Afternoon,

I hope this answers the recommendations you have made but I can assure you that I will do my best to ensure the residents at Highclere are happy and have part of good activities, care and accommodation, and food. They are being asked regularly by the activity coordinators and I also check if they are happy in my



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Healthwatch Milton Keynes Visit on 17/01/2019

Action Required	By Whom	Date for Completion
Highclere management to ensure a smooth transition in order to maintain the present high standards and ethos.		
New manager started at Highclere on 25/03/2019. Staff meeting and residents/relatives meeting took place within the first two weeks of the new manager being in post, chaired by the Home Manager where she introduced herself and ensured everyone was given the opportunity to have their say. Meetings will take place throughout the year and the Home Manager has an Open Door Policy.	Home Manager	On going
The activities coordinator might like to get in touch with an organization such as U3A or Age UK Milton Keynes to source speakers on interesting topics or invite some local bands or music groups to further enhance the activities and entertainment already on offer.		
Local entertainment has already been booked with live entertainers to take place in the Home.	Activities coordinators	On-going
New budget to be sourced to allow more local entertainment.	Home Manager Area Director	



10 Appendix A

Prompts for interviewing residents (plus family members when present)

Name of Home:

Name/ Age

Amount of time resident in this home?

Been in other homes before this one?

What do you enjoy doing with your time? (Explore, eg why, when, how, frequency, who, etc)

- Is there anything you'd like to do with your time but can't (What, why can't you, have you asked, what was the reply, etc)
- Who do you enjoy spending time with in here? (When, how, where, frequency, Do you like mixing with the other residents? What chances are there to do that? Etc)
- What can you do outside of the home? (Where, when, any barriers/problems? Etc)
- How do you find the staff generally? Do you feel respected here in general?
- Do you feel well looked after? (General feeling of care but also is laundry back correctly, teeth and hair care?)
- Do the staff help you do the things you'd like to do (who is helpful, do you feel able to ask, do they ask you? any barriers? Etc)
- How do you find out what activities are planned? Do you get a say in what those activities are?
- How is the food? Do you enjoy mealtimes?
- What is the best thing about this care home?
- If there was one thing you could improve about this care home, what would it be?

Prompts for observers

Are the surroundings and furnishings comfortable? Safe? Clean? Sufficiently spacious? Is the décor well-maintained and attractive?

Are the staff attentive and sufficiently in evidence, responsive to requests, respectful, cheerful with residents?

Do the residents appear relaxed, content? Are they able to socialise?

Is the food appetising, nicely served?

Does the home appear well-organised?

Are carpets/ flooring plain and unpatterned?

Are doors (toilets etc) colour coded to aid recognition?



11 Appendix B

